

# ACT Drug Strategy Action Plan 2018-2021

A Plan to Minimise Harms  
from Alcohol, Tobacco and  
Other Drug Use



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# Introduction

The *ACT Drug Strategy Action Plan 2018-2021* (the ACT Action Plan) outlines ACT Government priorities to address harms from alcohol, tobacco and other drugs.

The *ACT Drug Strategy Action Plan 2018-2021* aligns to the framework provided by the *National Drug Strategy 2017-2026* (the National Drug Strategy) and describes ACT priorities and activities to be progressed within the context of national action.

The ACT Action Plan also notes alignments with other relevant ACT Government strategic documents, policies, and service design initiatives. The ACT Action Plan has been developed through extensive consultation with key government and non-government stakeholders, including a formal public consultation process in mid-2018.

The ACT Government is committed to working collaboratively to achieve all the priorities outlined in the ACT Action Plan.

The ACT Government remains committed to investing in evidence-based and practice-informed harm minimisation responses to alcohol, tobacco and other drugs, and to leading the country in innovative policy approaches, as recently demonstrated by the successful introduction of Australia's first pill testing trial.

## AIM

Consistent with the National Drug Strategy, the ACT Action Plan aims to: “build safe, healthy and resilient (Australian) communities through preventing and minimising alcohol, tobacco and other drug related health, social, cultural and economic harms among individuals, families and communities.”

To achieve this aim the ACT Action Plan follows the national strategic policy approach of addressing the three ‘pillars’ of harm minimisation:

- **Demand reduction:** Preventing the uptake and/or delaying the onset of use of alcohol, tobacco and other drugs; reducing harmful use in the community; and supporting people to recover from dependence through evidence-informed treatment. Demand reduction includes school education, providing people with health information and a range of treatment programs.
- **Supply reduction:** Preventing, stopping, disrupting or otherwise reducing the production and supply of illegal drugs; and controlling, managing and/or regulating the availability of legal drugs. Examples include intercepting illicit drug supply, restrictions on selling alcohol and tobacco to under-18s, and regulating some opioid pain medicines so they are only available on prescription.
- **Harm reduction:** Reducing the adverse health, social and economic consequences of the use of drugs, for the user, their families and the wider community. Harm reduction strategies encourage safer behaviours, reduce preventable risk factors and can contribute to a reduction in health inequalities among specific population groups. Harm reduction acknowledges that despite law enforcement efforts drug use still occurs, and can potentially occur more safely. Pill testing and providing sterile injecting equipment to prevent the spread of disease are examples of this approach.

# SCOPE

The ACT Action Plan describes ACT Government commitments, current activities in their early stages, and also future intentions.

The ACT Action Plan summarises ACT Government priorities over the next three years under the framework of the National Drug Strategy, and is designed to be easily read and understood. The ACT Action Plan is not intended to replicate in full the format of the previous *ACT Alcohol, Tobacco and Other Drug Strategy 2010-2014*.

The term 'drug' in the title of the ACT Action Plan refers to all mind-altering drugs, including alcohol, tobacco, illicit (illegal) drugs, and non-medical use (illicit use) of medicines (pharmaceuticals). This is consistent with the National Drug Strategy.

The ACT Action Plan is not intended to provide a comprehensive description of drug issues in the ACT or to describe all routinely delivered services and activities that the Government will continue to fund, such as essential treatment services. Some of the Actions outlined in this document are currently funded, or can be delivered using core funding, while others will require future budget approval.

# GUIDING PRINCIPLES

The following principles, including principles drawn from the National Drug Strategy will be used to guide activity under the ACT Action Plan.

## Evidence-informed responses

Funding, resource allocation and implementation will be evidence-informed. This approach acknowledges that evidence is constantly improving, and that priorities may need to be adapted over time. Innovation

and leadership in the development of new approaches is encouraged within the framework of harm minimisation. Evaluation of new approaches will contribute to building the evidence base. The ACT Government will continue to commission and support research into alcohol and other drug-related issues. Research will focus on the ACT setting and support development of ACT policy, programs and services.

## Partnerships, co-ordination and collaboration

Partnerships, co-ordination and collaboration are central to alcohol, tobacco and other drug policy. The partnership between health and law enforcement underpins the Australian harm minimisation approach to alcohol, tobacco and other drugs. Alcohol, tobacco and other drug treatment and harm reduction services in the ACT are typified by close working relationships between government and non-government services and the Alcohol, Tobacco and Other Drugs Association ACT. Co-ordination across multiple agencies and community sectors is also of key importance in addressing the underlying social and other determinants of alcohol, tobacco and other drug problems. Relevant sectors and agencies include: social services and welfare; justice; education; child protection; economic and consumer policy; road safety; employment; and primary health care (including General Practitioners, Primary Health Networks and Aboriginal and Torres Strait Islander community-controlled health organisations).

Improved national co-ordination across jurisdictions is a key priority of the National Drug Strategy. The ACT Action Plan aligns directly to the framework for action provided by the National Drug Strategy.

The National Drug Strategy in turn is aligned to international conventions on illicit drugs, and to the World Health Organization



*Framework Convention on Tobacco Control.* Australia has also ratified the *World Health Organization Global Strategy to Reduce the Harmful Use of Alcohol*.

In 2017, new Governance arrangements were introduced to improve national co-ordination of alcohol, tobacco and other drug policy. Under these arrangements both the Minister for Health and Wellbeing and the Attorney-General represent the ACT on the national Ministerial Drug and Alcohol Forum, and ACT health and justice officials represent the Territory on the National Drug Strategy Committee (NDSC) and various national working groups under the NDSC.

Canberra Health Services and the ACT Health Directorate are committed to delivering person and family-centred, safe and effective care through an integrated Territory-wide system, with appropriate infrastructure to meet the future health needs of a growing ACT and surrounding region.

Within the ACT, the best results will be achieved by suitable co-ordination and collaboration across Government Directorates, peak bodies, non-government organisations, and with consumers, families and carers, and affected communities. Funding and programs need to be effectively and efficiently co-ordinated between the Australian Government (the Commonwealth), the ACT Government and the Capital Health Network, as well as non-government organisations.

Community representation is important at multiple stages of policy and program development including governance, planning, implementation, research, service and program design, delivery and evaluation. This includes considering the views of:

- 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 priority populations, including Aboriginal and Torres Strait Islander communities and lesbian, gay, bisexual, transgender, intersex and queer (LGBTIQ) people.

An Advisory Group with broad representation will be set up to help guide prioritisation of activities, implementation and evaluation of the ACT Action Plan. The Advisory Group will be co-chaired by the ACT Health Directorate and the Justice and Community Safety Directorate and include representatives from across ACT Government, relevant non-government peak bodies, community organisations and consumer organisations.

The ACT Government recognises that close collaboration and use of co-design between Government and non-government organisations, including the specialist alcohol and other drug treatment and support sector, is key to achieving positive outcomes. Continuing engagement between Government and non-government stakeholders, and community representatives, will support innovation to reduce the harmful use of alcohol, tobacco and other drugs in our community.

## National direction, jurisdictional implementation

All Australian State and Territory Governments have agreed to, and helped shape, the National Drug Strategy.

The National Drug Strategy describes agreed priorities and approaches within the nationally-agreed framework of harm minimisation. Approaches to reducing alcohol, tobacco and other drug related

harms should be based on scientific evidence and/or good practice.

The concept of jurisdictional (state and territory) implementation under the National Drug Strategy also “allows for governments to take action relevant to their local circumstances, and address emerging issues and drug types”.

The ACT Government will undertake additional work with the expert Advisory Group to develop an implementation plan that is suited to the needs and priorities of the ACT context.

The ACT Government is committed to ensuring that innovative programs and services are well evaluated and that information generated from evaluations is fed back promptly to both local and national collaborators.

## SOCIAL DISADVANTAGE, HEALTH AND WELLBEING

There is a strong relationship between marginalisation and social disadvantage, and poorer health and wellbeing.

Access to health care, secure income or employment, adequate housing and living conditions, education, health-promoting environments and social supports are all important enablers for maximising health and wellbeing. These powerful environmental influences are sometimes called the social and economic determinants of health.

Alcohol, tobacco and other drug related harms tend to disproportionately affect people who are socially disadvantaged. Alcohol, tobacco and other drug problems 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 Government is therefore committed to increasing diversions from the criminal justice system.

The Government aims to support Canberrans facing disadvantage with specialist and connected services that recognise people’s individual dignity and needs.

The National Drug Strategy identifies the need for integrated and systems-based partnerships to take effective action to address the social determinants of health and that such actions provide evidence of good practice in reducing demand for alcohol, tobacco and other drugs.

The ACT Government is currently developing a *Healthy and Active Living Strategy* that will set out collaborative approaches to creating the right environments to protect and promote health and wellbeing. The annual ACT Budget Social Inclusion Statement describes a range of Government Actions to reduce disadvantage and promote community participation, social inclusion, health and wellbeing.

### Priority groups

Several specific priority ‘populations’ (i.e. groups of people) are identified in the National Drug Strategy:

- Aboriginal and Torres Strait Islander peoples
- people with co-occurring mental health conditions
- young people
- older people
- people in contact with the criminal justice system
- culturally and linguistically diverse populations
- people identifying as LGBTIQ.

People who use illicit drugs, and particularly people who inject drugs, can also be classed as a priority population at high risk of experiencing a range of harms, including stigma and discrimination. People who use multiple types of drugs are also at higher risk.

The ACT Government recognises that alcohol, tobacco and other drug use are key factors contributing to the gap in health outcomes between Aboriginal and Torres Strait Islander peoples and other Australians. The Government is investing in culturally appropriate and community-led organisations and specialist services and is committed to working with Aboriginal and Torres Strait Islander communities to increase health and wellbeing.

Women, people with a disability and veterans are also identified in the ACT Social Inclusion Statement as groups potentially requiring specialised support in the ACT. The ACT Government recognises that women, and particularly women with children, have specific needs when accessing alcohol and other drug treatment programs and services.

The Government's Safer Families initiative is also providing additional funding to address domestic and family violence, including in alcohol, tobacco and other drug treatment and support settings.

Alcohol, tobacco and other drug experiences differ according to life stages. Early life experiences can have an important impact on the likelihood of taking up alcohol, tobacco and other drug use earlier in life and experiencing ongoing alcohol, tobacco and other drug problems.

It is important that alcohol, tobacco and other drug services provide equitable access and meet the needs of the community, including under-represented groups and people with complex needs. Care and other responses, including health communications,

should be culturally appropriate and suitable for the relevant population groups.

Tailored initiatives developed by working closely with affected groups are an important component of responses to improve the health and wellbeing of disadvantaged and stigmatised people.

## OBJECTIVES

Progress towards achieving the following objectives will be monitored over the life of the ACT Action Plan, drawing on available local and national data sources.

### Alcohol

- Reduce harms to the ACT population resulting from consuming alcohol at single-occasion risky levels.
- Reduce harms to the ACT population resulting from consuming alcohol at lifetime risky levels.

### Tobacco and related products

- Reduce exposure of the community, including children, to second-hand smoke.
- Reduce smoking rates among high-risk population groups through both population level and targeted measures.

### Illicit and illicitly used drugs

- Expand access to viral hepatitis and HIV education and prevention, including access to sterile injecting equipment.
- Increase access to viral hepatitis and HIV testing, including access to new and emerging testing and treatment technologies.
- Increase the proportion of people living with chronic hepatitis who receive monitoring and treatment for their condition.

- Sustain the virtual elimination of HIV among people who inject drugs.
- Control the availability of pharmaceuticals to reduce illicit use.
- Reduce illicit (illegal) drug availability and accessibility.

## Multiple or all drugs

- Prevent uptake and delay initiation of alcohol, tobacco and illicit drug use.
- Prevent and reduce fatal and non-fatal overdoses, including those associated with pharmaceuticals.
- Increase access to evidence-informed, effective and affordable treatment.
- Reduce alcohol and other drug related offending and reoffending, and associated harms to individuals and the community.
- Reduce alcohol and other drug related ambulance attendances, emergency department presentations and hospital admissions.
- Reduce alcohol and other drug related violence against women and children.
- Increase the proportion of diversions from the criminal justice system for alcohol and illicit drug related offending, where appropriate.
- Increase use in the criminal justice system of assessment, education, treatment and support.
- Strengthen data collection and analysis.

## MONITORING AND EVALUATION

Monitoring of trends and emerging issues will continue through the life of the ACT Action Plan. The ACT Action Plan will be formally reviewed after three years.

The National Drug Strategy requires jurisdictions to develop and share data to support evidence-informed approaches, provide early warning of emerging priorities and evaluate outcomes.

The ACT Government, in collaboration with funded non-government services, collects a suite of data that will be used to inform the most appropriate measures to monitor and evaluate the success of the ACT Action Plan.

As noted above, the ACT Action Plan Advisory Group will work with the ACT Health Directorate to develop an evaluation and monitoring framework to measure progress in meeting the Objectives.

Australian Governments are currently collaborating to develop a National Drug Strategy Reporting Framework. The ACT Government will participate in the development of this framework and will also continue its involvement in national work to improve reporting of alcohol and other drug treatment outcomes and waiting times.

The ACT Government will also support specific research within the ACT to support the ACT Action Plan where required.

Program-level evaluation tools and performance measures will be developed individually by responsible ACT Government directorates in consultation with relevant community partners.



## EMERGING ISSUES

The ACT Action Plan Advisory Group will also play a critical role in identifying emerging drug use patterns and informing future priority actions.

Information sharing between ACT Government Directorates and between jurisdictions will be a key element in identifying and responding to emerging issues.

Emerging issues for consideration will include:

- Legislative amendments to reduce the harm of illicit drugs (e.g. cannabis).
- Innovative treatment technologies (e.g. intranasal naloxone, long-acting injectable buprenorphine).
- Responses to marketing and retail innovations.
- Emergence in Australia of trends previously seen overseas (e.g. increasing availability of illicit fentanyl).

## PRIORITY ACTIONS

ACT Government-led priority Actions have been developed for implementation under the ACT Action Plan over three years. The Actions are aligned with the Plan's Objectives and with evidence-based and practice-informed harm minimisation approaches outlined in the National Drug Strategy. The tables that follow provide further detail on these alignments.

The ACT Government will publish an annual progress report that will include a snapshot of alcohol, tobacco and other drug use in the ACT.

The Actions have been developed to suit the ACT context with reference to the following criteria:

- the size of the problem
- the seriousness of the problem
- the effectiveness of interventions
- feasibility
- equity.

The Actions will be delivered in collaboration with relevant community and consumer organisations.

Extensive consultation, including a public consultation process in mid-2018, and key inter-government and external stakeholder consultations have taken place to develop the Action Plan.

The ACT Government remains committed to delivery of high quality, person-centred services and will continue to invest in alcohol and other drug treatment and support services over the life of the ACT Action Plan.



## Alcohol, tobacco and other drugs as risk factors for ill health

People in the ACT enjoy one of the highest life expectancies in the world and can also expect to live many of those years in good health. However, not all Canberrans are as healthy as they could be. Chronic diseases now cause most of the poor health and premature death in the ACT<sup>1</sup>.

Many chronic diseases share common risk factors that are generally preventable. Recognising these risk factors and proactively reducing or eliminating them is an important preventive health measure for maintaining healthy bodies and minds and reducing demand on the health care system<sup>1</sup>.

Burden of disease analysis can be used to compare the impact of different diseases, risk factors, conditions or injuries on a population, and to quantify the gap between the ideal health of a population and the actual health of a population. It measures the fatal (for example, dying from cancer) and non-fatal (for example, living with cancer) effects of diseases in a consistent manner so that they can then be combined into a summary measure of health called disability-adjusted life years, or DALY<sup>1</sup>.

The estimates produced from a burden of disease study remain the best summary measure of a population's health, as they take into account age at death and severity of disease. Across Australia, 31% of the burden of disease could be prevented by reducing exposure to modifiable risk factors<sup>2</sup>. Some leading risk factors for burden of disease in the ACT and Australia across all age ranges combined are shown in the table.

### Leading risk factors contributing to the total burden of disease, 2011<sup>3</sup>

Risk Factor	ACT%	Australia %
Tobacco use	5.4	9.0
Combined dietary risks	5.1	7.0
High body mass index	4.5	5.5
Alcohol use	4.2	5.1
High blood pressure	4.2	4.9
Physical inactivity	4.0	5.0

In addition, illicit drugs have been calculated to account for 2.2% of disease burden in the ACT compared to 2.3% Australia wide<sup>4</sup>.

Throughout their lives, men consistently experience a higher burden of disease than women resulting from alcohol and tobacco consumption<sup>2</sup>.

Further analysis helps to clarify the different impacts of alcohol, tobacco and other drug use among different age groups.

In the ACT, alcohol is the leading risk factor for disease burden among 15–24 year-old males (11.4%) and females (4.0%). It is also the leading risk factor in 25–44 year-old males (10.2%) and females (2.8%)<sup>4</sup>.

Illicit drug use, although having a lower overall burden than alcohol and tobacco, has a particularly adverse impact on young people. Illicit drug use is the second highest contributor to burden of disease behind alcohol in ACT males (5.6%) aged 15–24 and also the second highest contributor behind alcohol in males (5.6%) and among females (2.3%)

aged 25–44. Among females aged 15–24, illicit drug use is the third highest contributor to burden of disease (1.7%)<sup>4</sup>.

In older age ranges, tobacco is the leading risk factor in males aged 45–64 (6.9%) and 65 and older (10.9%) and also females aged 65 and over (8.9%)<sup>2</sup>.

## Alcohol

Alcohol is Australia’s most extensively used drug<sup>5</sup>.

Men are more likely to drink alcohol at levels that put them at risk of both short-term and lifetime harm<sup>1</sup>. In 2016, around one in five ACT males aged 14 years and older drank at those levels (on average, they had at least two standard drinks per day)<sup>1</sup>. This was three times higher than their female counterparts. ACT men aged 14 years and older are also three times more likely to report single-occasion risky drinking at least weekly than women, 16.5% and 5.1% respectively<sup>1</sup>.

Younger people are starting to drink alcohol later. The average age of initiation for males and females in the ACT increased from 14.4 years in 2008 to 16.1 years in 2016<sup>5</sup>.

Around 1 in 10 Canberrans aged 14 years and older drank at single-occasion risky levels (more than four standard drinks) at least once a week in 2016. This was the lowest rate recorded by the jurisdictions and a significant decline on the 2013 figure of 16.1%<sup>5</sup>.

Canberrans between the age of 40 and 49 are the most likely to drink alcohol at levels that put them at risk of long-term harm<sup>1</sup>.

Modelled estimates of presentations to ACT emergency departments due to alcohol-attributable injuries and the toxic effects of alcohol have been trending upwards over the last four years<sup>1</sup>.

Interventions addressing alcohol are a high priority. Alcohol is a major contributor to death, disease, crime and violence, social problems, and health and emergency services use. Excessive alcohol consumption is associated with liver, breast, mouth and pharyngeal, bowel, laryngeal and oesophageal cancers<sup>1</sup>.

Most Canberrans support the idea of reducing the problems in the community associated with alcohol, including:

- Eight in 10 want stricter enforcement of the law against serving customers who are drunk.
- Two-thirds would like a requirement for information on national drinking guidelines on all alcohol containers and increasing the size of standard drink labels on alcohol containers.
- Around 8 in 10 supported stricter enforcement of the law against supplying minors<sup>5</sup>.



## Alcohol — Actions

The following Actions have been prioritised with the aim of minimising alcohol-related harm.

National Drug Strategy Pillars are Demand Reduction (D), Supply Reduction (S) and Harm Reduction (H). The Strategy also focuses on specific priority populations (P).

Action	Objective/s	Government – Lead	Government – Secondary	Alignment with ACT current or proposed strategic frameworks	National Drug Strategy evidence-based/practice-informed approach, strategy or principle	NDS Pillar
<b>Build community knowledge and change acceptability of use</b>						
1. Conduct evidence-informed alcohol public education and social marketing campaigns, including those that aim to: <ul style="list-style-type: none"> <li>• increase public knowledge of links between alcohol use and chronic disease, including cancer and cardiovascular disease;</li> <li>• increase public knowledge of safe drinking guidelines;</li> <li>• increase the knowledge of young people, including school students, of the short and long-term harms of risky drinking, and also of issues relating to secondary supply of alcohol to peers.</li> </ul>	<ul style="list-style-type: none"> <li>• Reduce harms resulting from single-occasion risky alcohol consumption.</li> <li>• Prevent uptake and delay initiation of alcohol, tobacco and illicit drug use.</li> <li>• Reduce harms from lifetime risky alcohol consumption.</li> </ul>	<ul style="list-style-type: none"> <li>• ACT Health Directorate.</li> </ul>	<ul style="list-style-type: none"> <li>• Justice and Community Safety Directorate (JaCSD).</li> <li>• Education Directorate.</li> <li>• Canberra Health Services.</li> </ul>	<ul style="list-style-type: none"> <li>• ACT Preventive Health and Wellbeing Plan (under development).</li> </ul>	<ul style="list-style-type: none"> <li>• Social marketing strategies as part of comprehensive response.</li> </ul>	D, P.

Action	Objective/s	Government – Lead	Government – Secondary	Alignment with ACT current or proposed strategic frameworks	National Drug Strategy evidence-based/practice-informed approach, strategy or principle	NDS Pillar
<b>Restrictions on Promotion</b>						
2. Implement initiatives to reduce alcohol promotion and use in ACT sports and other community settings.	<ul style="list-style-type: none"> <li>• Reduce harms resulting from single-occasion risky alcohol consumption.</li> <li>• Prevent uptake and delay initiation of alcohol, tobacco and illicit drug use.</li> </ul>	• ACT Health Directorate.		• ACT Preventive Health and Wellbeing Plan (under development).	• Prevention programs that provide support to community organisations and clubs.	D, P.
3. Investigate initiatives to reduce promotion of alcohol on government premises, consistent with preventive health commitments.	<ul style="list-style-type: none"> <li>• Reduce harms resulting from single-occasion risky alcohol consumption.</li> <li>• Prevent uptake and delay initiation of alcohol, tobacco and illicit drug use.</li> <li>• Reduce harms from lifetime risky alcohol consumption.</li> </ul>	• ACT Health Directorate.	• Chief Minister, Treasury and Economic Development Directorate (CMTEDD).	• ACT Preventive Health and Wellbeing Plan (under development).	• Regulate promotions in key settings, such as those aimed at young people.	D, P.

Action	Objective/s	Government – Lead	Government – Secondary	Alignment with ACT current or proposed strategic frameworks	National Drug Strategy evidence-based/practice-informed approach, strategy or principle	NDS Pillar
Supporting research and building and sharing evidence						
4. Develop policy options for the implementation of activities that address risky drinking and alcohol-related harms, with a focus on: <ul style="list-style-type: none"> <li>links between alcohol use and domestic and family violence;</li> <li>the impact of enforcement measures on risky drinking.</li> </ul>	<ul style="list-style-type: none"> <li>Reduce harms from single-occasion risky alcohol consumption.</li> </ul>	<ul style="list-style-type: none"> <li>ACT Health Directorate.</li> </ul>	<ul style="list-style-type: none"> <li>Access Canberra.</li> <li>JaCSD.</li> <li>ACT Policing.</li> <li>Community Services Directorate (CSD).</li> </ul>	<ul style="list-style-type: none"> <li>ACT Preventive Health and Wellbeing Plan (under development).</li> <li>ACT Government Response to Family Violence 2016 &amp; National Plan to Reduce Violence Against Women and their Children 2010-2022.</li> <li>ACT Road Safety Action Plan 2016–2020.</li> </ul>	<ul style="list-style-type: none"> <li>Develop new data collections and share data across jurisdictions and research that support evidence-informed approaches, early warning of emerging priorities and measure performance and evaluate outcomes.</li> </ul>	D, P.
5. Once sufficient data is available, consider actions to address the findings of the Driving Change study into the impact of alcohol use on ACT Emergency Departments.	<ul style="list-style-type: none"> <li>Strengthen data collection and analysis.</li> <li>Reduce harms from single-occasion risky alcohol consumption.</li> </ul>	<ul style="list-style-type: none"> <li>ACT Health Directorate.</li> </ul>	<ul style="list-style-type: none"> <li>JaCSD.</li> <li>Access Canberra.</li> <li>ACT Policing.</li> </ul>	<ul style="list-style-type: none"> <li>ACT Preventive Health and Wellbeing Plan (under development).</li> </ul>	<ul style="list-style-type: none"> <li>Maintenance of public safety.</li> <li>Emergency Services Responses to Critical Incidents.</li> <li>Liquor licensing restrictions.</li> </ul>	H, S.

Action	Objective/s	Government – Lead	Government – Secondary	Alignment with ACT current or proposed strategic frameworks	National Drug Strategy evidence-based/practice-informed approach, strategy or principle	NDS Pillar
<b>Compliance and Enforcement</b>						
6. Conduct educational activities for licensees regarding compliance with alcohol licensing legislation and regulations and use an appropriate escalated enforcement response on a case-by-case basis.	<ul style="list-style-type: none"> <li>• Reduce harms from single-occasion risky alcohol consumption.</li> <li>• Prevent uptake and delay initiation of alcohol, tobacco and illicit drug use.</li> </ul>	<ul style="list-style-type: none"> <li>• Access Canberra.</li> </ul>	<ul style="list-style-type: none"> <li>• ACT Policing.</li> </ul>	<ul style="list-style-type: none"> <li>• Liquor Act 2010</li> <li>• Liquor Regulation 2010.</li> </ul>	<ul style="list-style-type: none"> <li>• Retailer licensing schemes supported by enforcement and retailer education.</li> </ul>	S.
<b>Fetal Alcohol Spectrum Disorder</b>						
7. Implement appropriate actions at Territory level to support the national Fetal Alcohol Spectrum Disorder (FASD) Strategic Action Plan.	<ul style="list-style-type: none"> <li>• Reduce harms from single-occasion risky alcohol consumption.</li> <li>• Reduce harms from lifetime risky alcohol consumption.</li> </ul>	<ul style="list-style-type: none"> <li>• ACT Health Directorate.</li> </ul>	<ul style="list-style-type: none"> <li>• Canberra Health Services.</li> <li>• CSD.</li> </ul>	<ul style="list-style-type: none"> <li>• ACT Preventive Health and Wellbeing Plan (under development).</li> </ul>	<ul style="list-style-type: none"> <li>• Programs to reduce alcohol, tobacco and other drug use during pregnancy.</li> </ul>	H.
<b>Age restrictions</b>						
8. Identify and implement measures to reduce secondary supply of alcohol to minors, including by family members and over-age friends.	<ul style="list-style-type: none"> <li>• Prevent uptake and delay initiation of alcohol, tobacco and illicit drug use.</li> <li>• Reduce harms from single-occasion risky alcohol consumption.</li> </ul>	<ul style="list-style-type: none"> <li>• ACT Health Directorate.</li> </ul>	<ul style="list-style-type: none"> <li>• JaCSD.</li> <li>• CSD.</li> </ul>	<ul style="list-style-type: none"> <li>• ACT Preventive Health and Wellbeing Plan (under development).</li> </ul>	<ul style="list-style-type: none"> <li>• Secondary supply restrictions (alcohol).</li> </ul>	S, P.



## Tobacco and related products

Smoking is a primary risk factor for various cancers, respiratory and cardiovascular disease. Joint use of alcohol and tobacco poses a particularly high risk of some types of cancer.

Passive exposure to tobacco smoke can also cause a range of adverse health effects, including lung cancer and heart disease.

The proportion of people aged 14 years and older who smoke every day has declined steadily both in the ACT and across Australia. In the ACT, the daily smoking rate has more than halved, from 22.5% in 1998 to 9.5% in 2016<sup>5</sup>.

The ACT continues to have the lowest smoking rate in Australia. In 2016, almost 66% of ACT residents aged 14 years and older reported that they have never smoked — the highest figure of all Australian jurisdictions<sup>5</sup>. However, smoking still remains the leading contributor to the burden of disease in the ACT<sup>1</sup>.

There are pockets within the ACT community where smoking rates remain high. These are generally people who are socially excluded and/or from low socioeconomic groups, such as people who identify as Aboriginal and Torres Strait Islander, people with a mental illness, people with other drug or alcohol dependencies, imprisoned people and the homeless<sup>1</sup>.

Aboriginal and Torres Strait Islander peoples are significantly more likely to smoke than their non-Indigenous counterparts, regardless of the state or territory in which they live<sup>6</sup>. In the ACT, 36.9% of Aboriginal and Torres Strait Islander people aged 15 years and older smoked on a daily basis in 2014–15. While this was similar to the national rate

(38.9%), it was three times higher than the rate for the non-Aboriginal and Torres Strait Islander population<sup>6</sup>.

There has been a decrease in the number of mothers who smoked during pregnancy, from 10.6% in 2010 to 6.6% in 2015. However, smoking rates among teenage mothers remains high at around 37%. By comparison, 20.9% of mothers aged 20–24 years and 5.1% of mothers aged 25–39 years report that they had smoked during their pregnancy<sup>1</sup>.

In addition, across Australia, people who have migrated from countries with high smoking rates and those who identify as LGBTIQ are much more likely to smoke<sup>7</sup> than the general population. In the ACT, data regarding smoking rates in most of these groups is limited, due to our small population.

The majority of Canberrans aged 14 years and older support measures to reduce the problems associated with tobacco use in the ACT. Such support tends to be slightly higher in the ACT than nationally.

- In 2016, almost 9 in every 10 Canberrans supported stricter enforcement of the law against the supply of tobacco to minors.
- Almost two-thirds supported raising the legal age for sale or supply of tobacco products to 21 years.
- Almost 8 in 10 supported prohibition of the sale of e-cigarettes to people under 18 years of age<sup>5</sup>.

## Tobacco — Actions

The following Actions have been prioritised with the aim of minimising tobacco-related harm.

National Drug Strategy Pillars are Demand Reduction (D), Supply Reduction (S) and Harm Reduction (H). The Strategy also focuses on specific priority populations (P).

Action	Objective/s	Lead Directorate	Secondary Directorate/s	Alignment with current or proposed strategic frameworks/projects	National Drug Strategy or evidence-based/ practice-informed approach, strategy or principle	NDS Pillar
Targeted approaches to priority populations						
9. Further develop approaches to reduce smoking rates among high-risk population groups in the ACT.	<ul style="list-style-type: none"> <li>• Reduce smoking rates among high risk population groups.</li> <li>• Reduce the proportion of the community, including children, exposed to second-hand smoke.</li> <li>• Prevent uptake and delay initiation of alcohol, tobacco and illicit drug use.</li> </ul>	• ACT Health Directorate.	<ul style="list-style-type: none"> <li>• CSD.</li> <li>• Canberra Health Services.</li> </ul>	• ACT Preventive Health and Wellbeing Plan (under development).	• Targeted approaches to priority populations.	P.
10. Use learnings from evaluations of relevant existing and previous programs relating to smoking, including the Smoking in Pregnancy program, to inform future program planning and development.	<ul style="list-style-type: none"> <li>• Reduce the proportion of the community, including children, exposed to second-hand smoke.</li> <li>• Reduce smoking rates among high risk population groups.</li> <li>• Strengthen data collection and analysis.</li> </ul>	• ACT Health Directorate.	• Canberra Health Services.	• ACT Preventive Health and Wellbeing Plan (under development).	<ul style="list-style-type: none"> <li>• Robust evaluation processes to effectively measure impact of work undertaken.</li> <li>• Programs to reduce alcohol, tobacco and other drug use during pregnancy.</li> </ul>	H.

Action	Objective/s	Lead Directorate	Secondary Directorate/s	Alignment with current or proposed strategic frameworks/projects	National Drug Strategy or evidence-based/ practice-informed approach, strategy or principle	NDS Pillar
<b>Safer Settings</b>						
11. Consider the need for additional smoke-free areas.	<ul style="list-style-type: none"> <li>• Reduce the proportion of the community, including children, exposed to second-hand smoke.</li> </ul>	<ul style="list-style-type: none"> <li>• ACT Health Directorate.</li> </ul>	<ul style="list-style-type: none"> <li>• JaCSD.</li> </ul>	<ul style="list-style-type: none"> <li>• ACT Preventive Health and Wellbeing Plan (under development).</li> </ul>	<ul style="list-style-type: none"> <li>• Smoke-free areas.</li> </ul>	H, P.
12. Continue to enforce tobacco and smoke-free legislation in the ACT by conducting compliance programs focusing on tobacco retailers and smoke-free public places and responding to complaints.	<ul style="list-style-type: none"> <li>• Reduce the proportion of the community, including children, exposed to second-hand smoke.</li> <li>• Prevent uptake and delay initiation of alcohol, tobacco and illicit drug use.</li> </ul>	<ul style="list-style-type: none"> <li>• Access Canberra.</li> </ul>	<ul style="list-style-type: none"> <li>• ACT Health Directorate.</li> <li>• Canberra Health Services.</li> </ul>	<ul style="list-style-type: none"> <li>• ACT Preventive Health and Wellbeing Plan (under development).</li> </ul>	<ul style="list-style-type: none"> <li>• Smoke-free areas.</li> <li>• Retail licensing schemes supported by strong enforcement and retailer education.</li> </ul>	S, H.
13. Continue to monitor the emerging evidence regarding the health risks associated with the use of electronic cigarettes.	<ul style="list-style-type: none"> <li>• Prevent uptake and delay initiation of alcohol, tobacco and illicit drug use.</li> </ul>	<ul style="list-style-type: none"> <li>• ACT Health Directorate.</li> </ul>		<ul style="list-style-type: none"> <li>• ACT Preventive Health and Wellbeing Plan (under development).</li> </ul>	<ul style="list-style-type: none"> <li>• Regulating retail sale.</li> </ul>	S.

## Illicit and illicitly used drugs

In 2016 cannabis was the most widely used illicit drug in the ACT, followed by the illicit use of prescription painkillers, opioids and other pharmaceuticals<sup>5</sup>. In 2016 it was reported that in the last 12 months:

- 8.4% of people aged 15 years and older used marijuana/cannabis.
- 2.9% used painkillers/analgesics and opioids for non-medical purposes.
- 2.2% used ecstasy.
- 1.9% used cocaine.
- Recent illicit drug use was more common among males than females in the ACT.
- 16.1% of males and 9.7% of females aged 14 years and older had used an illicit drug in the last year.
- Canberrans aged 20–29 years were most likely to have reported using an illicit drug in the previous 12 months (22.4%) — lower than the national figure (28.2%)<sup>5</sup>.

In the ACT the largest illicit drug related burden is from opioid use, followed by unsafe injecting practices and amphetamines<sup>4</sup>. Unsafe injecting practices are associated with higher levels of harm<sup>4</sup>. Using combinations of substances can also increase harms, depending on the particular substances used together<sup>8</sup>.

Many people who attend alcohol and other drug treatment services also have co-occurring mental health disorders and poorer physical health. Harm reduction strategies, education and supporting mechanisms to address social determinants of health are essential components of modern, evidence-informed drug treatment programs, systems and policies.

Hepatitis C virus is a blood borne virus that is particularly important for drug policy responses. The primary risk factor for transmission in Australia is the sharing or re-using of needles and syringes. Groups at a higher or disproportionate risk include injecting drug users, people in custodial settings, and Aboriginal and Torres Strait Islander peoples<sup>1</sup>. The HIV virus can also be transmitted by sharing injecting equipment.

Medicinal cannabis is not included as an illicit drug as it is now legal in the ACT. For further information on the ACT Medicinal Cannabis Scheme visit <https://www.health.act.gov.au/health-professionals/pharmaceutical-services/controlled-medicines/medical-cannabis>.



## Illicit drugs and illicitly used drugs — Actions

The following Actions have been prioritised with the aim of minimising illicit drug-related harm.

National Drug Strategy Pillars are Demand Reduction (D), Supply Reduction (S) and Harm Reduction (H). The Strategy also focuses on specific priority populations (P).

Action	Related Objective/s	Lead Directorate	Secondary Directorate/s	Alignment with other ACT strategies	National Drug Strategy evidence-based / practice-informed approach, strategy or principle	NDS Pillar
<b>Safer injecting and prevention of blood borne infections</b>						
14. Review current information and identify gaps in order to improve access to sterile injecting equipment and sharps disposal in the ACT.	<ul style="list-style-type: none"> <li>Expand access to hepatitis and HIV education and prevention, including expanding access to sterile injecting equipment.</li> <li>Sustain the virtual elimination of HIV among people who inject drugs.</li> </ul>	• ACT Health Directorate.	• JaCSD.	• Hepatitis B, Hepatitis C, HIV and sexually transmissible infections: ACT statement of priorities 2016–2020.	• Diversity and accessibility of needle and syringe programs.	H.

Action	Related Objective/s	Lead Directorate	Secondary Directorate/s	Alignment with other ACT strategies	National Drug Strategy evidence-based / practice-informed approach, strategy or principle	NDS Pillar
15. Increase access to prevention, screening, testing and treatment for blood borne viruses, particularly hepatitis C, and sexually transmitted infections among people who use drugs, including in treatment settings, and increase access to vaccinations for types of blood borne viruses where vaccines are available.	<ul style="list-style-type: none"> <li>• Increase access to viral hepatitis and HIV testing, including access to new and emerging testing and treatment technologies.</li> <li>• Increase the proportion of people living with chronic hepatitis who receive monitoring and treatment for their condition.</li> <li>• Sustain the virtual elimination of HIV among people who inject drugs.</li> </ul>	• Canberra Health Services.	<ul style="list-style-type: none"> <li>• ACT Health Directorate.</li> <li>• JaCSD.</li> </ul>	• Hepatitis B, Hepatitis C, HIV and sexually transmissible infections: ACT statement of priorities 2016–2020.	• Hepatitis B vaccination, BBV and STI testing, prevention, counselling and treatments.	H.
<b>Overdose prevention</b>						
16. Implement a real-time prescription monitoring remote access portal (DORA) by March 2019.	• Prevent and reduce fatal and non-fatal overdoses, including those associated with pharmaceuticals.	• ACT Health Directorate.	• Canberra Health Services.	• ACT Government commitment.	• Real time reporting of prescribing and dispensing events.	S.

Action	Related Objective/s	Lead Directorate	Secondary Directorate/s	Alignment with other ACT strategies	National Drug Strategy evidence-based / practice-informed approach, strategy or principle	NDS Pillar
17. Explore further opportunities to expand on pill testing at events in the ACT.	<ul style="list-style-type: none"> <li>• Prevent and reduce fatal and non-fatal overdoses, including those associated with pharmaceuticals.</li> <li>• Reduce alcohol and other drug related ambulance attendances, emergency department presentations and hospital admissions.</li> </ul>	<ul style="list-style-type: none"> <li>• ACT Health Directorate.</li> </ul>	<ul style="list-style-type: none"> <li>• JaCSD.</li> <li>• ACT Policing.</li> </ul>	<ul style="list-style-type: none"> <li>• ACT Government supportive policy environment.</li> </ul>	<ul style="list-style-type: none"> <li>• Safer Settings – Maintenance of public safety.</li> <li>• Effectively using trend data and monitoring.</li> </ul>	H, P, S.
18. Investigate the feasibility, need, effectiveness and appropriateness of establishing a medically supervised drug consumption facility (supervised injecting facility) in the ACT.	<ul style="list-style-type: none"> <li>• Expand access to hepatitis and HIV education and prevention, including expanding access to sterile injecting equipment.</li> <li>• Sustain the virtual elimination of HIV among people who inject drugs.</li> </ul>	<ul style="list-style-type: none"> <li>• ACT Health Directorate.</li> </ul>	<ul style="list-style-type: none"> <li>• ACT Policing.</li> <li>• Canberra Health Services.</li> </ul>	<ul style="list-style-type: none"> <li>• Hepatitis B, Hepatitis C, HIV and sexually transmissible infections: ACT statement of priorities 2016–2020.</li> </ul>	<ul style="list-style-type: none"> <li>• Medically supervised injection centres and consumption rooms.</li> </ul>	H.

Action	Related Objective/s	Lead Directorate	Secondary Directorate/s	Alignment with other ACT strategies	National Drug Strategy evidence-based / practice-informed approach, strategy or principle	NDS Pillar
19. Develop and implement actions relating to opioids including those that address or expand: <ul style="list-style-type: none"> <li>• overdose prevention and response;</li> <li>• access to naloxone;</li> <li>• access to opioid maintenance treatment.</li> </ul>	<ul style="list-style-type: none"> <li>• Prevent and reduce fatal and non-fatal overdoses, including those associated with pharmaceuticals.</li> </ul>	<ul style="list-style-type: none"> <li>• ACT Health Directorate.</li> </ul>	<ul style="list-style-type: none"> <li>• Canberra Health Services.</li> <li>• JaCSD.</li> </ul>	<ul style="list-style-type: none"> <li>• Opioid Maintenance Treatment in the ACT: Local Policies and Procedures.</li> </ul>	<ul style="list-style-type: none"> <li>• Prevent and respond to overdose including increased access to naloxone.</li> </ul>	H, D, S, P.
<b>Prevent, stop, disrupt or reduce production and supply of illicit drugs</b>						
20. Disrupt and dismantle the networks and facilities involved in the production, cultivation, trafficking and supply of illicit drugs and pre-cursors – particularly targeting organised crime groups.	<ul style="list-style-type: none"> <li>• Reduce illicit (illegal) drug availability and accessibility.</li> </ul>	<ul style="list-style-type: none"> <li>• ACT Policing.</li> </ul>		<ul style="list-style-type: none"> <li>• Aligned to the work of ACT Policing operations.</li> </ul>	<ul style="list-style-type: none"> <li>• Prevent, stop, disrupt or reduce production and supply.</li> </ul>	S, D.
21. Target the financial proceeds and confiscation of assets from illicit supply activities.	<ul style="list-style-type: none"> <li>• Reduce illicit (illegal) drug availability and accessibility.</li> </ul>	<ul style="list-style-type: none"> <li>• ACT Policing.</li> </ul>	<ul style="list-style-type: none"> <li>• JaCSD.</li> </ul>	<ul style="list-style-type: none"> <li>• Aligned to the work of ACT Policing operations.</li> </ul>	<ul style="list-style-type: none"> <li>• Prevent, stop, disrupt or reduce production and supply.</li> </ul>	S.



Action	Related Objective/s	Lead Directorate	Secondary Directorate/s	Alignment with other ACT strategies	National Drug Strategy evidence-based / practice-informed approach, strategy or principle	NDS Pillar
22. Develop a regulatory framework for pre-cursor drugs and equipment that mirrors the Australian Government framework to regulate the sale of substances and key equipment used in the preparation of illicit drugs. This will include, but will not be limited to, an end-user declaration framework for prescribed substances and key pieces of equipment.	<ul style="list-style-type: none"> <li>• Reduce illicit (illegal) drug availability and accessibility.</li> <li>• Control the availability of pharmaceuticals to reduce illicit use.</li> </ul>	<ul style="list-style-type: none"> <li>• JaCSD.</li> <li>• ACT Policing.</li> </ul>	<ul style="list-style-type: none"> <li>• ACT Health Directorate.</li> </ul>	<ul style="list-style-type: none"> <li>• Australian Government framework to regulate the sale of substances and key equipment used in the preparation of illicit drugs.</li> </ul>	<ul style="list-style-type: none"> <li>• Coordinated medication management system.</li> <li>• Real-time national monitoring of precursor chemicals and equipment.</li> </ul>	S, D.
23. Maintain and enhance co-operation and collaboration between law enforcement and forensic agencies, across jurisdictions – particularly NSW and Victoria.	<ul style="list-style-type: none"> <li>• Reduce illicit (illegal) drug availability and accessibility.</li> </ul>	<ul style="list-style-type: none"> <li>• ACT Policing.</li> </ul>	<ul style="list-style-type: none"> <li>• JaCSD.</li> </ul>	<ul style="list-style-type: none"> <li>• Aligned to the work of ACT Policing operations.</li> </ul>	<ul style="list-style-type: none"> <li>• Develop and share data to support evidence-informed approaches, provide early warning of emerging priorities, and evaluate outcomes.</li> </ul>	S, D.

Action	Related Objective/s	Lead Directorate	Secondary Directorate/s	Alignment with other ACT strategies	National Drug Strategy evidence-based / practice-informed approach, strategy or principle	NDS Pillar
24. Gather intelligence and monitor trends to identify new drugs or supply chains.	<ul style="list-style-type: none"> <li>• Reduce illicit (illegal) drug availability and accessibility.</li> <li>• Control the availability of pharmaceuticals to reduce illicit use.</li> <li>• Strengthen data collection and analysis.</li> </ul>	<ul style="list-style-type: none"> <li>• ACT Policing.</li> </ul>	<ul style="list-style-type: none"> <li>• JaCSD.</li> <li>• ACT Health Directorate.</li> </ul>	<ul style="list-style-type: none"> <li>• Territory-wide Health Services Strategy 2018–2028.</li> </ul>	<ul style="list-style-type: none"> <li>• Monitor emerging drug issues to provide advice to health, law enforcement, education and social services sectors for informing individuals in the community regarding risky behaviours.</li> </ul>	S, D, H.

## Multiple or all drugs — Actions

The following Actions have been prioritised with the aim of minimising harms across several or across all licit and illicit drugs.

National Drug Strategy Pillars are Demand Reduction (D), Supply Reduction (S) and Harm Reduction (H). The Strategy also focuses on specific priority populations (P).

Action	Objective/s	Lead Directorate	Secondary Directorate/s	Alignment with current or proposed strategic frameworks/projects	National Drug Strategy or evidence-based/ practice-informed approach, strategy or principle	NDS Pillar
<b>Treatment</b>						
25. Drawing on specialist sector knowledge, identify options to expand alcohol and other drug services to meet the needs of a growing population, including outpatient withdrawal services, early interventions and responses to the needs of priority populations.	<ul style="list-style-type: none"> <li>• Increase access to evidence-informed, effective and affordable treatment.</li> <li>• Strengthen data collection and analysis.</li> </ul>	• ACT Health Directorate.	• Canberra Health Services.	• Territory-wide Health Services Strategy 2018–2028.	• Outpatient, inpatient and community-based treatment services.	D, P.
26. Work with primary, secondary and tertiary AOD services, peak bodies and the Capital Health Network to improve two-way pathways between alcohol and other drug treatment and primary care.	• Increase access to evidence-informed, effective and affordable treatment.	• ACT Health Directorate.	• Canberra Health Services.	<ul style="list-style-type: none"> <li>• ACT Preventive Health and Wellbeing Plan (under development).</li> <li>• Opioid Maintenance Treatment in the ACT: Local Policies and Procedures.</li> </ul>	<ul style="list-style-type: none"> <li>• Enhance access to evidence-informed, effective and affordable treatment services and support.</li> <li>• Pharmacotherapy for opioid maintenance and other drug use.</li> </ul>	D, H.

Action	Objective/s	Lead Directorate	Secondary Directorate/s	Alignment with current or proposed strategic frameworks/projects	National Drug Strategy or evidence-based/ practice-informed approach, strategy or principle	NDS Pillar
27. Collaborate with non-government organisations to implement the National Quality Framework for Drug and Alcohol Treatment Services and the National Drug and Alcohol Treatment Framework.	<ul style="list-style-type: none"> <li>Increase access to evidence-informed, effective and affordable treatment.</li> </ul>	<ul style="list-style-type: none"> <li>ACT Health Directorate.</li> </ul>	<ul style="list-style-type: none"> <li>Canberra Health Services.</li> </ul>	<ul style="list-style-type: none"> <li>ACT Health Quality Strategy 2018–2028.</li> </ul>	<ul style="list-style-type: none"> <li>Enhance access to evidence-informed, effective and affordable treatment services and support.</li> </ul>	D, H, P.
28. Develop specialty service plans for ACT Health treatment services and review/develop appropriate models of care.	<ul style="list-style-type: none"> <li>Increase access to evidence-informed, effective and affordable treatment.</li> </ul>	<ul style="list-style-type: none"> <li>ACT Health Directorate.</li> </ul>	<ul style="list-style-type: none"> <li>Canberra Health Services.</li> </ul>	<ul style="list-style-type: none"> <li>Territory-wide Health Services Strategy 2018–2028.</li> </ul>	<ul style="list-style-type: none"> <li>Enhance access to evidence-informed, effective and affordable treatment services and support.</li> </ul>	D, H, P.

Action	Objective/s	Lead Directorate	Secondary Directorate/s	Alignment with current or proposed strategic frameworks/projects	National Drug Strategy or evidence-based/ practice-informed approach, strategy or principle	NDS Pillar
29. Undertake co-design processes to: <ul style="list-style-type: none"> <li>• agree on principles for prevention and treatment of co-occurring alcohol and other drug and mental health conditions, including suicide prevention; and then</li> <li>• develop an implementation plan for responding to co-occurring mental health and AOD conditions, which could include: development of guidelines; multi-agency responses; outcome reporting, and indicators of integrated service access; and consider the implications of the co-design process for other co-occurring conditions.</li> </ul>	<ul style="list-style-type: none"> <li>• Increase access to evidence-informed, effective and affordable treatment.</li> </ul>	<ul style="list-style-type: none"> <li>• Canberra Health Services.</li> </ul>	<ul style="list-style-type: none"> <li>• ACT Health Directorate.</li> </ul>	<ul style="list-style-type: none"> <li>• Territory-wide Health Services Strategy 2018–2028.</li> <li>• Regional mental health and suicide prevention plan (under development).</li> </ul>	<ul style="list-style-type: none"> <li>• Targeted and culturally appropriate approaches to high prevalence population groups and regions at increased risk of exposure to, and harm from alcohol, tobacco and other drugs.</li> </ul>	D, H, P.
30. Identify and implement initiatives to support the development of a skilled and diverse alcohol, tobacco and other drug workforce.	<ul style="list-style-type: none"> <li>• Increase access to evidence-informed, effective and affordable treatment.</li> </ul>	<ul style="list-style-type: none"> <li>• Canberra Health Services.</li> <li>• ACT Health Directorate</li> </ul>	<ul style="list-style-type: none"> <li>• JaCSD.</li> <li>• CSD.</li> <li>• ACT Policing.</li> </ul>	<ul style="list-style-type: none"> <li>• Territory-wide Health Services Strategy 2018–2028.</li> <li>• ACT Community Services Sector Industry Strategy 2016-2026.</li> </ul>	<ul style="list-style-type: none"> <li>• Building the capacity of the workforce to deliver services and respond to emerging issues.</li> </ul>	D, H, P.

Action	Objective/s	Lead Directorate	Secondary Directorate/s	Alignment with current or proposed strategic frameworks/projects	National Drug Strategy or evidence-based/ practice-informed approach, strategy or principle	NDS Pillar
31. Collaborate with Aboriginal and Torres Islander services, mainstream specialist Alcohol and Other Drug services (AOD) and other stakeholders to determine specialist AOD implementation priorities, including residential rehabilitation for Aboriginal and Torres Strait Islander peoples.	<ul style="list-style-type: none"> <li>• Increase access to evidence-informed, effective and affordable treatment.</li> </ul>	<ul style="list-style-type: none"> <li>• ACT Health Directorate.</li> </ul>	<ul style="list-style-type: none"> <li>• Canberra Health Services.</li> <li>• JaCSD.</li> </ul>	<ul style="list-style-type: none"> <li>• Territory-wide Health Services Strategy 2018–2028.</li> </ul>	<ul style="list-style-type: none"> <li>• Targeted and culturally appropriate approaches to high prevalence population groups and regions at increased risk of exposure to and harm from alcohol, tobacco and other drugs.</li> </ul>	D, H, P.
<b>Criminal justice system</b>						
32. Deliver a comprehensive strategy that will describe actions to be undertaken to address alcohol, tobacco and drug and blood borne viruses issues in ACT correctional centres until 2022.	<ul style="list-style-type: none"> <li>• Reduce AOD-related offending, and reoffending, and associated harms to individuals and the community.</li> <li>• Reduce smoking rates among high-risk population groups through both population level and targeted measures.</li> <li>• Increase use in the criminal justice system of assessment, education, treatment and support.</li> </ul>	<ul style="list-style-type: none"> <li>• JaCSD.</li> </ul>	<ul style="list-style-type: none"> <li>• ACT Health Directorate.</li> <li>• Canberra Health Services.</li> </ul>	<ul style="list-style-type: none"> <li>• Review of the Opioid Treatment Program at the Alexander Maconochie Centre.</li> </ul>	<ul style="list-style-type: none"> <li>• Safer settings.</li> <li>• Blood borne virus prevention.</li> </ul>	H, P.



Action	Objective/s	Lead Directorate	Secondary Directorate/s	Alignment with current or proposed strategic frameworks/projects	National Drug Strategy or evidence-based/ practice-informed approach, strategy or principle	NDS Pillar
33. Design and deliver a range of interventions using a number of models to meet the diverse needs of people involved in, or at risk of being involved in, the criminal justice system. This includes exploring ways to increase diversion and treatment and support options available as part of an integrated system in the ACT, through either policy or legislative reform.	<ul style="list-style-type: none"> <li>• Increase diversions from the criminal justice system for drug-related offences where appropriate.</li> <li>• Reduce AOD-related offending, and reoffending, and associated harms to individuals and the community.</li> <li>• Increase use in the criminal justice system of assessment, education, treatment and support.</li> </ul>	• JaCSD.	<ul style="list-style-type: none"> <li>• ACT Policing.</li> <li>• ACT Health Directorate.</li> <li>• Canberra Health Services.</li> </ul>	• ACT Justice Reinvestment Strategy.	<ul style="list-style-type: none"> <li>• Safer settings.</li> <li>• Diversion from the criminal justice system to treatment services.</li> </ul>	D, P.
34. Implement an ACT Drug and Alcohol Court within the term of the ninth Assembly.	<ul style="list-style-type: none"> <li>• Reduce alcohol and other drug-related offending, and reoffending, and associated harms to individuals and the community.</li> <li>• Increase use in the criminal justice system of assessment, education, treatment and support.</li> </ul>	• JaCSD.	<ul style="list-style-type: none"> <li>• ACT Health Directorate.</li> <li>• Canberra Health Services.</li> </ul>	• Parliamentary Agreement for the Ninth Legislative Assembly.	• Diversion from the criminal justice system to treatment services.	D, P.

Action	Objective/s	Lead Directorate	Secondary Directorate/s	Alignment with current or proposed strategic frameworks/projects	National Drug Strategy or evidence-based/ practice-informed approach, strategy or principle	NDS Pillar
<b>Domestic and family violence</b>						
35. Integrate more effective responses within AOD services for people who either experience domestic and family violence or are at risk of using it.	<ul style="list-style-type: none"> <li>• Reduce the contribution of alcohol and other drug use to violence.</li> </ul>	<ul style="list-style-type: none"> <li>• ACT Health Directorate.</li> </ul>	<ul style="list-style-type: none"> <li>• Canberra Health Services.</li> <li>• CSD.</li> </ul>	<ul style="list-style-type: none"> <li>• ACT Government Response to Family Violence 2016 &amp; National Plan to Reduce Violence Against Women and their Children 2010-2022.</li> </ul>	<ul style="list-style-type: none"> <li>• Building the capacity of the workforce to deliver services and respond to emerging issues.</li> </ul>	H, P.
<b>Road Safety</b>						
36. Implement actions to increase the safety of ACT road users including: <ul style="list-style-type: none"> <li>• Develop and implement an ACT Drug Driving Strategy.</li> <li>• Continue existing road safety strategies that address impaired driving, e.g. roadside breath testing, roadside drug testing.</li> <li>• Address the findings of the independent evaluation of the ACT alcohol interlock program.</li> <li>• Conduct activities to educate road users to be unimpaired and alert.</li> </ul>	<ul style="list-style-type: none"> <li>• Increase the safety of ACT roads by reducing driving under the influence of drugs.</li> </ul>	<ul style="list-style-type: none"> <li>• JaCSD.</li> </ul>	<ul style="list-style-type: none"> <li>• ACT Policing.</li> <li>• CMTEDD.</li> <li>• ACT Health Directorate.</li> </ul>	<ul style="list-style-type: none"> <li>• ACT Road Safety Action Plan 2016–2020.</li> </ul>	<ul style="list-style-type: none"> <li>• Reduce driving under the influence of alcohol or other drugs.</li> </ul>	H.

Action	Objective/s	Lead Directorate	Secondary Directorate/s	Alignment with current or proposed strategic frameworks/projects	National Drug Strategy or evidence-based/ practice-informed approach, strategy or principle	NDS Pillar
Build community knowledge and change acceptability of use						
37. Implement evidence-informed programs in community settings such as sporting clubs and workplaces to prevent and reduce harms of alcohol, tobacco and other drugs.	<ul style="list-style-type: none"> <li>• Prevent uptake and delay initiation of alcohol, tobacco, and illicit drug use.</li> <li>• Reduce the proportion of the ACT population drinking at single-occasion risky levels.</li> <li>• Reduce alcohol and other drug-related ambulance attendances, emergency department presentations and hospital admissions.</li> </ul>	• ACT Health Directorate.	• CMTEDD.	• ACT Preventive Health and Wellbeing Plan (under development).	<ul style="list-style-type: none"> <li>• Social competence training.</li> <li>• Increased engagement in community activity (education, employment, cultural, sporting).</li> </ul>	D, P.
38. Identify a range of evidence-based educational resources that can be used by ACT schools and ensure schools are informed about these resources and know how to access them.	<ul style="list-style-type: none"> <li>• Prevent uptake and delay initiation of alcohol, tobacco, and illicit drug use.</li> <li>• Reduce the proportion of the ACT population drinking at single-occasion risky levels.</li> </ul>	• ACT Health Directorate.	• Education Directorate.	• ACT Preventive Health and Wellbeing Plan (under development).	• School programs, policies and curriculum.	D, P.

Action	Objective/s	Lead Directorate	Secondary Directorate/s	Alignment with current or proposed strategic frameworks/projects	National Drug Strategy or evidence-based/ practice-informed approach, strategy or principle	NDS Pillar
39. Leverage opportunities to inform the public about the contents of illicit drugs and how they are manufactured, including findings from pill testing and drug seizures.	<ul style="list-style-type: none"> <li>• Prevent uptake and delay initiation of alcohol, tobacco, and illicit drug use.</li> <li>• Prevent and reduce fatal and non-fatal overdoses, including those associated with pharmaceuticals.</li> </ul>	• ACT Policing.	<ul style="list-style-type: none"> <li>• JaCSD.</li> <li>• ACT Health Directorate.</li> <li>• Education Directorate.</li> </ul>	• ACT Preventive Health and Wellbeing Plan (under development).	• Monitor emerging drug issues to provide advice to the health, law enforcement, education and social services sectors for informing individuals and the community regarding risky behaviours.	D, H.

## Emerging issues, data and reporting

The Action Plan needs to remain responsive to emerging priorities. The National Drug Strategy provides “a national framework for action that is able to accommodate new and emerging alcohol, tobacco and other drug issues when they arise”. The ACT Government needs to have strong surveillance and data collection processes to monitor emerging issues. A key consideration in identifying and responding to emerging issues is appropriate data sharing between ACT Government Directorates, and across state and territory jurisdictions. For example, an innovative national initiative that has provided timely access to data on consumption trends in the ACT has been wastewater (sewage) analysis conducted by the Australian Criminal Intelligence Commission.

Action	Related Objective/s	Lead Directorate	Secondary Directorate/s	Alignment with other ACT strategies	National Drug Strategy evidence-based / practice-informed approach	NDS Pillar
<b>Monitor emerging drug issues</b>						
40. Monitor interventions in other jurisdictions and overseas in relation to the supply of alcohol, including the implementation of minimum unit pricing in the Northern Territory.	<ul style="list-style-type: none"> <li>• Reduce harms from single-occasion risky alcohol consumption.</li> <li>• Reduce harms from lifetime risky alcohol consumption.</li> <li>• Prevent uptake and delay initiation of alcohol, tobacco, and illicit drug use.</li> </ul>	• ACT Health Directorate.	• JaCSD.	• ACT Preventive Health and Wellbeing Plan (under development)	• Explore effective price mechanisms shown to prevent and reduce uptake and use of alcohol, tobacco and other drugs.	D.
41. Consider emerging issues, and identified gaps, in alcohol, tobacco and other drug control and respond as required, including participation in national initiatives, during the lifetime of the Action Plan.	• Supports all objectives.	• ACT Health Directorate.	<ul style="list-style-type: none"> <li>• JaCSD.</li> <li>• ACT Policing.</li> <li>• Canberra Health Services.</li> </ul>	• Territory-wide Health Services Strategy 2018–2028.	<ul style="list-style-type: none"> <li>• Monitor emerging drug issues to provide advice to the health, law enforcement, education, and social services sectors for informing individuals and the community regarding risky behaviours.</li> <li>• Intelligence — effectively using trend data and monitoring.</li> </ul>	D, H, S, P.

Action	Related Objective/s	Lead Directorate	Secondary Directorate/s	Alignment with other ACT strategies	National Drug Strategy evidence-based / practice-informed approach	NDS Pillar
<b>Data and Reporting</b>						
42. Implement initiatives to improve data collection, management, reporting and analysis.	<ul style="list-style-type: none"> <li>Strengthen data collection and analysis.</li> </ul>	<ul style="list-style-type: none"> <li>ACT Health Directorate.</li> </ul>	<ul style="list-style-type: none"> <li>JaCSD.</li> <li>ACT Policing.</li> <li>CMTEDD.</li> <li>Access Canberra.</li> <li>Canberra Health Services.</li> </ul>	<ul style="list-style-type: none"> <li>ACT Health Quality Strategy 2018-2028.</li> </ul>	<ul style="list-style-type: none"> <li>Develop and Share Data and Measure Performance.</li> <li>Evidence-informed responses.</li> </ul>	S, D, H, P.
43. Refer to learnings from national pilots and explore the implementation of a local early warning system to ensure timely use of data to monitor and respond to emerging drug trends and harms.	<ul style="list-style-type: none"> <li>Reduce fatal and non-fatal overdoses, including pharmaceutical opioid overdose.</li> <li>Reduce alcohol and other drug-related ambulance attendances, emergency department presentations and hospital admissions.</li> <li>Strengthen data collection and analysis.</li> </ul>	<ul style="list-style-type: none"> <li>ACT Health Directorate.</li> </ul>	<ul style="list-style-type: none"> <li>JaCSD.</li> <li>ACT Policing.</li> <li>Canberra Health Services.</li> </ul>		<ul style="list-style-type: none"> <li>Monitor emerging drug issues to provide advice to health, law enforcement, education, and social services sectors for informing individuals in the community regarding risky behaviours.</li> <li>Intelligence — effectively using trend data and monitoring.</li> </ul>	S, H, P.

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## 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.

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