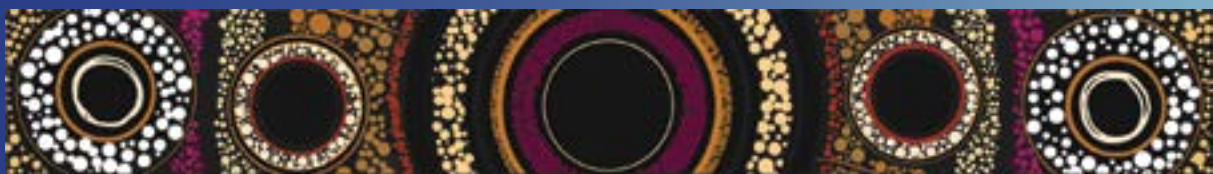




**ACT**  
Government

# ACT Drug Strategy Action Plan 2022-2026





### **Acknowledgment of Country**

ACT Health Directorate acknowledges the Traditional Custodians of the land, the Ngunnawal people. The Directorate respects their continuing culture and connections to the land and the unique contributions they make to the life of this area. It also acknowledges and welcomes Aboriginal and Torres Strait Islander peoples who are part of the community we serve.

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# Acknowledgements

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We would also like to acknowledge the Alcohol, Tobacco and Other Drug Association ACT (ATODA) for contributing to the 'Where we are now' section of the introduction.





# Introduction



## The ACT Drug Strategy Action Plan 2022-2026 outlines priority areas for the ACT and evidence-based actions to minimise harms from alcohol, tobacco and other drugs.

The ACT Government is committed to investing in evidence-based and practice informed harm minimisation responses to alcohol and other drugs (ATOD) and to continue leading the country in innovative policy approaches. Through the 2022-23 Budget, the Government has invested \$13 million in additional ongoing support to build on the almost \$20 million in investments made over the previous three Budgets aimed at minimising the harm caused by ATOD through harm, demand and supply reduction initiatives.

The development of the ACT Drug Strategy Action Plan 2022-2026 (the action plan) involved significant sector and community consultation, as well as consultation with representatives from health, law enforcement, education, the non-government sector, academics, affected community members, and peak bodies. This process identified emerging and priority areas and actions to be included in the action plan.

## The importance of language

Throughout collaborative design and consultation for the action plan, advocates have stressed the significance of stigma and discrimination impacting on people's experiences and recovery from ATOD related harm. The language used to describe substance use and dependence and related issues can contribute to stigma and discrimination in a negative or positive way. Positive and appropriate language can lead to improved community understanding and knowledge, reduce stigma and promote help seeking.

Achieving the aims of the action plan requires system-wide enthusiastic engagement and collaboration, therefore efforts have been made to ensure this action plan and associated initiatives are inclusive, culturally sensitive and recognise the strengths of people with lived experience and those around them.

## Aims

Priorities and actions in the action plan address critical areas that reflect evidence-informed, impactful, and important initiatives that address the needs of people affected by harm from ATOD. This action will facilitate the systemic change required to reach the overarching aims of the action plan, to:

- » Minimise the harms related to alcohol, tobacco and other drugs to the Canberra community.
- » Improve the health and wellbeing of the Canberra community, and reduce stigma experienced by people impacted by alcohol, tobacco and other drugs.

To achieve these aims, the action plan is founded on the national strategic approach to ATOD harm minimisation provided by the National Drug Strategy 2017-2026 (the National Drug Strategy) and is complemented by the Healthy Canberra: ACT Preventive Health Plan 2020-2025.

# Foundation

## The National Drug Strategy

The National Drug Strategy provides a national framework for building safe, healthy, and resilient Australian communities through preventing and minimising alcohol, tobacco and other drug related health, social and economic harms among individuals, families and communities.

The National Drug Strategy outlines an evidence-based and practice-informed framework of strategic pillars, principles and approaches to harm reduction to guide development of local-level action plans and ensure co-ordination across jurisdictions.

### Pillars and strategic principles

The NDS provides the Framework for state and territory action plans. The following NDS pillars and strategic principles have been used to guide the development of the action plan.

#### The three Pillars of Harm Minimisation



Figure 1. The Three Pillars of Harm Minimisation, source: Department of Health. (2017). National drug strategy 2017 - 2026.



## Partnerships

In recognition of the social determinants of ATOD issues, and that age and stage of life issues associated with substance use can result in different risks and harms, integrated, holistic and systems-based partnerships between both government and non-government stakeholders are required to achieve the aims of the action plan. This includes partnerships with researchers, families and communities, peer educators, drug user organisations, Aboriginal and Torres Strait Islander communities, and other key demographic groups.

## Co-ordination and collaboration

Co-ordination and collaboration at the international level, nationally and within jurisdictions leads to improved outcomes, innovative responses, and better use of resources. It supports jurisdictions to develop better responses and innovations within the national strategy that can inform and benefit all jurisdictions by sharing practices and learning.

## National direction, jurisdictional implementation

The NDS describes the nationally agreed objective of harm minimisation in relation to ATOD policy. Commonwealth, state and territory governments and local governments across Australia are all responsible for regulation and the funding of programs and actions under a harm minimisation approach to ATOD use.

Jurisdictional implementation allows for governments to take action relevant to their jurisdiction within the national harm minimisation approach, with plans that reflect local circumstances. For example, the ACT Government continued its nation-leading record of health focused reforms by proposing to decriminalise personal possession of small quantities of the most commonly used and best understood illicit drugs.

## Evidence-informed responses

Funding, resource allocation and implementation of actions should be informed by evidence-based practice. Where evidence is not available or limited, effective policy may still be implemented, if it is considered to have strong potential to achieve the desired outcomes and can be used to expand the knowledge base.



## Related strategies and frameworks

The action plan aligns with and complements a range of ACT and National policies and strategies, highlighting the importance for collaboration and co-ordination across government. These include:

- » ACT Health Services Plan 2022-2030.
- » Healthy Canberra: ACT Preventive Health Plan 2020-2025.
- » ACT Mental Health and Suicide Prevention Plan 2019– 2024.
- » ACT Aboriginal and Torres Strait Islander Agreement 2019–2028.
- » ACT Reducing Recidivism Plan 2020-2023 and Building Communities, Not Prisons (2018).
- » National Preventive Health Strategy 2021-2030.
- » National Drug Strategy 2017-2026.
- » National Alcohol Strategy 2019-2028.
- » National Fetal Alcohol Spectrum Disorder Strategic Action Plan 2018-2028.
- » National Blood Borne Viruses and Sexually Transmissible Infections Strategies 2018-2022, including the Fifth National Hepatitis C Strategy 2018-2022.
- » National Framework for Alcohol, Tobacco and Other Drug Treatment 2019-2029.
- » National Quality Framework for Alcohol, Tobacco and Other Drug Treatment.
- » National Mental Health and Suicide Prevention Agreement 2022-2026.
- » Road Safety Strategy 2020-2025 and the ACT Road Safety Action Plan 2020 2023.

The ACT continues to implement the National Quality Framework for Drug and Alcohol Treatment Services, and the National Framework for Alcohol, Tobacco and Other Drug Treatment Service 2019 2029.

## ACT Preventive Health Plan 2020-2025

The action plan covers predominantly secondary intervention, including specific harm reduction measures, and treatment. Primary intervention and prevention initiatives addressing alcohol, tobacco and other drugs are detailed in the Healthy Canberra Preventive Health Plan (Healthy Canberra Plan).

The Healthy Canberra Plan sets the foundations for reducing the prevalence of chronic disease and supporting good health across all stages of life, for example addressing prevention measures for Fetal Alcohol Syndrome (FASD) and e-cigarette use among younger people.

The action plan has been developed to align with the next Healthy Canberra action plan.



## Where we are now

One of the key strengths of the alcohol and other drug sector in the ACT is the contribution of the non-government organisations (NGOs). Many of the specialist ATOD service providers in the ACT are NGOs, and there are several specific treatment and program types provided by these organisations, including: non-residential withdrawal; peer support; specialist alcohol, tobacco and other drug primary health care; residential rehabilitation; day program treatments; a range of harm reduction programs and flexible outreach targeted to vulnerable community members. These services meet the required accreditation standards and specialist ATOD workers in these services are highly qualified in their fields of expertise.

Canberra Health Services (CHS) delivers high quality, effective, person-centred care. CHS' Alcohol and Drug Services include specialist addiction medicine, opioid replacement therapy, inpatient and outpatient withdrawal management, inpatient consultation and liaison, community counselling, the Drug and

Alcohol Sentencing List (DASL), police and court drug diversion services and Intake (phone triage and assessment service). These services make a significant contribution to ATOD treatment and harm reduction for the ACT community.

The sector is collaborative and integrated, working collegiately to deliver a wide range of ATOD treatment types, minimising duplication, maximising efficiency, and providing more options for clients to best meet individual's needs.

This highlights the critical contribution that NGOs make to the ATOD sector in the ACT. ATOD NGOs include service and program providers that have been working within the ACT community for many years (in some cases, decades), and are trusted and valued providers of high-quality alcohol, tobacco and other drug harm reduction and treatment services. The ATOD sector in the ACT operates as an integrated, collaborative sector, with strong partnerships between government and NGOs that enable flexibility and specialisation in service delivery.

# Building on the first action plan

Significant achievements were made under the ACT Drug Strategy Action Plan 2018-2021. The new action plan provides the direction to further strengthen ATOD and related sectors in the ACT and improve the wellbeing of the Canberra community.

## Our community

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Around two-thirds of Canberrans surveyed in 2019 support harm reduction measures for people who use injectable drugs, such as needle and syringe programs (72 per cent), opioid maintenance treatment (68 per cent), access to take-home opioid overdose reversal drug naloxone (63 per cent) and regulated injecting rooms (65 per cent).<sup>1</sup> Compared with national data, Canberrans appear to lean more strongly towards remediation and rehabilitation for drug use as opposed to more punitive measures.<sup>1</sup> This creates a strong environment in which we can progress innovative practices such as the fixed-site pill testing pilot which began in July-2022.

ATOD have been shown to be leading risk factors contributing to preventable disease and death at a national level in Australia. Tobacco use was the leading risk-factor at 8.6 per cent of total burden of disease. Alcohol use (4.5 per cent) and illicit drug use (3 per cent) also key risk factors contributing to overall burden of disease.

Canberrans are much less likely to take up smoking now than in the early 2000s, and those who do smoke, are smoking less.<sup>1</sup> Similarly, from 2001 to 2019 there has been an overall decrease in the regularity of consumption of alcohol, with a 5.1 per cent increase in Canberrans aged 14+ never having been a drinker and a 1.8 per cent increase in those identifying as ex drinkers.<sup>1</sup> However, individuals aged 18-24 continue to be more likely to participate in risky drinking.<sup>1</sup> Alcohol consumption during pregnancy can also have impacts beyond the individual and may have lasting effects. FASD is a lifelong disability, which describes impacts on the brain and body of individuals prenatally exposed to alcohol which can result in neurodevelopmental and mental health challenges.

The National Drug Strategy Household Survey 2019 indicated that the ACT had the lowest rate of self reported recent illicit drug use of any Australian jurisdiction.<sup>1</sup>

## Determinants of health and wellbeing

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Structural and generational inequalities and social determinants outside the control of an individual significantly impact community and individual health and quality of life. Inequalities can lead individuals towards further harm and decrease successful outcomes from community services and treatments.

Although evident across all sectors of society, the prevalence and negative consequences of ATOD use are generally greater among groups characterised by disenfranchised social status. Social determinants, such as housing, vocation and employment, social services,

education, community connectedness, and trauma, are intrinsically linked to community health and individual health outcomes.<sup>2</sup>

Approaches that seek to build protective factors and address issues underpinning social determinants of health can also enhance community health and wellbeing and reduce health inequalities among population groups who experience disproportionate risk of harm from ATOD. As such, ATOD harm is better addressed when other social determinants are also improved.<sup>2</sup>



## Help-seeking and service use

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The ACT has the second highest rate of treatment nationally behind the Northern Territory. There are over 30 ATOD services and programs in the ACT, funded by the Commonwealth Government, Capital Health Network, ACT Government and through private and non-government resources. The ACT Government already commits more than \$26 million annually to services that provide a range of treatment and support to Canberrans who use, or have used, ATOD substances. These services can provide intensive or brief treatments, with the demand for both predicted to increase over the next few years.<sup>3</sup> In response to this predicted increase, the Government has already committed to the continuation of the Watson Health Precinct redevelopment, which will deliver new facilities for Ted Noffs and a dedicated Aboriginal and Torres Strait Islander residential ATOD rehabilitation service.

Recent modelling estimated that nationally the met demand of individuals who require intensive treatment for ATOD is between 48-58 per cent.<sup>3</sup> Treatment for opioids represent the highest met demand rates, with methamphetamines as the second highest, however treatment utilisation for alcohol and cannabis use could be improved.<sup>3</sup>

Locally through consistent investment by the ACT Government and expansion of services there has been an increase in the rates of clients accessing ACT ATOD treatment services over time, rising from 877 per 100,000 in 2013-14, to 966 per 100,000 in 2020-21. This increased accessibility has occurred during a period where self-reported illicit drug use in the community has declined slightly over the same period.

Family members and carers are under-represented in treatment and support services in the ACT<sup>4</sup>. Increased capacity to support families and carers has been identified as a need in the treatment and support sector. As part of the 2022-23 Budget the ACT Government has committed to increase support services for families and carers of people who use drugs.

People with high and complex service needs generally require support to access social housing services and maintain stable accommodation. The Housing First model is particularly effective in providing pathways to long term accommodation. Common barriers to housing – such as unemployment, criminal history or harmful ATOD use – are reduced in this model due to the provision of wrap around supports tailored to the individual's needs. There are several examples of this model in the ACT including Common Ground Gungahlin and Dickson, and Axial Housing.

**A list of treatment service available in the ACT can be found on the ACT Alcohol, Tobacco and Other Drug Services Online Directory.**



## What we've heard

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The action plan recognises that all stakeholders must work collaboratively to ensure a comprehensive and co-ordinated approach to legislation, policy, programs, planning, funding, and service delivery, and should include partnerships with people who have a lived experience of ATOD harm, and their families and carers.

The action plan has been collaboratively developed through extensive consultation with key government and non-government stakeholders, including peer organisations and organisations representing families and carers. Key themes raised through consultation included:

- » Service and treatment demand outweighing availability.
- » Difficulties in navigating the service system, particularly between different sectors (such as housing and mental health).
- » The importance of addressing ATOD issues as a health issue rather than through justice and punitive measures.
- » Stigma and discrimination faced by at-risk groups including people from culturally and linguistically diverse backgrounds, LGBTQIA+ Canberrans, people living with disabilities, and older people, with their intersection with the ATOD sector magnifying this.
- » Unique experiences and concerns from people with children, and those experiencing domestic and family violence, homelessness and/or financial instability.
- » Vulnerable groups disproportionately affected by ATOD requiring targeted initiatives, such as those experiencing harm from gambling.
- » The need for improved data collection and management to inform program development and track impacts of harm minimisation initiatives.
- » The importance of using a human rights- and person-centred-lens when working with or supporting people who have lived experience.
- » Consider the needs of the broader community to ensure no one is left behind.

These issues and challenges raised by stakeholders and representatives of people with lived experience have helped shape the priority areas, objectives, and actions in this action plan.



# ACT Wellbeing Framework

In line with the ACT Wellbeing Framework, the action plan aims to increase the wellbeing of the ACT community through evidence-based and practice-informed approaches to ATOD that improve the health, safety, social connection, identity and belonging that are so important to the wellbeing of individuals in our community. The action plan may also have some influence on other key indicators of wellbeing, including housing, living standards, time, employment (economy), and education.

To see improvements in broader wellbeing indicators it is essential to recognise how the action plan and ATOD sector fits into the ACT context, and for government and the health services and social support sectors to have a shared commitment to the aims, objectives and actions in the action plan. Figure 2 (below) illustrates the broad reach the action plan will have across indicators and sectors, reflecting the co-ordination and collective commitment underpinning the action plan.

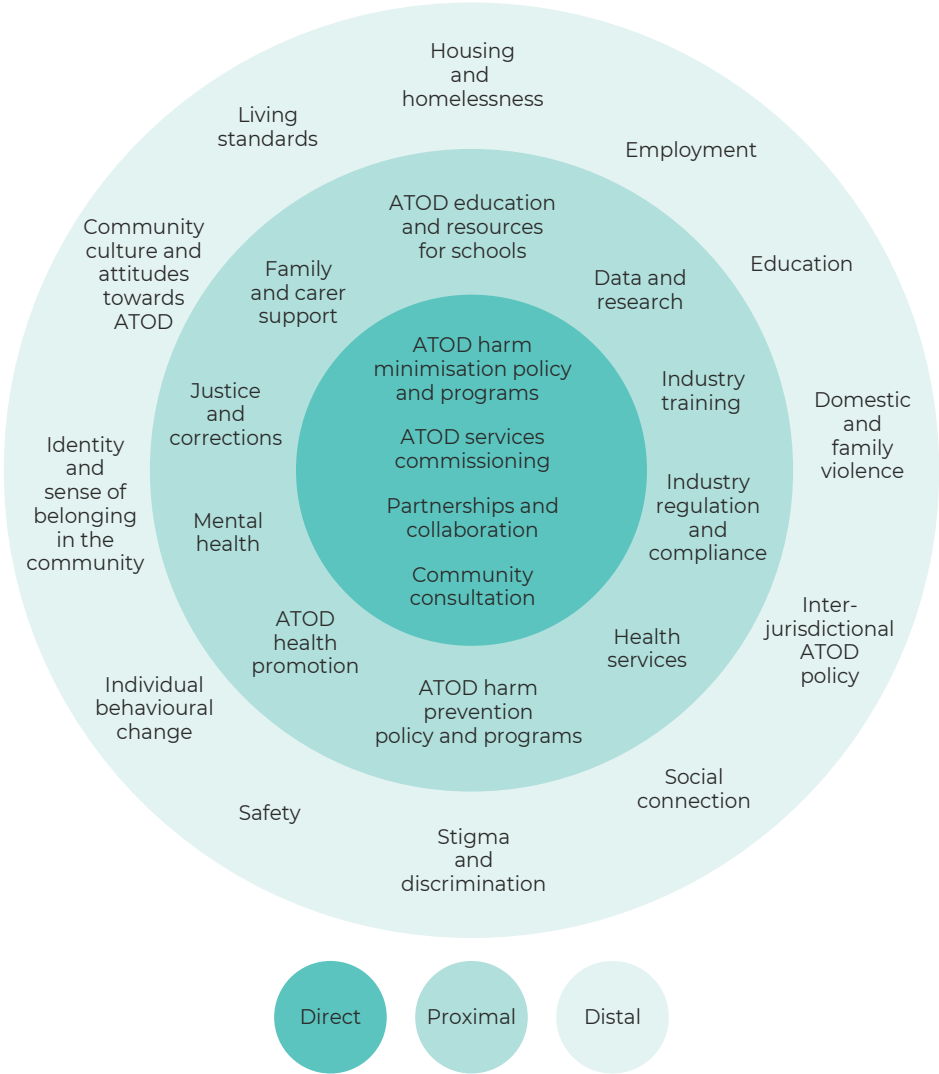


Figure 2. ACT Drug Strategy Action Plan 2022-2026 model of reach

# The Action Plan 2022-2026



The action plan populations requiring special consideration, priority areas, objectives, and actions, reflect current available evidence, as well as stakeholder views raised through collaborative development, and priorities agreed to in the National Drug Strategy. Policy responses aimed at minimising the harms of ATOD should have reference to the priority areas or new and emerging issues. As they represent the areas where it is agreed the biggest gains can be delivered and the largest contribution to harm exists. However, other populations requiring special consideration and issues may also be addressed throughout the lifespan of the action plan.

## Populations requiring special consideration

We recognise that people who use ATOD can be significantly disadvantaged, and this disadvantage can be further compounded across certain populations. The action plan highlights populations requiring special consideration, and intersections between populations, to ensure that new efforts will benefit those most at risk of harm.

Tailored initiatives developed by working closely with affected populations are an important component of responses to improve the health and wellbeing of those people. The following populations have been highlighted through consultation and are at higher risk of experiencing disproportionate harms associated with ATOD.

### Aboriginal and Torres Strait Islander peoples

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In the ACT, Aboriginal and Torres Strait Islander peoples make up around 1.6 per cent of the population. National data shows that Aboriginal and Torres Strait Islander peoples are disproportionately impacted by ATOD harm, and experience overall burden of disease and injury at 2.3 times the rate of non-Indigenous people.<sup>4</sup>

Various factors contribute to ATOD use by Aboriginal and Torres Strait Islander peoples, including intergenerational trauma, cultural deprivation, discrimination, and disconnection from cultural values and traditions. Additionally, difficulties accessing culturally safe and appropriate support services can be a barrier to accessing treatment.<sup>5</sup> It is critical to ensure that any efforts to reduce the disproportionate harms experienced by Aboriginal and Torres Strait Islander people are culturally responsive and appropriately reflect the broader social, cultural and emotional wellbeing needs of Aboriginal and Torres Strait Islander people.<sup>5</sup>

### People with co-occurring issues and complex needs

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#### Mental health

In Australia, mental health conditions, injuries (self-inflicted and suicide), and substance use disorders caused the highest burden of disease for children, adolescents and young adults in 2018.<sup>6</sup> Individuals who are diagnosed with an alcohol use disorder have a greater likelihood of experiencing other mental health disorders and the use of illicit substances is more likely to be seen in people with moderate to high levels of mental illness.<sup>7</sup> This is in addition to the overrepresentation of tobacco use in individuals with moderate to high levels of mental illness, as well as instances of hazardous and harmful drinking.<sup>7</sup>

## People with disability

People with disability are more likely to use alcohol and illicit drugs than the general population but are less likely to access treatment services.<sup>8</sup> People with disability are often exposed to unique stressors and obstacles to equal participation in society which can contribute to increased risk of harm from ATOD.<sup>9</sup>

It is important to include people with disability in development of policies and programs impacting them, and to balance harm reduction approaches with recognising and respecting the rights of people with disability.

## Gambling harm

ATOD harms and conditions commonly precede, are consequences and are exacerbating factors for people experiencing gambling harm and conditions. International and Australian prevalence studies, conducted in samples representative of the general population, have consistently found higher rates of ATOD disorders amongst people with gambling disorders. The reverse association also holds true. For instance, 57.5 per cent of people with problem and pathological gambling also met the criteria for a substance use disorder.<sup>9</sup> A 2015 study found that people with alcohol dependence, tobacco dependence and marijuana dependence were three to five times more likely to meet the criteria for problem gambling.<sup>10</sup>

People attending substance use treatment have also been found to have particularly elevated risk for gambling disorders.<sup>11</sup> However, significant stigma associated with experiencing gambling harm means that gambling issues often remain hidden. The higher rate of gambling harm in substance use treatment clients illustrates potential benefits in implementing strategies designed to identify and manage co-occurring gambling problems<sup>11</sup>

## Physical illness

ATOD use can also co-occur with physical health chronic and preventable conditions (e.g., liver cirrhosis, hepatitis, heart disease, chronic obstructive pulmonary disorders, lung and other cancers, cardiovascular disease, and diabetes), cognitive impairment, and chronic pain.<sup>12</sup>

## Ageing

The median age for people who use illicit drugs and participate in daily drinking in Australia is increasing. Older age groups are more likely to have used and recently used illicit drugs and are more likely than other age groups to drink daily.<sup>13</sup> Long term substance use can cause significant detriment to people's health which progressively worsens when combined with natural changes in health from ageing. Older drug and alcohol service users have reportedly experienced high rates of difficulty with daily activities at younger ages than others accessing geriatric services.<sup>13</sup> Premature ageing issues and difficulty with independent living as a result of these, leads to a need for community or residential aged care.<sup>13</sup> As it is difficult to access aged care supports under the age of 65,<sup>13</sup> these individuals are often unable to access necessary day to day supports.

Individuals accessing aged care supports are at a high risk of experiencing discrimination if they also access ATOD services. As such, in addition to premature ageing, they are at risk of experiencing further limitations that diminish their quality of life and harm their human rights. As the ACT has an ageing population, with around 13.8 per cent of Canberrans aged 65 years and older,<sup>14</sup> this is a rapidly emerging issue.



## Young people

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Young people (those between the ages of 10-24) make up over 25 per cent of Canberrans.<sup>15</sup> Young people experience different risks than those over the age of 24, with a generally higher susceptibility to risky behaviour.<sup>16</sup> The earlier a young person starts drinking, the greater risks they experience, both in health and their future relationships with alcohol.<sup>16</sup> Young people who start drinking prior to 15 years of age are four times more likely to develop alcohol dependence than those who don't start drinking until they are 21.<sup>17</sup> This is also seen with other drugs.<sup>18</sup>

## People in contact with the criminal justice system

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In Australia, people in contact with the criminal justice system have high self-reported rates of ATOD use.<sup>19</sup> Around 45 per cent of adult detainees have reported that their ATOD use contributed to their current detention and close relationships exist between illicit and injecting drug use and imprisonment.<sup>19</sup> Though smoking rates in the general population have continued to decrease, this is not reflected in detainees, with 90 per cent reporting they are currently tobacco smokers.<sup>19</sup>

Young people (aged 10-17) in youth justice facilities have been reported to be 30 times as likely as young people of the same age in the general population to receive ATOD treatment.<sup>20</sup>

## Women

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In the ACT, females make up around 80 per cent of single parent households<sup>21</sup> and caring responsibilities can present challenges in accessing or fully engaging with ATOD treatment. Concerningly, women in the midlife cohort were identified as the highest proportion of persons who drink at hazardous or harmful levels.<sup>22</sup>

Women are also disproportionately affected by others' ATOD use, with some age groups having almost double the number of women reporting being affected by a family member's ATOD use than men<sup>23</sup>

There is also a complex interplay between ATOD and domestic and family violence. Around 80 per cent of women accessing ATOD treatment services have experienced some form of family and domestic violence.<sup>24</sup> Additionally, somewhere between 50-90 per cent of women accessing mental health and ATOD services have experienced child abuse and/or family violence.<sup>24</sup>

## Family and carers of people who use drugs

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In the ACT only 3 per cent of ATOD service users are family members, carers or friends receiving treatment for someone else's alcohol or other drug use<sup>25</sup> and there is a growing concern about the challenges faced by family members and carers. Affected family members and carers may experience harm to their emotional, physical, social, and financial wellbeing,<sup>25</sup> and report feeling stigmatised and socially isolated.<sup>26</sup> Research with affected family members found 80 per cent experienced adverse effects on their physical health and ability to socialise, and just over 50 per cent reported detrimental effects on their paid employment.<sup>27</sup> The Canberra community and ATOD service providers have expressed a need for additional support for family members, including dependent children, and carers.

# Priority areas, objectives, and actions

Priority areas, objectives and actions have been developed to reflect the needs of the ACT community, evidence-based harm minimisation approaches, and government commitments. The Priority Areas are:

- » Promoting and maintaining equitable access to treatment and support.
- » Changing systems and protecting people from harm.
- » Strengthening supports for people with co-occurring and complex needs.
- » Reducing involvement with the criminal justice system, and valuing peer support workers and people with lived experience.

Actions in the 'how we will achieve it' sections below address objectives for the next four years. A collated list of these actions across all priority areas can be found at Appendix A. The list of actions is not limiting, allowing for flexibility and responsiveness to emerging issues, new evidence, and needs of key populations requiring special consideration, to maximise the relevance and impact of the action plan throughout the four years.

Areas across government with relevant policy and regulation will be responsible for leading and completing actions in those areas. A cross-sectoral working group will be established to ensure accountability, and to co-ordinate implementation timelines for actions.

## Promoting and maintaining equitable access to treatment and support

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Through activities and policies, the action plan will work to make ATOD treatment and support resources more accessible and welcoming to all, and informed by evidence and data, with the needs of populations requiring special consideration taken into account.

### What we want to achieve

- » Improve access to high quality evidence based ATOD services.
- » Reduce barriers to service navigation.
- » Reduce stigma and discrimination experienced by individuals who use alcohol, tobacco and other drugs.
- » Ensure non-judgemental, inclusive and culturally appropriate services and resources are available.
- » Improve support and education for families and carers.
- » Improve coordination of investment across different levels of Government in the ATOD sector.
- » Improve early intervention for populations requiring special consideration.

### How we will achieve it

- » Explore options to improve online resources and other referral and navigation pathways for individuals who require ATOD and other related services.
- » Establish an Aboriginal and Torres Strait Islander ATOD residential rehabilitation service in the ACT.
- » Support the Ngunnawal Bush Healing Farm to transition to a residential program.

- » Ensure residential treatment services infrastructure are fit for purpose, including planned work for the Ted Noffs Foundation.
- » Review and extend education and training for ATOD and allied sectors, to enhance sharing knowledge, and address stigma and discrimination faced by people who have used ATOD.
- » Consider appropriateness of the mix of ATOD services, including capitalising on effective, evidence-based programs, the potential to expand community based outreach models and early intervention targeted to key groups.
- » Explore opportunities to increase access to targeted nicotine dependence treatment and smoking cessation support for people in groups experiencing high prevalence of tobacco use.
- » Expand support for families and carers impacted by ATOD.
- » Housing ACT will continue work to provide pathways into supported long term accommodation for people impacted by ATOD issues, for example through Housing First models. It will also continue to support the housing aspects of programs such as the Drug and Alcohol Court.

## Changing systems and protecting people from harm

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Public policy and organisational approaches to harm minimisation are required for a comprehensive approach to harm minimisation. The action plan recognises that the individual does not carry sole responsibility for their health and wellbeing, and socio-ecological influences can have positive or negative impacts. Policy and legislation, government led-programs, and ACT-wide systems present opportunities for attainable and impactful solutions to ATOD harm and should be regularly reviewed and progressed.

### What we want to achieve

- » Reduce the rate of drug overdoses in the ACT.
- » Reduce the prevalence of harms associated with use of alcohol, e-cigarettes and other drugs.
- » Improve systems to better protect Canberrans from ATOD and related harms.

### How we will achieve it

- » Implement and evaluate a fixed-site pill testing pilot.
- » Establish an early warning system for substances in the ACT.
- » Encourage uptake of Canberra Script (ACT's real time prescription monitoring system) and monitor effects since the introduction of the national system.
- » Explore ways to improve access to the opioid overdose reversal medication naloxone.
- » Review relevant ACT legislation to ensure current arrangements are contributing to minimising harm from online liquor sales and delivery and explore options for further regulation.
- » Review relevant ACT legislation to ensure current arrangements are contributing to minimising the harm caused by e-cigarettes across the ACT community, particularly for young people.

- » Work towards establishing a supervised injecting service tailored to the ACT.
- » Strengthen the capacity for primary care health providers to support people experiencing harm from ATOD, for example through growth in the number of medical professionals trained as Endorsed Prescribers for opioid maintenance treatment

## Strengthening supports for people with co-occurring and complex needs

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The co-occurrence of alcohol, tobacco and other drug use with mental health conditions and issues in other areas of human life can add to the complexity of treatment and support for individuals. Given the high rates of co-occurring issues among people who use alcohol, tobacco and other drugs, it is important to ensure that services are equipped to provide the support people need.

### What we want to achieve

- » Improve support for people with complex needs or requiring access to multiple services.
- » Improve collaboration, co-ordination, and co-operation between ATOD and other health services.
- » Improve supports for people experiencing domestic and family violence.
- » Improve school-based responses to young people who use ATOD.

### How we will achieve it

- » Explore opportunities for greater co-ordination and collaboration across government, NGOs and people with lived experience to address the needs of people with co-occurring issues or complex needs, including: ATOD use and mental health, suicide, family and domestic violence, homelessness, unemployment, and gambling harm.
- » Support the establishment of a formal network for mental health and ATOD service sector workers.
- » Establish a multidisciplinary service to support young people who have mental health needs co-occurring with trauma, disability and/or drug and alcohol use.
- » Support initiatives to integrate mental health activity with alcohol and other drug initiatives for example through the Watson Precinct re-development project and the Commissioning Health Services in the Community project.
- » Canberra Health Service (CHS) to develop and implement the first CHS Co-morbidity Work Plan, covering training needs of clinicians for holistic and integrated care and enhancing screening and brief interventions for ATOD.
- » ACTHD to work with Education to provide ACTHD-led professional learning to school psychologists, to ensure currency of knowledge about the enhanced training, supports and services that are available or become available for ATOD.
- » Explore opportunities working with the Capital Health Network and the Commonwealth Government to improve access to primary healthcare services for people experiencing issues with ATOD.
- » Review Canberra Health Services Alcohol and Drug Services to ensure it is delivering a contemporary service that meets the complex needs of consumers and aligns with current ATOD policy.

## Valuing peer support workers and people with lived experience

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The ACT Government values the voices of people, families and carers with lived experience of ATOD use. People with a lived experience of drug use, their families and carers may be affected by a range of health, social and economic consequences. Increased capacity and capability of the ATOD workforce is required, including the maintenance and support of a peer workforce. We must also continue to develop more effective engagement of people with a lived experience in policy, planning and governance.

### What we want to achieve

- » Ensure people with lived experience of ATOD are heard, and their experiences are reflected in policy and program development.
- » Strengthen provision of peer support initiatives in ATOD treatment and support services.
- » Utilise peer expertise in addressing service access and navigation barriers, continuity of care, integrated care planning, and community development of people for people with lived or living experience.
- » Build capacity of the ATOD workforce through peer workers and improve leadership opportunities for peer workers.

### How we will achieve it

- » Identify options to better engage with people with lived experience in ATOD policy and program development.
- » Support the establishment of a formal ACT ATOD peer worker network.
- » Explore potential pathways to formal qualifications for ATOD Peer Support Work.
- » Explore options to extend peer treatment, support and advocacy services.
- » Support establishment of formal pathways between treatment services and peer worker development programs.





## Reducing involvement with the criminal justice system

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Alcohol, tobacco and other drug related harms tend to disproportionately affect people who are socially disadvantaged and in turn compound inequality and social disadvantage. It is recognised that a criminal record for drug use and possession may increase stigma and disadvantage and the ACT Government is therefore committed to increasing diversions from the criminal justice system. Diversion from the criminal justice system to treatment services and increased use in the criminal justice system of assessment, education, treatment, and support are important for reducing the overall harm experienced by individuals and families and across generations.

### What we want to achieve

- » Increase diversions from the criminal justice system for alcohol and other drug related offending.
- » Reduce harm associated with criminalisation of drug dependence.
- » Reduce legal ramifications of personal possession.
- » Reduce stigma and discrimination experienced by individuals who use alcohol, tobacco and other drugs.

### How we will achieve it

- » Pass legislation to establish a simple drug offence notice and reduce penalties for drug possession with appropriate evaluation and oversight in place to ensure harm reduction outcomes are being realised.
- » Continue exploring options to improve fine management systems, including through alternatives to discharging fines for drug possession.
- » Improve links between the justice system and support services, including potential expansion of the Drug and Alcohol Sentencing List.
- » Explore whether further reforms to existing legislation, policy and operating procedures are appropriate to better align criminal justice processes with the harm minimisation approach.

## Emerging issues

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The actions shown in this document are intended to focus efforts to bring about change relating to the aims of the action plan. However, it is not an exhaustive list, and emerging issues and activities that address the aims of the action plan or key groups may also take place during the lifecycle of the action plan. Examples of emerging issues for consideration over the life course of the action plan include:

- » Exploring feasibility to trial emerging treatments for a range of substance use disorders.
- » Exploring options for limiting or regulating access to nitrous oxide products used for “nanging.” particularly in relation to use and harm among younger people.
- » Strengthening mechanisms for data collection, management and sharing.

# Governance

A co-ordinated and whole-of-system approach to policy and implementation is the core of the action plan. The best results will be achieved through collaboration, collective action and shared responsibility across ACT Government Directorates, peak bodies, non-government organisations, and with consumers, families, and carers, and affected communities. Governance mechanisms will ensure progress toward action, accountability across lead organisations, and that the voices of people with lived experience are heard.

## Implementation Working Group

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Implementation will be supported by the establishment of a cross-sectoral working group. The ACT Drug Strategy Action Plan Implementation Working Group (Implementation Working Group) is a governance group responsible for guiding implementation of the action plan and ensuring accountability for meeting objectives. The role of the Implementation Working Group includes:

- » Developing a “living” Implementation plan, including accountability and ownership of actions and reporting.
- » Guiding the implementation timeline for specific actions.
- » Identifying, recording, and communicating successes and challenges in implementing the action plan.
- » Supporting the reporting of process, progress and outcomes to relevant governance groups, government directorates and the public.
- » Sharing information on innovative approaches and effective responses across jurisdictions.
- » Identifying emerging issues and gaps in policy, programs, and services.
- » Identifying gaps in the evidence-base and data, and opportunities to improve these.
- » Informing future priorities and actions.

The Implementation Working Group will include members across government, the ATOD sub-sector, relevant peak bodies, and related community and health organisations.

## Evaluation and Monitoring Sub-Committee

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An Evaluation and Monitoring Sub-Committee of the Implementation Working Group will include members with skills and experience in ATOD and/or evaluation. The Implementation Working Group will be responsible for:

- » Co-developing the approach to the monitoring and evaluation of the action plan.
- » Co-developing the action plan end of life cycle Review.

## Community of Practice

A larger action plan Community of Practice with broad representation will be set up to help feed-back community and organisation needs and experiences to guide implementation of actions and development of activities under the action plan. This engagement will support innovation and co-ordination for cross-sector initiatives. Representation may include:

- » Health service consumers.
- » People who use drugs of all types.
- » People with previous lived experience of using drug.
- » Families and carers.
- » Peer and community representatives.
- » Representatives from populations requiring special consideration.
- » ATOD workforce representatives.
- » Representatives from other jurisdictions.

These governance arrangements are depicted in Figure 3.

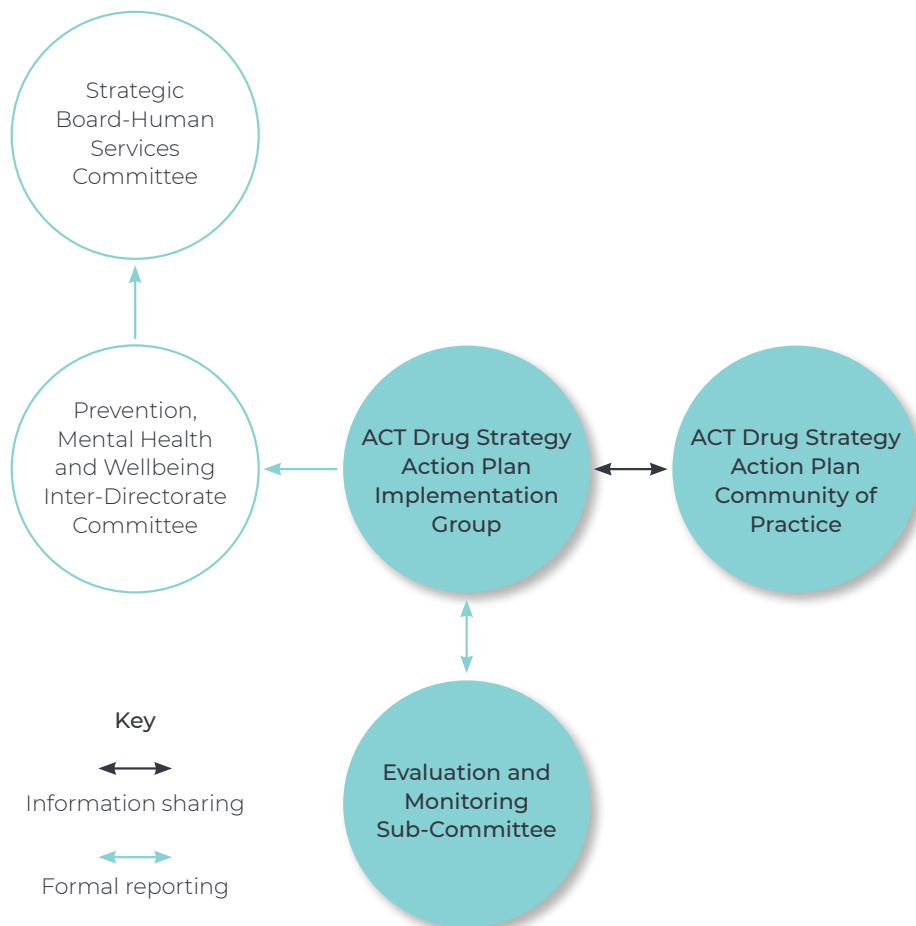


Figure 3. ACT Drug Strategy Action Plan 2022-2026 Governance Structure

In addition to the formal governance structure for the action plan, ATOD representation on external working groups and committees will further support coordinated and integrated approaches to harm reduction with areas outside of ATOD (prevention, health promotion, mental health, housing, employment, education, child safety, youth justice, domestic and family violence and other key areas).

## Monitoring and evaluation

The NDS requires jurisdictions to develop and share data to support evidence-informed approaches, provide early warning of emerging issues and priorities and evaluate outcomes. Information sharing between ACT Government directorates and between jurisdictions will be a key element in identifying and responding to emerging issues.

Developing improved datasets to measure process and outcomes for ongoing monitoring is one of the key emerging issues identified for consideration through the action plan. The ACT Government recognises the importance of building a stronger evidence-base and mechanisms for data collection and sharing to ensure best practice and valid and reliable approaches are used to reduce harm and inform future actions and initiatives.

The ACT Government is committed to evaluating initiatives and services, and ensuring information generated from evaluations is fed back to local and national collaborators.

Monitoring and evaluation will utilise existing data sources and draw on the indicators outlined in the NDS, as well as identify gaps in the evidence-base where additional resources may be required for monitoring and evaluation to occur. Monitoring of trends and emerging issues will continue through the life of the action plan.

## Reporting

The progress of the action plan will be formally reported through a mid-point Progress Report to identify any new or changed priorities, emerging issues, or challenges with the action plan. This will enable harm minimisation efforts to be flexible and responsive to emerging issues and evidence and to maximise the relevance and impact of the action plan into the future.

The action plan will be formally reviewed after the end of the action plan lifecycle. Findings will be fed-back to other jurisdictions, across government and across sector.

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## Appendix A

### List of actions

actions under the “how we will achieve it” sections of the action plan have been listed below in order of occurrence in the action plan. The order of actions does not reflect or imply prioritisation or importance.

### Promoting and maintaining equitable access to treatment and support

1. Explore options to improve online resources and other referral and navigation pathways for individuals who require ATOD and other related services.
2. Establish an Aboriginal and Torres Strait Islander ATOD residential rehabilitation service in the ACT.
3. Support the Ngunnawal Bush Healing Farm to transition to a residential program.
4. Ensure residential treatment services infrastructure are fit for purpose, including planned work for the Ted Noffs Foundation.
5. Review and extend education and training for ATOD and allied sectors, to enhance sharing knowledge, and address stigma and discrimination faced by people who have used ATOD.
6. Consider appropriateness of the mix of ATOD services, including capitalising on effective, evidence-based programs, the potential to expand community based outreach models and early intervention targeted to key groups.
7. Explore opportunities to increase access to targeted nicotine dependence treatment and smoking cessation support for people in groups experiencing high prevalence of tobacco use.
8. Expand support for families and carers impacted by ATOD.
9. Housing ACT will continue work to provide pathways into supported long term accommodation for people impacted by ATOD issues, for example through Housing First models. It will also continue to support the housing aspects of programs such as the Drug and Alcohol Court.

### Changing systems and protecting people from harm

10. Implement and evaluate a fixed-site pill testing pilot.
11. Establish an early warning system for substances in the ACT.
12. Encourage uptake of Canberra Script (ACT’s real time prescription monitoring system) and monitor effects since the introduction of the national system.
13. Explore ways to improve access to the opioid overdose reversal medication naloxone.
14. Review relevant ACT legislation to ensure current arrangements are contributing to minimising harm from online liquor sales and delivery and explore options for further regulation.

15. Review relevant ACT legislation to ensure current arrangements are contributing to minimising the harm caused by e-cigarettes across the ACT community, particularly for young people.
16. Work towards establishing a supervised injecting service tailored to the ACT.
17. Strengthening the capacity for primary care health providers to support people experiencing harm from ATOD, for example through growth in the number of medical professionals trained as Endorsed Prescribers for opioid maintenance treatment.

### **Strengthening supports for people with co-occurring and complex needs**

18. Explore opportunities for greater co-ordination and collaboration across government, NGOs and people with lived experience to address the needs of people with co-occurring issues or complex needs, including: ATOD use and mental health, suicide, family and domestic violence, homelessness, unemployment, and gambling harm.
19. Support the establishment of a formal network for mental health and ATOD service sector workers.
20. Establish a multidisciplinary service to support young people who have mental health needs co-occurring with trauma, disability and/or drug and alcohol use.
21. Support initiatives to integrate mental health activity with alcohol and other drug initiatives for example through the Watson Precinct re-development project and the Commissioning Health Services in the Community project.
22. Canberra Health Service (CHS) to develop and implement the first CHS Co-morbidity Work Plan, covering training needs of clinicians for holistic and integrated care and enhancing screening and brief interventions for ATOD.
23. ACTHD to work with Education to provide ACTHD-led professional learning to school psychologists, to ensure currency of knowledge about the enhanced training, supports and services that are available or become available for ATOD.
24. Explore opportunities working with the Capital Health Network and the Commonwealth Government to improve access to primary healthcare services for people experiencing issues with ATOD.
25. Review the Canberra Health Service Alcohol and Drug Service to ensure it meets the complex needs of consumers and aligns with current ATOD policy.

## **Valuing peer support workers and people with lived experience**

26. Identify options to better engage with people with lived experience in ATOD policy and program development.
27. Support the establishment of a formal ACT ATOD peer worker network.
28. Explore potential pathways to formal qualifications for ATOD Peer Support Work.
29. Explore options to extend peer treatment, support and advocacy services.
30. Support establishment of formal pathways between treatment services and peer worker development programs.

## **Reducing involvement with the criminal justice system**

31. Pass legislation to establish a simple drug offence notice and reduce penalties for drug possession with appropriate evaluation and oversight in place to ensure harm reduction outcomes are being realised.
32. Continue exploring options to improve fine management systems, including through alternatives to discharging fines for drug possession.
33. Improve links between the justice system and support services, including potential expansion of the Drug and Alcohol Sentencing List.
34. Explore whether further reforms to existing legislation, policy and operating procedures are appropriate to better align criminal justice processes with the harm minimisation approach.





**ACT**  
Government