

# ACT Drug Strategy Action Plan 2022-2026

Working together to support the health and wellbeing of individuals, families, and the Canberra community



## Acknowledgment of Country

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

## Accessibility

The ACT Government is committed to making its information, services, events and venues as accessible as possible.

If you have difficulty reading a standard printed document and would like to receive this publication in an alternative format such as large print, please phone 13 22 81 or email [HealthACT@act.gov.au](mailto:HealthACT@act.gov.au).

If English is not your first language and you require a translating and interpreting service, please phone Access Canberra on 13 22 81.

If you are deaf, or have a speech or hearing impairment and need the teletypewriter service, please phone 13 36 77 and ask for 13 22 81.

For speak and listen users, please phone 1300 555 727 and ask for 13 22 81. For more information on these services visit [www.relayservice.com.au](http://www.relayservice.com.au).

© Australian Capital Territory, Canberra, November 2022.

This work is copyright. Apart from any use as permitted under the *Copyright Act 1968*, no part may be reproduced by any process without written permission from the Territory Records Office, ACT Government, GPO Box 158, Canberra City ACT 2601.

Enquiries about this publication should be directed to the ACT Health Directorate, Communications and Government Relations, GPO Box 825, Canberra City ACT 2601. [www.health.act.gov.au](http://www.health.act.gov.au) | [www.act.gov.au](http://www.act.gov.au)

Enquiries: Canberra 13ACT1 or 13 22 81.

Suggested citation: ACT Government, ACT Health Directorate (2022). ACT Drug Strategy Action Plan 2022-2026. Canberra.

## CONTENTS

<b>ACKNOWLEDGEMENTS .....</b>	<b>3</b>
<b>INTRODUCTION .....</b>	<b>1</b>
THE IMPORTANCE OF LANGUAGE .....	1
AIMS .....	1
<b>FOUNDATION .....</b>	<b>2</b>
THE NATIONAL DRUG STRATEGY .....	2
<i>Pillars and strategic principles .....</i>	<i>2</i>
RELATED STRATEGIES AND FRAMEWORKS .....	3
<i>ACT Preventive Health Plan 2020-2025 .....</i>	<i>4</i>
WHERE WE ARE NOW .....	4
BUILDING ON THE FIRST ACTION PLAN .....	5
<i>Our community .....</i>	<i>5</i>
<i>Broader determinants and impacts .....</i>	<i>5</i>
<i>Help-seeking and service use .....</i>	<i>6</i>
<i>What we've heard.....</i>	<i>6</i>
<i>ACT Wellbeing Framework.....</i>	<i>7</i>
<b>THE ACTION PLAN 2022-2026 .....</b>	<b>9</b>
KEY DEMOGRAPHIC GROUPS .....	9
<i>Aboriginal and Torres Strait Islander peoples.....</i>	<i>9</i>
<i>People with co-occurring issues and complex needs.....</i>	<i>9</i>
<i>Young people .....</i>	<i>11</i>
<i>People in contact with the criminal justice system .....</i>	<i>11</i>
<i>Women.....</i>	<i>11</i>
<i>Family and carers of people who use drugs.....</i>	<i>11</i>
PRIORITY AREAS, OBJECTIVES, AND ACTIONS .....	12
<i>Promoting and maintaining equitable access to treatment and support.....</i>	<i>12</i>
<i>Changing systems and protecting people from harm.....</i>	<i>13</i>
<i>Strengthening supports for people with co-occurring and complex needs.....</i>	<i>14</i>
<i>Reducing involvement with the criminal justice system .....</i>	<i>14</i>
<i>Valuing peer support workers and people with lived experience.....</i>	<i>15</i>
<i>Emerging issues .....</i>	<i>16</i>
GOVERNANCE.....	16
<i>Implementation Working Group.....</i>	<i>16</i>
<i>Evaluation and Monitoring Sub-Committee .....</i>	<i>16</i>
<i>Community of Practice.....</i>	<i>17</i>
MONITORING AND EVALUATION .....	18
REPORTING .....	18
<b>REFERENCES.....</b>	<b>19</b>
<b>APPENDIX A .....</b>	<b>21</b>
LIST OF ACTIONS.....	21

# Acknowledgements

We would like to thank the alcohol and other drug sector for its active engagement with the co-design and development of the Action Plan. We would like to thank those on the ground supporting people experiencing harm from alcohol and other drugs and those with lived experience, for sharing their stories and advocating for the broader Canberra community.

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 priorities for the ACT and evidence-based ACT Government-led actions to minimise harms from alcohol and other drugs.

The ACT Government is committed to investing in evidence-based and practice-informed harm minimisation responses to alcohol and other drugs (AOD) 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 AOD 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 co-design and consultation for the Action Plan, advocates have stressed the significance of stigma and discrimination impacting on people's experiences and recovery from AOD 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 AOD. This action will facilitate the systemic change required to reach the overarching aims of the Action Plan:

- 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 AOD 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.

Figure 1. The Three Pillars of Harm Minimisation



### Partnerships

In recognition of the social determinants of AOD 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 AOD 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 AOD 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 de-criminalise 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 Mental Health and Suicide Prevention Agreement 2022-2026
  - National Quality Framework for Alcohol, Tobacco and Other Drug Treatment
- 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, and will support implementation of the National Alcohol and Other Drug Workforce Development Framework once released.

## 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 is a government-led strategy that sets the foundations for reducing the prevalence of chronic disease and supporting good health across all stages of life. 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 AOD service providers in the ACT are NGOs, and there are several specific treatment and program types that are only 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 AOD workers in these services are highly qualified in their fields of expertise.

Canberra Health Services (CHS) also delivers high quality, effective, person-centred care. CHS Alcohol and Drug Services include specialist medical services, consultation and liaison, opioid medication (or pharmacotherapy) treatment, withdrawal (detoxification), Drug Court Services, counselling and Police and Court Drug Diversion Services. These services are provided as inpatient and outpatient services and make a significant contribution to treatment and harm reduction for AOD for the ACT community.

The sector is collaborative and integrated, working collegiately to deliver a wide range of AOD 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 AOD sector in the ACT. AOD 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 AOD 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*. This Action Plan provides the direction to further strengthen AOD and related sectors in the ACT and improve the wellbeing of the Canberra community.

## Our community

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 a fixed-site pill testing pilot which began in July-2022.

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>

Overall, Canberrans are less likely to take up smoking now than in the early 2000s, and those who do smoke, are smoking less.<sup>1</sup> Current daily smoking rates for Aboriginal and Torres Strait Islander Canberrans are around 24.5 per cent, significantly higher than the territory's average of 8.2 per cent.<sup>1</sup>

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> Nationally, the use of cocaine has increased, whilst heroin use remains low, and the use of methamphetamines and the illicit use of pharmaceuticals have decreased.<sup>1</sup>

## Broader determinants and impacts

Structural and generational inequalities and social determinants significantly impact on community and individual health, as well as quality of life. Inequalities can lead individuals towards further harm and decrease successful outcomes from community services and treatments.

Social determinants, such as housing, employment, and education, are intrinsically linked to community health and individual health outcomes.<sup>2</sup> As such, AOD harm is more comprehensively addressed when other social determinants are also improved.<sup>2</sup>

## Help-seeking and service use

There are over 30 AOD 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 \$23million annually to services that provide a range of treatment and support to Canberrans who use, or have used, AOD 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 alcohol and other drug rehabilitation service.

Recent modelling found that the met demand of individuals who require intensive treatment for AOD 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>

Family members and carers are underrepresented 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 AOD misuse – are removed 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.

## What we've heard

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 AOD harm, and their families and carers.

The Action Plan has been developed and co-designed 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 AOD issues as a health issue rather than through justice and punitive measures
- Stigma and discrimination faced by vulnerable groups including people from culturally and linguistically diverse backgrounds, LGBTQIA+, people living with disabilities, and older people, with their intersection with the AOD 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 AOD 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

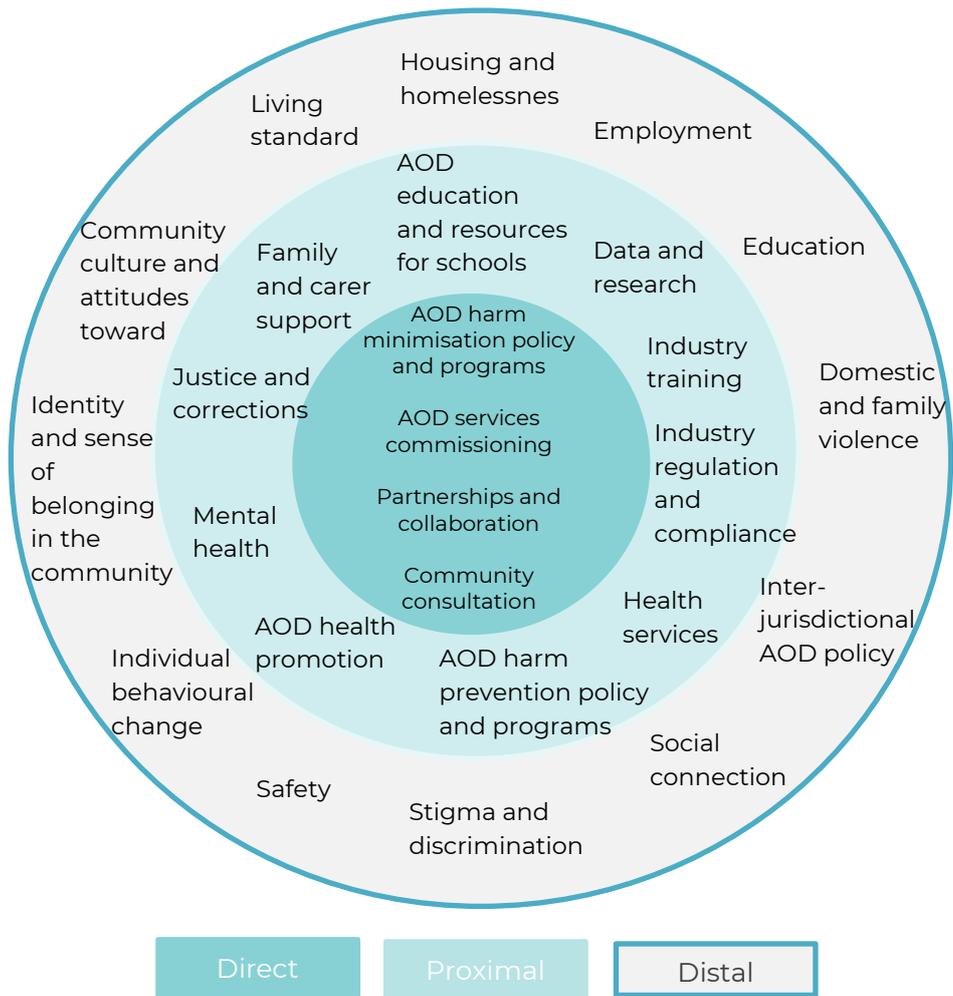
These issues and challenges raised by stakeholders and representatives of people with lived experience have shaped the priority areas, objectives, and actions in this Action Plan.

## ACT Wellbeing Framework

In line with the ACT Wellbeing Framework, the Action Plan also aims to increase the wellbeing of the ACT community through evidence-based and practice-informed approaches to AOD that improve the health, safety, social connection, identity and belonging, and governance (i.e., being heard) that is 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 AOD 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 and Objectives of 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 key demographic groups, priority areas, objectives, and actions, reflect current available evidence, as well as stakeholder views raised through co-design, and priorities agreed to in the National Drug Strategy. This is not to say that only the actions and key demographic groups identified will be the focus over the lifespan of the Action Plan, but rather that any policy responses aimed at minimising the harms of AOD should have reference to these priority areas of focus, or new and emerging issues. This is because they represent the areas where it is agreed the biggest gains can be delivered and the largest contribution to harm exists.

## Key demographic groups

We recognise that alcohol, tobacco and other drug use are key factors contributing to different forms and levels of disadvantage across certain demographic groups. The Action Plan highlights key demographic groups to ensure that new efforts will benefit those most at risk of harm, marginalisation and disadvantage.

Tailored initiatives developed by working closely with affected groups are an important component of responses to improve the health and wellbeing of those groups. The following groups have been highlighted through consultation as key demographic groups that may have higher risk of experiencing disproportionate harms associated with alcohol, tobacco and other drugs:

### Aboriginal and Torres Strait Islander peoples

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

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

#### **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.<sup>5</sup> Individuals who are diagnosed with an alcohol use disorder have a greater likelihood of experiencing other mental health disorders.<sup>6</sup> The Personality and Total Health Through Life Project (the Path Project) has also shown the use of illicit substances was more likely to be seen in people with moderate to high levels of mental illness.<sup>6</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>6</sup>

#### **Living 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>7</sup> People with disability often are exposed to unique

stressors, such as stigma, difficulty engaging with certain social and economic activities and challenges in pursuing certain careers.<sup>7</sup> This further leads to a higher likelihood that individuals with disability are unemployed leading to higher rates of poverty and risk of harm from substances.<sup>7</sup>

## **Gambling harm**

AOD 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 AOD 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>8</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>9</sup>

People attending substance use treatment have also been found to have particularly elevated risk for gambling disorders.<sup>10</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 illustrates potential benefits in implementing strategies designed to identify and manage comorbid gambling problems.<sup>10</sup>

## **Physical illness**

Tobacco use is shown to contribute to the burden of several disease groups, including respiratory diseases, cancer and cardiovascular diseases.<sup>7</sup> The impact of tobacco on health is extensive and it is the leading contributor to fatal and non-fatal burden of disease.<sup>7</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>11</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>11</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>11</sup> As it is difficult to access aged care supports under the age of 70,<sup>11</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 are also access AOD community 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 aging population, with around 13.8 per cent of Canberrans aged 65 years and older,<sup>12</sup> this is a rapidly emerging issue.

## Young people

Young people (those between the ages of 10-24) make up over 25 per cent of Canberrans.<sup>13</sup> Young people experience different risks than those over the age of 24, with a generally higher susceptibility to risky behaviour.<sup>14</sup> The earlier a young person starts drinking, the greater risks they experience, both in health and their future relationships with alcohol.<sup>14</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>15</sup> This is also seen with other drugs.<sup>16</sup>

## People in contact with the criminal justice system

In Australia, people in contact with the criminal justice system have high self-reported rates of AOD use.<sup>1</sup> Around 45 per cent of adult detainees have reported that their AOD use contributed to their current detention and close relationships exist between illicit and injecting drug use and imprisonment.<sup>1</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>1</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 AOD treatment.<sup>16</sup>

## Women

In the ACT, single females make up around 80 per cent of single parent households<sup>15</sup> and caring responsibilities can present challenges in accessing or fully engaging with AOD treatment. Concerningly, in the PATH Project, women in the midlife cohort were identified as the highest proportion of persons who drink at hazardous or harmful levels.<sup>8</sup>

Women are also disproportionately affected by others' AOD use, with some age groups having almost double the number of women reporting being affected by a family member's AOD use than men<sup>17</sup>. There is also a complex interplay between AOD and domestic and family violence. Around 80 per cent of women accessing AOD treatment services have experienced some form of family and domestic violence.<sup>19</sup> Additionally, somewhere between 50-90 per cent of women accessing mental health and AOD services have experienced child abuse and/or family violence.<sup>19</sup>

## Family and carers of people who use drugs

In the ACT only 3 per cent of AOD service users receive treatment for someone else's alcohol or other drug use<sup>18</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>18</sup> and report feeling stigmatised and socially isolated.<sup>19</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>20</sup> The

Canberra community and AOD 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 demographic groups, 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

Through activities and policies, the Action Plan will work to making alcohol, tobacco and other drug treatment and support resources more accessible and welcoming to all, and the needs of key demographic groups are carefully considered.

### **What we want to achieve**

- Improve access to AOD services
- Reduce barriers to service navigation
- Reduce stigma and discrimination experienced by individuals who use alcohol and other drugs
- Ensure non-judgemental and culturally appropriate services are available
- Improve support and education for families and carers
- Improve coordination of investment across different levels of Government in the AOD sector
- Improve early intervention for key demographic groups

## How we will achieve it

- Explore options to improve online resources and other referral and navigation pathways for individuals who require AOD and other related services.
- Establish an Aboriginal and Torres Strait Islander AOD 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 Ted Noffs Foundation. Review and extend education and training for AOD and allied sectors, to enhance sharing knowledge, and address stigma and discrimination faced by people who have used AOD.
- Consider appropriateness of the mix of AOD services, including potential to expand community-based outreach models and early intervention targeted to key demographic groups.
- Explore opportunities to increase access to 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 AOD.
- Housing ACT will continue work to provide pathways into supported long term accommodation for people impacted by AOD 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.
- Implement relevant actions identified in the Healthy Canberra Action Plan.

For individuals seeking support, a list of services available in the ACT is available on the ACT Alcohol Tobacco and Other Drug Services Online Directory, produced by ATODA, which can be found here: [ATODA Directory](#)

## 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 AOD 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 vaping, and other drugs
- Improve systems to better protect Canberrans from AOD and related harms

## How we will achieve it

- Implement and evaluate a fixed-site pill testing pilot (commenced July 2022).
- Establish an emerging drugs early warning system for the ACT.
- Encourage uptake and monitor effects of the ACT's real time prescription monitoring system, Canberra Script (national system introduced in 2022).
- 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 and vaping across the ACT community, particularly for young people.
- Work to establish a supervised injecting service in the ACT.

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

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

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

### 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: AOD 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 AOD 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 Services to develop and implement the first Co-morbidity Plan, covering training needs of clinicians for holistic and integrated care and enhancing screening and brief interventions for AOD.
- ACTHD 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 AOD.
- Explore opportunities working with the Capital Health Network and the Commonwealth Government to improve access to primary healthcare services for people experiencing issues with AOD.

## Reducing involvement with the criminal justice system

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**

- Increased diversions from the criminal justice system for alcohol and other drug related offending
- Reduced harm associated with criminalisation of drug dependence
- Reduced legal ramifications of personal possession

### **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.
- JACS to 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 NDS harm minimisation framework.

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

The ACT Government values the voices of people, families and carers with lived experience of AOD 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 AOD 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 AOD are heard and their experiences are reflected in policy and program development
- Strengthened provision of peer support initiatives in AOD treatment and support services

### **How we will achieve it**

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

## Emerging issues

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.”
- 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

Implementation will be overseen 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:

- 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

## Evaluation and Monitoring Sub-Committee

An Evaluation and Monitoring Sub-Committee of 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

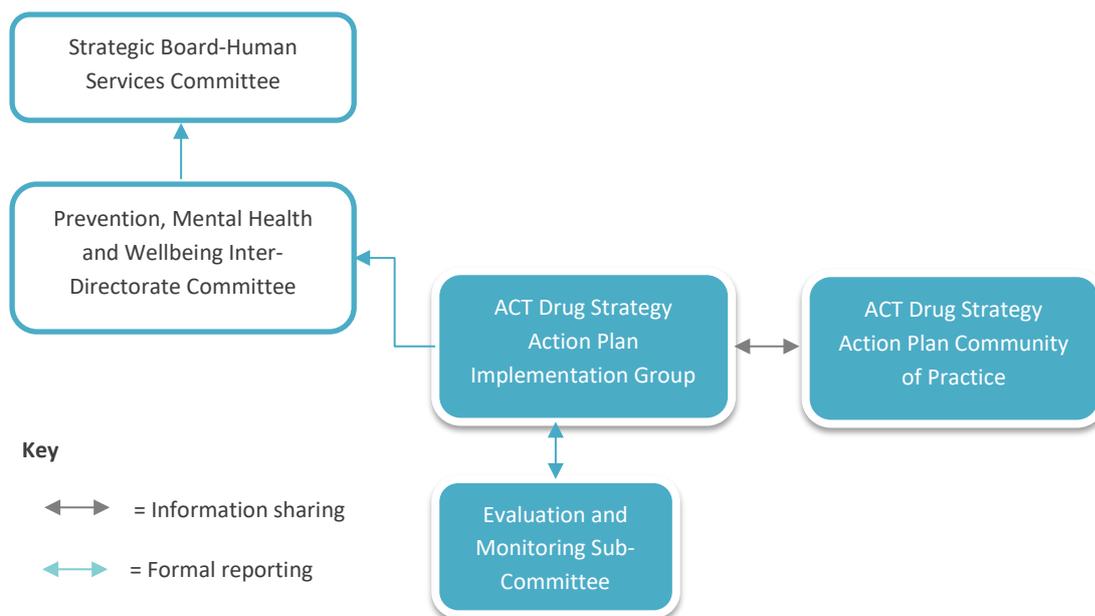
## Community of Practice

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 drugs
- Families and carers
- Peer and community representatives
- Representatives from key demographic groups
- 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, AOD representation on external working groups and committees will further support coordinated and integrated approaches to harm reduction with areas outside of AOD (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.

## References

- <sup>1</sup>Australian Institute of Health and Welfare. (2020). *National Drug Strategy Household Survey 2019*.
- <sup>2</sup>Alcohol, Tobacco and Other Drugs Council Tas Inc. (ATDC). (2013). *A Submission by the Alcohol, Tobacco and Other Drugs Council Tas, Inc. (ATDC)*. Retrieved from <https://www.parliament.tas.gov.au>
- <sup>3</sup>Mellor, Richard and Ritter, Allison. (2021). *Demand and Service Modelling Project*. Social Policy Research Centre, UNSW.
- <sup>4</sup>Australian Institute of Health and Welfare. (2022). *Australian Burden of Disease Study: Impact and Causes of Illness and Death in Aboriginal and Torres Strait Islander People 2018*.
- <sup>5</sup>Australian Institute of Health and Welfare. (2018). *Australia Burden of Disease Study: Impacts and Causes of Illness and Death in Australia*.
- <sup>6</sup>Morris, L. J., Prior, S. L., Anstey, K. J., Butterworth, P., Tait, R. J., Jacomb, P., and ACT Government Health Directorate (2011). *Mental Health and Wellbeing in the ACT*. Health Series No. 54. Canberra: ACT Government Health Directorate.
- <sup>7</sup>Murray, K. (2021). *Disability and Addiction*. Retrieved from Addiction Centre: Your Guide for Addiction and Recovery: <https://www.addictioncenter.com>
- <sup>8</sup>Lorrains FK, Cowlshaw S & Thomas A (2011). Prevalence of comorbid disorders in problem and pathological gambling: Systemic review and meta-analysis of population surveys. *Addiction*. 106, 490-498.
- <sup>9</sup>Barnes GM, Welte JW, Tidwell MCO and Hoffman JH (2015). Gambling and substance Use: Co-occurrence among adults in a recent general population study in the United States. *International Gambling Studies*. 15, 55-71.
- <sup>10</sup>Cowlshaw, S (2014). *Comorbid problem gambling in substance users seeking treatment*. Victoria, Australia: Victorian Responsible Gambling Foundation.
- <sup>11</sup>NSW Ministry of Health. (2015). *Older People's Drug and Alcohol Project*.
- <sup>12</sup>ACT Health Directorate. (2021). *Estimated Resident Population*. Retrieved from Statistics and Indicators: <https://health.act.gov.au>
- <sup>13</sup>Australian Bureau of Statistics. (2016). *Canberra: 2016 Census All Persons QuickStats*. Retrieved from <https://www.abs.gov.au>
- <sup>14</sup>Queensland Government. (2022). *Young People's Alcohol and Other Drugs Use*. Retrieved from Child Safety Practise Manual: <https://cspm.csyw.qld.gov.au>
- <sup>15</sup>Australia Institute of Health and Welfare. (2022). *Alcohol, Tobacco and Other Drugs in Australia*. Retrieved from AIHW Alcohol, Tobacco and Other Drugs in Australia: <https://www.aihw.gov.au>
- <sup>16</sup>Australian Institute of Health and Welfare. (2021). *Alcohol and Other Drugs Treatment Services in Australia Annual Report*. Retrieved from AIHW Australia's Health, Australian Government: <https://www.aihw.gov.au>
- <sup>17</sup>Victoria State Government. (n.d.). *AOD and Family Violence*. Retrieved from The Victorian Alcohol and Other Drug Association Inc.: <https://www.vaada.org.au>

- <sup>18</sup>McCann, T.V., Polacsek, M. and Lubman, D.I., 2019. Experiences of family members supporting a relative with substance use problems: a qualitative study. *Scandinavian journal of caring sciences*, 33(4), pp.902-911.
- <sup>19</sup>Sarno, D. M. (2021). Mental and physical health in family members of substance users: A scoping review. *Drug and Alcohol Dependence*.
- <sup>20</sup>McCann, T.V., Stephenson, J. and Lubman, D.I., 2021. Family Stress, Well-Being and Hope for the Future When Supporting a Relative with AOD Misuse: A Cross-Sectional Survey. *Issues in Mental Health Nursing*, 42(5), pp.430-436.

# Appendix A

## List of actions

### 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 AOD and other related services.
2. Establish an Aboriginal and Torres Strait Islander AOD 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 Ted Noffs Foundation Canberra.
5. Review and extend education and training for AOD and allied sectors, to enhance sharing knowledge, and address stigma and discrimination faced by people who have used AOD.
6. Consider appropriateness of the mix of AOD services, including potential to expand community-based outreach models and early intervention targeted to key demographic groups.
7. Explore opportunities to increase access to 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 AOD.
9. Housing ACT will continue work to provide pathways into supported long term accommodation for people impacted by AOD 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.
10. Implement relevant actions identified in the Healthy Canberra Action Plan.

### Changing systems and protecting people from harm

11. Implement and evaluate a fixed-site pill testing pilot which commenced in July 2022.
12. Establish an emerging drugs early warning system for the ACT.
13. Encourage uptake and monitor effects of the ACT's real time prescription monitoring system, Canberra Script (national system introduced in 2022).
14. Explore ways to improve access to the opioid overdose reversal medication naloxone.
15. 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.
16. Review relevant ACT legislation to ensure current arrangements are contributing to minimising the harm caused by e-cigarettes and vaping across the ACT community, particularly for young people.
17. Work to establish a supervised injecting service in the ACT.

### 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: AOD 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 AOD 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 Services to develop and implement the first Co-morbidity Plan, covering training needs of clinicians for holistic and integrated care and enhancing screening and brief interventions for AOD.
23. ACTHD 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 AOD.
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 AOD.

#### Reducing involvement with the criminal justice system

25. 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.
26. JACS to continue exploring options to improve fine management systems, including through alternatives to discharging fines for drug possession.
27. Improve links between the justice system and support services, including potential expansion of the Drug and Alcohol Sentencing List.
28. Explore whether further reforms to existing legislation, policy and operating procedures are appropriate to better align criminal justice processes with the NDS harm minimisation framework.

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

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



**ACT**  
Government

**ACT Health**