



ACT
Government

ACT Drug Strategy Action Plan 2022-2026

Mid-Point Progress Report



Health and Community Service Directorate

Acknowledgment of Country

We acknowledge the Ngunnawal people as traditional custodians of the ACT and recognise any other people or families with connection to the lands of the ACT and region. We acknowledge and respect their continuing culture and the contribution they make to the life of this city and this region.



Our Health Journey artwork by Lynnice Church, Ngunnawal, Wiradjuri and Kamilaroi, 2020.

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List of abbreviations

ACT Health	ACT Health Directorate
ADS	Alcohol and Drug Service (Canberra Health Services)
APSAD	Australasian Professional Society on Alcohol and other Drugs (APSAD)
ATOD	Alcohol, Tobacco and Other Drugs
ATODA	Alcohol, Tobacco and Other Drug Association ACT
CAHMA	Canberra Alliance for Harm Minimisation and Advocacy
CDP	Community Development Program (CAHMA)
CHHP	Community Health and Hospitals Program
CHS	Canberra Health Services
DASL	Drug and Alcohol Sentencing List
DSAP	ACT Drug Strategy Action Plan 2022-2026
FFA	Federation Funding Agreement
NBHF	Ngunnawal Bush Healing Farm
MHCC	Mental Health Community Coalition
MHJHADS	Mental Health, Justice Health, Alcohol and Drug Service
NGO	Non-Government Organisation
PAT	Pathways to Assistance and Treatment
SDON	Simple Drug Offence Notice
SUSOSE	Service Users' Survey of Outcomes Satisfaction and Experience
The Alliance	The Alcohol, Tobacco and Other Drug and Mental Health Alliance
QS	ACT Alcohol and Other Drug Qualifications Strategy

Executive Summary

The [ACT Drug Strategy Action Plan 2022–2026 \(DSAP\)](#): Mid-Point Progress Report highlights significant achievements in reducing the harms caused by alcohol, tobacco and e-cigarettes, illicit drugs, and illicitly used pharmaceuticals between 2022 and 2024. As of December 2024, **27 of the 34 actions** in the Plan have been completed or substantially progressed (see Appendix A). The Plan is built upon five priority areas and was developed collaboratively between government and non-government stakeholders.

Key Achievements by Priority Area

1. Promoting and Maintaining Equitable Access to Treatment and Support

- **Residential rehabilitation:** Construction of the Watson Health Precinct is underway; Karralika Programs have been refurbished; and work towards transitioning the Ngunnawal Bush Healing Farm to become a community-controlled service offering day programs and in future residential services.
- **Service commissioning:** New contracts with Alcohol, Tobacco and Other Drug (ATOD) non-government organisations (NGOs) commenced in September 2024, funding evidence-based programs and early intervention services. A \$1.065 million Federation Funding Agreement was secured to enhance ACT Quitline and establish vaping cessation support for young people.
- **Improved navigation:** The ACT ATOD Program Directory was redesigned to be more user-friendly for individuals, families, and health workers.
- **Sector training:** The Alcohol, Tobacco and Other Drug Association ACT (ATODA) evaluated its training programs, with recommendations to diversify delivery modes and topics. The Canberra Alliance for Harm Minimisation and Advocacy (CAHMA) provided Naloxone training to sector partners and community. The ATOD and Mental Health Alliance established a working group to upskill the workforce.
- **Nicotine cessation:** Cancer Council ACT and ATODA were successful recipients of the Healthy Canberra Grants: Focus on Vaping Cessation and Reducing Alcohol Related Harm. Directions Health Services and Cancer Council ACT continued to deliver activities under grants awarded in 2021 to reduce smoking related harms.

2. Changing Systems and Protecting People from Harm

- **Drug checking service:** Australia's first fixed-site health and drug checking service (CanTEST) opened in July 2022, with funding secured until June 2027.
- **Alcohol delivery regulation:** Public consultation on same-day liquor delivery regulations was completed, with strong community support for enhanced safeguards.
- **E-Cigarette legislation:** Legislative changes were progressed to align ACT legislation with Commonwealth reforms restricting retail supply of vaping products to therapeutic pathways.

- **Drug consumption room:** Scoping work was undertaken including visits to supervised injecting facilities in Australia and North America; and a [Harm Reduction Review](#) was commissioned.

3. Strengthening Supports for People with Co-occurring and Complex Needs

- **Sector collaboration:** The ATOD and Mental Health Alliance was established to enhance coordination between sectors, with three working groups formed to address specific priorities.
- **Complex needs services:** The Pathways to Assistance and Treatment (PAT) mobile clinic provided services to 2,015 individuals with complex needs between July 2022 and June 2024.
- **Service reform:** The Canberra Health Services (CHS) Alcohol and Drug Services (ADS) Reform Project developed new Models of Care and improved intake processes.

4. Valuing Peer Support Workers and People with Lived Experience

- **Peer workforce development:** CAHMA was awarded funding to develop a peer workforce development program and establish a peer worker network. CAHMA's peer worker pathway program trained 20 people who gained employment in relevant fields.
- **Lived experience engagement:** The Service Users' Survey of Outcomes Satisfaction and Experience (SUSOSE) was launched with findings presented internationally. ACT Health incorporated lived experience voices in various policy initiatives, including commissioning design, drug law reform, and [harm reduction review](#).

5. Reducing Involvement with the Criminal Justice System

- **Drug law reform:** The Drugs of Dependence (Personal Use) Amendment Act 2022 was enacted in October 2022 and commenced in October 2023, establishing a Simple Drug Offence Notice system and reducing penalties for drug possession.
- **Sentencing alternatives:** Expansion of the Drug and Alcohol Sentencing List (DASL) was implemented, with recurrent funding provided for 42 concurrent participants.
- **Cannabis legislation review:** A review of the Drugs of Dependence (Personal Cannabis Use) Amendment Act 2019 found stable rates of cannabis use, declining cannabis-related charges, and no substantial changes in health presentations.

Declarations

This report has been prepared by the ACT Health Directorate (ACT Health) with contributions and review by the external partners listed below.

Partnerships

The close collaboration and co-design between Government and non-government organisations, including the specialist alcohol and other drug treatment and support sector has been critical to achieving successful implementation of actions.

ACT Health has worked with the following directorates and external organisations to deliver the actions in DSAP:

- Alcohol and Other Drug Association ACT (ATODA);
- Canberra Alliance for Harm Minimisation and Advocacy (CAHMA);
- Canberra Health Services (CHS);
- Chief Minister, Treasury and Economic Development Directorate (CMTEDD);
- Community Services Directorate (CSD);
- Education Directorate;
- Justice and Community Safety Directorate (JACS); and
- ACT Policing.

Special thanks to members of the Implementation Working Group, Monitoring and Evaluation Sub-Committee, and Alcohol and Other Drug Community of Practice (See Appendix B for a full list of contributors).

Achievements

1. Promoting and maintaining equitable access to treatment and support

The objectives under this priority area are to improve access to ATOD services for people experiencing harms from their own or another's use, reduce barriers to service system navigation, reduce stigma and discrimination, and enhance early interventions. This includes activities to make ATOD treatment and support resources more accessible and welcoming to all, and informed by evidence and data, with an emphasis on the needs of populations requiring special consideration.

Residential Rehabilitation Services

Actions:

- **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.**

Watson Health Precinct

ACT Government has partnered with Winnunga Nimmityjah Aboriginal Health and Community Services to commence construction of the \$50 million Watson Health Precinct. This will deliver Canberra's first Aboriginal and Torres Strait Islander residential rehabilitation facility. The precinct is expected to be completed in 2026 and will deliver purpose-built facilities for Ted Noffs Foundation youth rehabilitation services and Marymead CatholicCare Canberra & Goulburn's youth residential mental health services.

Karralika Program Inc.

Through the Community Health and Hospitals Program (CHHP), works have been completed for refurbishment of ATOD residential rehabilitation infrastructure operated by Karralika Programs Inc.

Ngunnawal Bush Healing Farm

Work continues to transition the Ngunnawal Bush Healing Farm (NBHF) to Community-control. This transition is an important step toward self-determination in health service delivery, and future residential services on the site. ACT Health commissioned sector experts Ngaimpe Consulting in January 2025 to support the transition in partnership with government, NBHF staff and ACT and region Communities. This transition is and will continue to receive support from ACT Health and Community Services Directorate in line with government commitments under the National Agreement on Closing the Gap, and the ACT Aboriginal and Torres Strait Islander Agreement 2019-2028. To enhance current services, ACT Health collaborated with Community, Ngunnawal Bush Healing Farm staff, and external subject matter experts.

Commissioning Alcohol, Tobacco and Other Drug Services

Actions:

- **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.**

The ATOD sector commissioning process was finalised in 2024 and new contracts commenced in September 2024 (see Appendix C for successful applicants). Through commissioning, community and sector needs for ATOD services were scoped and identified. Consequently, grant opportunities were designed to enable NGOs to apply for funding to provide services and programs that aim to enhance the ATOD treatment, support and harm reduction services in the ACT, and reduce the harms experienced by people and their families, including through:

- Case management and care co-ordination
- Early childhood education and care long day care and vacation care
- Family and carer support
- Harm reduction
- Information and education
- Needle and syringe program
- Opioid overdose prevention
- Peer advocacy
- Peer support (including peer workforce development)
- Psychosocial counselling
- Residential rehabilitation
- Sobering up shelter
- Withdrawal

The new ATOD sector contracts fund evidence-based programs, including services for specific target groups, outreach and early intervention, and a requirement to provide information regarding nicotine cessation and how to access nicotine replacement therapy. Findings from commissioning consultation will be used to inform consideration of future enhancements to the ATOD sector.

ACT Quitline

A Federation Funding Agreement (FFA) worth \$1.065m over three years was agreed with the Australian Government in June 2024. This will enhance the capacity and capability of ACT Quitline and to establish free drop-in services for young people seeking vaping cessation support, with access to free nicotine replacement therapy where available.

ACT Quitline services will be expanded (and an ACT Quitline service for Aboriginal and Torres Strait Islander Communities). Work is also underway to implement minor upgrades to the existing ACT Quitline. Scoping work is underway to determine what gaps exist in the ACT for smoking and vaping cessation supports for young people. ACT is participating in working groups under the National Quitline Advisory Committee to improve Quitline access and capability, including available interventions for priority groups.

Improving service navigation

Action:

- **Explore options to improve online resources and other referral and navigation pathways for individuals who require ATOD and other related services**

[ACT ATOD Program Directory](#)

The [ACT ATOD Program Directory](#) was re-designed by ATODA in late 2022 to be useable by individuals, families and friends seeking information about ATOD services, as well as workers in the health and community sectors. The website is now searchable by key words, and includes information about other supports and resources, and links to an online self-assessment tool (eASSIST).

Training for ATOD and allied sectors

Action:

- **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 alcohol, tobacco and other drugs**

[Alcohol Tobacco and Other Drug Association ACT \(ATODA\)](#)

ATODA supports the development of the ATOD workforce and sector, including allied sectors, through a range of initiatives. This includes facilitating professional development opportunities, delivery of ATOD information, and harm reduction training to NGO and government agencies.

In the first part of 2024, ATODA commissioned an evaluation of a suite of training products and outputs. The evaluation provided options to diversify the training modes of delivery, training topics, and reinforced a strong alignment with the ACT Alcohol and Other Drug Qualifications Strategy (QS). In 2024, ATODA completed a review of the QS in partnership with ACT Health (last review occurred 2017). The QS lays out the minimum qualifications for workers in the ATOD sector, and the key training components, eligibility criteria, allocations of training places, and roles. The revised QS was endorsed by the ATODA Board in August 2024.

In 2022 and 2023, ATODA received funding from the ACT Gambling and Racing Commission to undertake the *Alcohol, Other Drugs and Gambling in the ACT: a Cross-sectoral Approach to Harm Minimisation project*. Phase one examined responses to co-occurring ATOD and gambling harms. Its aim was to identify or develop resources that could support sector capacity for responding to such co-occurring harms in the treatment setting. Phase two aims to build capability within the workforce and develop a practice guide. The guide will address co-occurring gambling and substance use harms in the treatment setting and is specific to the ACT context. Expert-facilitated training in the use of the practice guide will be provided to workplace champions in a cross-sectoral setting to build capacity. The [report](#) with findings from phase one was published in 2024.

Canberra Alliance for Harm Minimisation & Advocacy (CAHMA)

CAHMA provides harm reduction training to the ATOD sector and community sector. This includes running the peer-administered Naloxone Program training to identify and respond effectively to opioid overdose using naloxone and other standard first aid interventions. CAHMA has ongoing funding to run 10-15 staff training sessions, reaching around 150 individual sector staff, per year.

CAHMA runs train-the-trainer sessions on-demand for organisations who wish to provide naloxone brief interventions to their service users. They also provide community naloxone training, where individuals are trained to respond to overdose. CAHMA completed 58 training sessions with community members and trained 565 individuals in 2023-2024.

CAHMA's Community Development Program (CDP) is available to community members with lived experience of ATOD. Community members can access volunteer pathways which can lead to employment, further education, and opportunities to help people in need. CAHMA provides peer worker training, practical skills development, placement opportunities, mentoring and supervision within the harm reduction framework.

ATOD and Mental Health Alliance

In 2024, the ATOD and Mental Health Alliance established a working group for enhancing capacity of mental health and ATOD sectors to help identify workforce development needs and cross-sector training opportunities.

Nicotine cessation

Action:

- **Explore further opportunities to increase access to targeted nicotine cessation supports, especially for young people, people with mental illness, and other groups experiencing high prevalence of tobacco and e-cigarette use.**

The ACT Government has awarded four grants totalling \$972,582 to two NGOs to reduce vaping-related harms in the ACT through the Healthy Canberra Grants: *Focus on Vaping Cessation and Reducing Alcohol Related Harm round*. Programs are being delivered between June 2024 to December 2026.

Cancer Council ACT was awarded:

- \$181,392 to deliver the *Quitting Together: Vaping Cessation in ACT Community Services* program. The program aims to halt or reverse trends in vaping in people aged 12-24.
- \$264,988 to deliver the *School Communities Supporting Students in Vaping Cessation* program. The program aims to halt or reverse trends in vaping in secondary school and college-aged young people.
- \$442,992 to deliver the *Vape Free Sports* program. The program aims to reduce vaping related harms in ACT young people aged 12-24 years, by building the capacity of ACT sporting organisations to foster safe and effective vaping cessation and prevention.

ATODA was awarded:

- \$83,210 to deliver the *Reducing Nicotine Harms* program. The program aims to reduce nicotine dependence among ACT residents from priority populations by embedding comprehensive and targeted nicotine dependence treatment and support within non-government ATOD programs in the ACT.

Grants were also provided to community organisations in 2021 to deliver programs until 2024 that focused on reducing smoking related harm.

- *Directions Health Services* received \$289,591 for the '*Butt it Out! Smoking Support Program*'. The program aims to increase the number of Directions clients who attempt smoking reduction and cessation and reduce smoking levels among program participants. Key outcomes from the program include:
 - Routine screening, brief interventions, targeted smoking cessation support and access to relevant medications such as NRT was offered for clients across all of Directions' services and programs.
 - Organisational capacity to support smoking reduction and cessation in clients improved.
 - There was a modest reduction in the number of Directions AOD clients who reported to use cigarettes and/or vapes.
- *The Cancer Council ACT* received \$284,000 for '*Tackling Tobacco in the ACT*' program. The program aimed to reduce smoking-related harm in clients from participating community organisations. Key outcomes from the program include:
 - An estimated 1,200 community clients who currently smoked were reached by the program via the enrolment of 7 community organisations and 54 staff trained in brief intervention training.
 - Participating organisations who completed a post-project audit reported excellent changes within their provision of cessation support including NRT, the implementation or maintenance of effective policy and practice, and the development of supportive environments, suggesting sustainable change within their work environments.

2. Changing systems and protecting people from harm

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. The objectives under this priority area are to reduce the rate of drug overdoses in the ACT, reduce the prevalence of harms associated with use of alcohol, e-cigarettes and other drugs, and improve systems to better protect Canberrans from ATOD use and related harms.

Fixed-site drug checking

Action:

- **Implement and evaluate a fixed-site pill testing pilot.**

CanTEST

Australia's first fixed-site health and drug checking service, CanTEST, opened in Canberra in July 2022. This free and confidential service is run by Directions Health Services in partnership with Pill Testing Australia and CAHMA. Staff at the service provide consumers with information about the results of drug checking and discuss possible risks associated with consumption of the identified substances. Drop-in nurse consultations also offer general, sexual and mental health advice.

The first six months of the CanTEST service was intended as a pilot to develop and trial Australia's first fixed-site drug checking and health service. The service has been independently evaluated by the Australian National University and an evaluation report, including a summary of the outcomes of the drug checking service pilot, was published in April 2023. The two-year report on the operation of CanTEST was released in August 2024.

In the first two years of operations, CanTEST:

- tested almost 3,000 samples;
- saw 10 per cent (year 1) and 12 per cent (year 2) of samples voluntarily discarded by clients after they received their results;
- delivered 4041 health and alcohol and other drug brief interventions, and the CanTEST nurse provided health advice to 398 clients;
- provided 225 units of the opioid overdose reversal take-home naloxone to clients;
- released 20 community notices with details of particularly dangerous results detected, including four red community notices about substances posing a risk of serious harm or death; and
- reached 269,286 people with harm reduction information on its social media accounts.

A further 11 community notices were issued by CanTEST between August and December 2024, including three red community notices about potent synthetic opioids associated with high overdose risk. As the evaluation found, drug checking results are often shared by the client with other people in their social network and CanTEST monthly reports and community notices have had broad reach via social media, extending the impact of the service beyond just those who walk through the door. The ACT Government has committed funding for the service until June 2027.

Alcohol delivery

Action:

- **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.**

Same day liquor delivery

The Justice and Community Safety Directorate released the 'Regulation of same day liquor delivery providers: A Discussion Paper' for public consultation in 2023. The survey received strong public engagement. On 28 June 2024, the [Listening Report into Regulation of Same Day Liquor Delivery Providers](#) was released to the public.

The public consultation found:

- There was broad support for customers providing proof of age at the time of online purchase;
- The community strongly supports requiring delivery drivers to undergo tailored Responsible Service of Alcohol training; and
- Preferences were indicated for limited delivery hours, clear guidelines on restricted areas, and safeguards for self-exclusion.

Industry contributors also raised concerns around the proposed legislative changes to operational processes for delivery services, including the financial, technological and time costs, which would have flow-on effects for stakeholders.

The Government will use this feedback to progress work on a potential regulatory framework for same day alcohol deliveries within the ACT.

E-Cigarettes

Action:

- **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.**

E-cigarettes and vaping products

The ACT Government has supported changes to Commonwealth legislation to limit the sale, advertising, and distribution of e-cigarettes and vaping products. Changes to the *Tobacco and Other Smoking Products Act 1927* (ACT) are being considered to align ACT legislation with Commonwealth reforms that restrict the retail supply of vaping goods to doctors, nurse practitioners and pharmacists via regulated therapeutic pathways.

The changes would clarify the ACT's regulatory framework for therapeutic vaping goods under the *Medicines, Poisons and Therapeutic Goods Act 2008* (ACT) (MPTG Act) and enable the supply of vaping goods to persons under the age of 18 with a prescription to aid in vaping cessation or nicotine dependency management.

Non-therapeutic e-cigarettes and vaping goods would also be declared prohibited smoking products to support the prohibition on their sale and supply outside of a therapeutic setting. Subsequent

amendments to improve offence provisions regarding the illegal sale of vaping goods are being explored.

This legislative work is being supported by work to raise awareness about vaping harms, enhance cessation support and minimise harm for individuals, including young people and those already vaping, and exploration of amendments to ACT legislation to exempt people from offences under the MPTG Act regarding the personal possession and use of nicotine e-cigarette products.

Drug consumption room

Action:

- **Work towards establishing a supervised injecting service tailored to the ACT.**

Feasibility scoping

In the 2021-22 Budget, the ACT Government allocated \$400,000 over two years to see whether establishing a supervised injecting facility or drug consumption room would be beneficial and feasible in the ACT. Staff from ACT Health visited to the Medically Supervised Injecting Room in North Richmond (Melbourne), the Medically Supervised Injecting Centre in Kings Cross (Sydney), and a range of relevant health and community services in North America. This provided valuable insights for consideration of the most appropriate approaches to prevent and address drug overdoses in the ACT.

Harm Reduction Review ([link](#))

The ACT Government is working to identify the most appropriate supervised consumption service model for the ACT's specific needs. As part of this work:

- ACT Health has funded an independent [Harm Reduction Review](#), led by the Australian National University and Burnet Institute, partnering with CAHMA. The Harm Reduction Review can be found at the [ACT public health system reports - ACT Government](#).
- This Review considered what illicit drug harm reduction services are currently working well in the ACT, what needs improvement and where the gaps are in the system.
- This included reviewing the cost-effectiveness of existing harm reduction interventions for injecting and non-injecting drug users and any additional activities that could benefit the ACT context.

Although the action is specific to a supervised injecting service, the review is broad in scope to enable consideration of a range of options. This includes whether a drug consumption room is required in the ACT, having regard to the cost effectiveness of different drug consumption room models versus alternative options for harm reduction, especially as they relate to overdose prevention.

The review found that the current package of drug harm reduction interventions available in the ACT is cost effective and would be cost effective to expand. The review concluded that practical, stakeholder supported, cost-effective options to improve the ACT's harm reduction services include the establishment of a drug consumption room(s), and expansion of drug checking, drug treatment (OAT), naloxone provision and needle and syringe programs. The review consolidates evidence relating to key drug harm reduction interventions and will inform future policy development.

3. Strengthening supports for people with co-occurring and complex needs

With the high rates of co-occurring issues among people who use ATOD, the objectives under this priority action are to 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, and improve school-based responses to young people who use ATOD.

The ATOD and Mental Health Alliance

Action:

- **Support the establishment of a formal network for mental health and ATOD service sector workers.**

ACT ATOD-Mental Health Alliance (the alliance)

In 2023, ACT Health funded ATODA and the Mental Health Community Coalition (MHCC) to convene the ACT ATOD-Mental Health Alliance (the alliance) to enhance the interface between the two sectors.

In 2023-24 the alliance successfully delivered six meetings under the first year and as specified within the alliance workplan. ATODA and MHCC signed a Memorandum of Understanding (MoU) to guide collaboration and shared principles and priorities to address the needs of people with co-occurring ATOD and mental health needs across the health system in the ACT.

The alliance agreed on 2023-24 priorities, successfully delivering [two joint statements](#) that focussed on peer workforce and cross-sector training and development needs.

In 2024, ACT Health provided additional funding for ATODA and MHCC to continue and expand the work of the alliance through the establishment of three working groups and a number of cross-sector activities. The alliance seeks to:

- provide a forum through which key stakeholders from the health, community and social service sectors can develop a strategic approach to meeting the mental health and ATOD needs and expectations of consumers;
- build a sustainable partnership of organisations in the ACT specifically funded to provide mental health and/or ATOD services or commission such services; and
- recommend ways to achieve better outcomes for people experiencing co-occurring mental health and substance use issues in the ACT region, building on existing relationships, initiatives and programs.

By December 2024, the alliance has established three working groups to inform activities: (1) peer support; lived and living experience; (2) capacity building; and (3) a complex co-occurring needs advisory group.

The working groups have commenced meetings and a series of activities and information sharing events are planned for 2025. These are overseen by the Strategic Advisory Group which is comprised of ATODA, MHCC and ACT Health representatives.

Co-occurring issues and complex needs

Actions:

- **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.**
- **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.**
- **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.**

Mental Health, Justice Health, Alcohol and Drug Service (MHJHADS)

Co-occurring complex mental illness and ATOD use is often prevalent among people accessing care through mental health or ATOD services. In line with the CHS vision to provide exceptional care, a Mental Health, Justice Health, Alcohol and Drug Service (MHJHADS) project was initiated in January 2024 to improve the effectiveness, efficiency and access to services, support and treatment for people experiencing co-occurring mental illness and substance use disorder across the lifespan. This responds to needs identified across MHJHADS program areas and consumer groups.

Canberra Health Services' Alcohol and Drug Services (ADS) has progressed a *Co-Occurring Needs Project*, establishing workforce structures supportive of addressing complex and co-occurring mental illness and substance use disorder across the lifespan. This has led to the development of a *MHJHADS Co-Occurring Needs Action Plan* (the action plan) and accompanying *Implementation Plan*. Currently in draft form, the action plan acknowledges addressing co-occurring needs via an integrated approach in line with best practice and high-quality clinical care. The action plan is intended to underly service developments, including workforce structures needed to care for persons with co-occurring needs, streamlining referral pathways supportive of integrated care, embedding holistic and trauma-informed care practices, with emphasis on culturally responsive and safe care.

It is anticipated the implementation of the action plan will commence in early 2025.

In response to recommendations garnered from an external review undertaken by KPMG, an *ADS Reform Project* was initiated, with three key deliverables:

1. A service map to understand intake (points of entry) – this has been completed with actions for implementation pending endorsement of the Models of Care.
2. The Diversion and Therapies Model of Care - this has been updated in response to internal and external feedback and has been endorsed. Consultation feedback has been received for the Speciality Services Model of Care, which will be reviewed, considered, and incorporated as appropriate. Each Model of Care will be underpinned by an Operational Procedure, with

guiding Business Rules in development for each program area. Each will contain clear outcome measures and key performance indicators.

3. Mapping of consumer and referral pain points for each entry to ADS. 12 actions were identified from this mapping activity. These actions are under implementation by the Operational Director, Clinical Director and Senior Manager.

In addition to the work being progressed by CHS, in the 2019-20 and 2022-23 budgets, the ACT Government funded the Delivering Better Care to Canberrans with Complex Needs initiatives through to 2026. These initiatives support the community sector to work with General Practitioners and related primary health care providers to support these population cohorts. One of the services funded was the Pathways to Assistance and Treatment (PAT) mobile clinic that provides General Practitioner and nurse led primary care services alongside with ATOD or mental health practitioners, taking a wraparound approach to care. The ACT Health currently funds four weekly PAT clinics at Kanangra Court, Veterans Park, Windeyer Court, and the Early Morning Centre in Civic.

A total of 2,015 individuals received services from PAT through the Delivering Better Care for Canberrans with Complex Needs initiative between July 2022 and June 2024.

The cohort of clients targeted by PAT have complex psychosocial and health needs. Many clients have a disability, chronic health and mental health concerns alongside substance dependence, relationship issues, and legal and housing issues. Limited access to bulk billing consultations and increases in cost of living have also impacted the cohort.

An annual client satisfaction survey of PAT clients was conducted in November 2023 and found that 99% of respondents were satisfied with the service they received.

Aside from GP services, PAT has provided a range of other AOD related services, including access to medications, mental health support, wound care, screening for BBVs, harm reduction advice and sterile equipment.

The AOD Community of Practice on Co-Occurring Issues was held 14 November 2024. The session brought together experts from Turning Point, the Australian Institute of Family Studies and the Hamilton Centre covering gambling harm, mental health, and AOD. The session also promoted Gambling Harm Awareness Week (11 to 15 November 2024).

As described above, the work of the ATOD and mental health alliance is also contributing to this objective, including by identifying priorities for enhancing interactions between the sectors, and improving coordination of service delivery and planning in relation to people with co-occurring mental health and substance use issues.

4. Valuing peer support workers and people with lived experience

Peer workers and the voices of lived and living experience of ATOD use, including the experiences of families and carers, are invaluable in ensuring ATOD treatment is person centred, safe and accessible and keeps pace with emerging community needs. Increasingly peers and lived and living experience workers are providing treatment and support services, especially to marginalised populations who find engaging with healthcare services challenging due to past trauma and stigma and discrimination. They also provide important perspectives which are critical in informing policy development and evaluation.

To realise these benefits, the peer workforce needs appropriate supports and resourcing to keep up with increasing demand and complexity of needs. We must also continue to develop more effective ways of engaging with people with lived experience of ATOD use in policy, planning and governance, particularly in public health system settings. Our objectives are to 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, safety, setting transition and navigation barriers, continuity of care, and integrated care planning. These can be achieved through community development programming which works to empower and upskill people with lived or living experience and improve leadership opportunities for peer workers. This peer workforce development builds the capacity of the ATOD workforce through peer worker engagement and integration and enhances the sectors recruitment and retention capabilities.

Peer Workforce Development

Actions:

- **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.**

ATOD peer workforce

In January 2024 CAHMA was awarded the Peer Workforce Development Services grant to develop a multi-year program of work that will include identifying opportunities to expand the ATOD peer workforce, support the creation of pathways into the workforce, and provide recommendations for formal training and qualification pathways. It will establish a peer worker network with the view to having cross-sector membership in the future to facilitate coordination and collaboration. Funding was made ongoing for CAHMA in September 2024 through the ATOD commissioning process.

CAHMA, ATODA and other organisations have been collaborating to establish a space for peer workers in ATOD sector to meet monthly in 2025. How it will look is being determined by peer workers in consultation with ATOD services.

CAHMA has been progressing peer workforce development work with support from ATODA, and the Peer Treatment Support Model being developed by CAHMA is expected to be completed in 2025. CAHMA has continued its long running peer worker training program which resulted in 20 people trained as peer workers gaining employment in a relevant field. In addition, CAHMA trained 6 peer workers for employment at CanTEST.

Engaging people with lived experience

Actions:

- **Identify options to better engage with people with lived experience in ATOD policy and program development.**

Service Users' Survey of Outcomes Satisfaction and Experience (SUSOSE)

ATODA has collaborated with CAHMA, the sector, and the ACT Health to codesign an experience measure as part of the Service Users' Survey of Outcomes Satisfaction and Experience (SUSOSE) Project.

People who access ATOD services and peer workers have provided direction to the project, designed the survey, interpreted the data, and presented the findings. This innovative work aims to design a survey and experience measure that better captures that perspectives and experiences of people using ATOD services in the ACT.

All aspects of the project have been documented and presented in national and international forums. An ongoing project funded by the ACT Health, the SUSOSE is conducted regularly with ACT ATOD service users, and provides valuable data to build the evidence base.

Elevating the voices of lived and living experience

ACT Health has been workshopping ways to improve how lived and living experience is incorporated into policy design and service delivery. In 2022-24, ACT Health incorporated the voices of lived and living experience in various work, including the:

- ATOD Commissioning design phase
- Review of the operation of the Drugs of Dependence (DODA) (Personal Cannabis Use) Amendment Act 2019 (ACT)
- DODA implementation planning and communications focus groups
- Harm Reduction Review
- Vaping Ministerial round table.

Australasian Professional Society on Alcohol and other Drugs (APSAD) conference

ACT Health also sponsored the APSAD conference 2024, which included nine scholarships for people with lived and living experience to attend the conference. This resourcing, coupled with ATODA and CAHMA's programming and hosting input saw a large increase in peer and lived and living experience representation and presentations. There were eight local peer presentations and co-presentations and three national peer network panels on emerging issues: (1) decriminalisation, (2) ageing, and (3) peer workforce development).

Keynote topics were each shared between a presenter with lived and living experience and an academic, providing diverse perspectives on each topic (ageing, decriminalisation, novel psychoactive substances, tobacco cessation).

5. Reducing involvement with the criminal justice system

Alcohol, tobacco and other drug related harms tend to disproportionately affect people who are in socially disadvantaged positions and in turn compound inequality and social disadvantage. Objectives under this priority area are to 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, and reduce stigma and discrimination experienced by individuals who use alcohol, tobacco and other drugs.

Harm reduction through the drug law reform

Actions:

- **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.**
- **Improve links between the justice system and support services, including potential expansion of the Drug and Alcohol Sentencing List.**

Simple Drug Offence Notice (SDON) Implementation

The ACT has made significant progress in reforming its approach to personal drug possession. In August 2020, the Legislative Assembly committed to exploring a Simple Drug Offence Notice (SDON). Following comprehensive policy development that began in 2021, the Drugs of Dependence (Personal Use) Amendment Act 2022 was enacted in October 2022 and implemented on 28 October 2023.

This legislation established the SDON and substantially reduced maximum penalties for possession of small amounts of certain illicit drugs. Implementation of the reforms is being overseen by cross-Government working groups at officer and executive level, with the officer-level group also including key non-government stakeholders.

Drug and Alcohol Sentencing List (DASL) Expansion

The report of a statutory review of DASL and the Sentencing (Drug and Alcohol Treatment Orders) Legislation Amendment Bill 2023 were also introduced into the Assembly on 31 August 2023. The review found that the DASL provision were working effectively. The Bill sought to make more people eligible for treatment orders, allow the court to backdate a treatment order to consider time already served in custody, improve the ability of the treatment team to manage and monitor treatment orders and expand the flexibility of the Court to deal with minor breaches of treatment orders. The Drug and Alcohol Sentencing List was expanded by 7 participants under 2023-24 Budget. Recurrent funding has been provided in the 2024-25 Budget to retain the DASL at 42 concurrent participants (up from the originally funded 35 participants).

Between the DASL's commencement in late 2019 and 2023, there were over 150 people referred to the DASL for a Drug and Alcohol Treatment Order (DATO) and 99 participants sentenced to a DATO. A [Cost Benefit Analysis](#) of the DASL conducted in 2024 by KPMG found a BCR of 0.87, but the program benefits are consistently increasing, with annual benefits outweighing costs from 2021. This suggests that the program is moving towards sustainability as it moves beyond the costly inception years.

KPMG found that the DASL program:

- is supporting participants to enhance prosocial behaviours which is demonstrated through improved relationships, family reunification, and a reduction in violence.
- is leading to economic benefits associated with reduced substance use, and improvements in physical health, psychological health, quality of life and stable housing. These benefits are largely associated with reduced burden of disease as demonstrated through reduced service use and increased economic participation.
- has led to economic benefits associated with labour surplus, as a result of DASL participants being supported to engage in education and employment.

Additional activity

Cannabis

As part of the ACT's ongoing commitment to harm minimisation, on 31 January 2020, the ACT Government introduced new rules around personal use of cannabis in the ACT to help people get support and stay out of the justice system.

In 2024, ACT Health reviewed the *Drugs of Dependence (Personal Cannabis Use) Amendment Act 2019* (Cannabis Act).

The review looked at how the reforms under the Cannabis Act were working and the impacts of the reforms on the community and the criminal justice system.

Key findings from the analysis of existing quantitative data indicated:

- Rates of cannabis use have largely remained stable
- People in the ACT continue to be less likely to have recently used cannabis than the national average
- Charges laid for cannabis offences and diversions have continued to decline to very low levels
- No increase in charges laid for trafficking or cultivation offences since the commencement of the Cannabis Act
- There does not appear to have been any substantial increases or decreases in cannabis-related presentations to ambulances and hospital admissions.

Looking forward

Key priorities for further work to meet the objectives and aims of DSAP are:

- Continuing to identify options to better engage with people with lived experience in ATOD policy and program development, including drawing on learnings from the alliance working groups and CAHMA's workforce development work.
- Evaluating the Drugs of Dependence (Personal Use) Amendment Act 2022 reforms to ensure they are having the intended outcomes and work with our community partners, as required, to strengthen these reforms in line with expert evidence.
- Further consideration of the potential scope of amending existing alcohol delivery legislation to align approaches, including engagement with key sector organisations.
- Addressing housing and homelessness, this may be through collaborative projects to provide pathways into supported long-term accommodation for people impacted by alcohol and other drug dependence.
- Further harm reduction initiatives by providing first responders with naloxone and broader rollout of the National Take Home Naloxone Program to enable non-government organisations to supply THN to people at risk of experiencing or witnessing opioid overdose.
- Implementation of legislative amendments to align local legislation with the national vaping reforms and exploration of further legislative reforms to ensure ACT laws are modern, fit for purpose and in line with developments nationally;
- Further supports for nicotine dependence through commissioning for Quitline and other support services in line with the Commonwealth Smoking and Vaping Cessation Activities Federation Funding Agreement.
- Progressing work on the education and training for ATOD and allied sectors.
- Future funding opportunities for increasing the number of identified peer worker positions in ATOD treatment, support and harm reduction services.
- Future funding opportunities to increase funding and capacity for ATOD service system, including in relation to core ATOD treatment services and innovative treatment models canvassed in ATOD commissioning.
- The Youth At Risk project procurement activity in early 2025 to procure NGO(s) to deliver the new Youth Trauma Service.
- Mental health commissioning's invest phase, which is due to take place in 2025 and is expected to include funding for co-occurring issues.
- Consideration of the analyses presented in the [Harm Reduction Review](#).

Appendix A: Action Progress

#	Action	Lead	Support	Status
1	Explore options to improve online resources and other referral and navigation pathways for individuals who require ATOD and other related services	ACT Health	ATODA	On track
2	Establish an Aboriginal and Torres Strait Islander ATOD residential rehabilitation service in the ACT	ACT Health		On track
3	Support Ngunnawal Bush Healing Farm to transition to a residential program	ACT Health		On track
4	Ensure residential treatment services infrastructure are fit for purpose, including planned work for the Ted Noffs Foundation	ACT Health		On track
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	ACT Health	ATODA CAHMA	On track
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	ACT Health	ATODA CAHMA	On track
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	ACT Health		On track
8	Expand support for families and carers impacted by ATOD	ACT Health		On track
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	Community Services Directorate	ACT Health	On track
10	Implement and evaluate a fixed-site pill testing pilot	ACT Health		Completed
11	Establish an early warning system for substances in the ACT	ACT Health		On track
12	Encourage uptake of Canberra Script (ACT's real time prescription monitoring system) and monitor effects since the introduction of the national system.	ACT Health		On track
13	Explore ways to improve access to the opioid overdose reversal medication naloxone	ACT Health		On track
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	Justice and Community		On track

		Safety Directorate		
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	ACT Health		On track
16	Work towards establishing a supervised injecting service tailored to the ACT	ACT Health		On track
17	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	ACT Health		Monitor
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	ACT Health		On track
19	Support the establishment of a formal network for mental health and ATOD service sector workers	ACT Health		On track
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	ACT Health		Delayed
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	ACT Health		On track
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	Canberra Health Services		On track
23	ACT Health to work with Education to provide ACT Health-led professional learning to school psychologists, to ensure currency of knowledge about the enhanced training, supports and services that are available or become available for ATOD	ACT Health	Education Directorate	Monitor
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	ACT Health		Monitor
25	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	Canberra Health Services		On track
26	Identify options to better engage with people with lived experience in ATOD policy and program development	ACT Health	CAHMA	On track
27	Support the establishment of a formal ACT ATOD peer worker network	ACT Health	CAHMA	On track
28	Explore potential pathways to formal qualifications for ATOD Peer Support Work	ACT Health	CAHMA	Monitor

29	Explore options to extend peer treatment, support and advocacy services	ACT Health	CAHMA	Monitor
30	Support establishment of formal pathways between treatment services and peer worker development programs	ACT Health	CAHMA	On track
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	ACT Health	JACS ACT Policing ATODA CAHMA	Completed
32	Continue exploring options to improve fine management systems, including through alternatives to discharging fines for drug possession	ACT Health	Justice and Community Services Directorate CAHMA	On track
33	Improve links between the justice system and support services, including potential expansion of the Drug and Alcohol Sentencing List.	Justice and Community Services Directorate	CAHMA	On track
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.	Justice and Community Services Directorate	ACT Health CAHMA	On track

Appendix B: List of contributors

- Alcohol Tobacco and Other Drug Association ACT (ATODA);
- Australian National University (ANU);
- Canberra Alliance for Harm Minimisation and Advocacy (CAHMA);
- Canberra Health Services (CHS);
- Chief Minister, Treasury and Economic Development Directorate (CMTEDD);
- Community Services Directorate (CSD);
- Education Directorate; and
- Justice and Community Safety Directorate (JACS).

Appendix C: Commissioning successful ATOD applicants

Organisation	Funded service categories	Annual base funding (GST excl.)
Canberra Alliance for Harm Minimisation and Advocacy	<ul style="list-style-type: none"> Information and Education Peer support (including peer workforce development) Advocacy Opioid overdose prevention Harm reduction activities 	\$909,561.68
Capital Region Community Services	<ul style="list-style-type: none"> Early Childhood Education and Care long day care places 	\$58,830.09
Communities@Work	<ul style="list-style-type: none"> Early Childhood Education and Care long day care places Vacation care places 	\$211,045.00
Directions Health Services	<ul style="list-style-type: none"> Case management Psychosocial counselling Information and education Residential rehabilitation Withdrawal Needle and syringe program Family and carer support 	\$4,855,400.00
Family Drug Support	<ul style="list-style-type: none"> Family and carer support 	\$192,700.00
Karralika Programs Incorporated	<ul style="list-style-type: none"> Day program Residential rehabilitation 	\$4,428,700.00
Marymead CatholicCare	<ul style="list-style-type: none"> Psychosocial counselling Sobering up shelter 	\$631,300.00
The Salvation Army	<ul style="list-style-type: none"> Day program Residential rehabilitation 	\$3,227,400.00
Ted Noffs	<ul style="list-style-type: none"> Psychosocial counselling Residential rehabilitation Withdrawal 	\$2,409,100.00
Toora Women	<ul style="list-style-type: none"> Psychosocial counselling Day program Residential rehabilitation 	\$1,538,100.00

Note alcohol, tobacco and other drug Aboriginal and Torres Strait Islander services were out of scope for the ATOD commissioning cycle.

Appendix D: Governance

Alcohol and Other Drug Community of Practice

The AOD Community of Practice aims to foster a collaborative space for diverse members of the AOD community sector and government to come together to share knowledge, learn from others and guide development of activities in DSAP. The AOD Community of Practice was formed following consultation with relevant sectors to determine community need. The first AOD Community of Practice was held February 2024 with three sessions held in 2024. Sessions included presentations from internationally renowned academics and policy experts, with open discussion between presenters and audience. Promotion of the sessions has been through direct invitation to a wide range of stakeholders. On average there were 40 attendees at each session, with the majority from ACT Government or NGOs. The Tobacco and E-Cigarette Community of Practice has been utilised to discuss activities under the DSAP that relate to tobacco and e-cigarettes. The Tobacco and E-Cigarette Community of Practice met 11 times from 2022 to 2024. The focus and operation of these and other relevant Communities of Practice will continue to be examined throughout the life of the DSAP.

Implementation Working Group

The DSAP Implementation Working Group (IWG) is a cross-sectoral working group that provides advice to the ACT Health on implementation of the DSAP. Members include representatives across directorates and NGOs that hold roles as lead and supporting agencies for actions. The IWG meets quarterly to provide progress and status updates on actions, to discuss approaches to implement actions, and raise new and emerging issues.

The IWG reports action progress to the Prevention, Mental Health and Wellbeing Inter-Directorate Committee periodically and any significant issues with implantation of the DSAP can be escalated to the Strategic Board - Human Services Committee.

Monitoring and Evaluation Sub-Committee

The DSAP Monitoring and Evaluation Sub-Committee (M&E SC) is a specialist group with monitoring and evaluation expertise that provides advice to the ACT Health on monitoring and evaluation of the DSAP. This includes developing the Monitoring and Evaluation Plan and Mid-Point Progress Report.

Prevention, Mental Health and Wellbeing Inter-Directorate Committee had one meeting on the oversight and accountability of implementation of actions and establishment of governance groups.

Governance group	Activities	Outcomes
AOD Community of Practice	Three seminars <ul style="list-style-type: none"> • Alcohol policy and regulation • Illicit drug harm reduction • Co-occurring issues 	Terms of reference completed Positive feedback from members
IWG	Seven meetings Annual review of Terms of Reference	Terms of reference completed Tracking action progress
M&E SC	One meeting Two out of session tasks	Terms of reference completed Completion of Mid-Point Progress Report Development of draft Monitoring and Evaluation Plan

