



LEGISLATIVE ASSEMBLY FOR THE AUSTRALIAN CAPITAL TERRITORY  
**SELECT COMMITTEE ON ESTIMATES 2012-2013**

Amanda Bresnan MLA (Chair), John Hargreaves (Deputy Chair),  
Alistair Coe MLA, Meredith Hunter MLA, Brendan Smyth MLA

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**SURVEY OF COMMUNITY AND INDUSTRY GROUPS ON THE ACT BUDGET 2012-2013,  
TO BE PRESENTED BY THE ACT GOVERNMENT ON 5 JUNE 2012**

If you wish to respond to this survey, please return it completed to  
[committees@parliament.act.gov.au](mailto:committees@parliament.act.gov.au), by 9.30AM Tuesday 12 June 2011.

If there is insufficient room for any of your comments, below, please feel free to  
append your comments in an extra page. In any appended pages, please give your  
comments after you state what question/s you are addressing.

**1. Full name of group/organisation:**

Alcohol Tobacco and Other Drug Association ACT (ATODA)

**2. Name and honorific (Ms, Mr, Dr, etc.) of your organisation's/group's contact person  
for this survey and their telephone number and email address:**

Ms Carrie Fowlie  
Executive Officer

**3. Has your organisation/group developed a written analysis of the Budget that it  
would like to submit to the Committee?**

Yes (If yes, please email it to the Committee Secretariat with your completed  
Survey.)

No

**4. Please list, in order of priority, your three main areas of concern regarding the ACT  
Budget 2012-2013:**

**a. Make Explicit the ACT's Hidden Drug Budget**

The ACT Budget 2012-13 contains no explicit investment in measures to reduce the  
harms caused by alcohol, tobacco and other drugs (ATOD). This is despite:

- ATOD causing substantial harm to the ACT community;
- Minimising the harms caused by ATOD being a priority for the ACT  
Government and community (see for example the *ACT Alcohol, Tobacco and  
Other Drug Strategy 2010 – 2014*, the *ACT Comorbidity Strategy*, etc.); and
- No explicit investment for the sector through the ACT Budget for many years.

Telephone: (02) 620 50127 Email: [committees@parliament.act.gov.au](mailto:committees@parliament.act.gov.au)

**b. The ACT ATOD sector leads Australia, is efficient and limits its funding priorities only to what is required after efforts have been made to progress priorities with existing resources**

The ACT ATOD sector leads Australia in many areas such as opioid maintenance therapy, needle and syringe programs, drug diversion and opioid overdose prevention and management. The ACT community can be proud of its ATOD treatment and support sector and know that when help is needed, they will receive high quality, effective, efficient and evidence-based services.

ATODA acknowledges the challenging budgetary constraints experienced by the ACT Government and that the limited resources of the ACT community must be spent wisely.

The ACT ATOD sector has a reputation for seeking additional funding only when this is absolutely necessary. This follows processes under which an assessment is made for the potential redistribution and utilisation of existing resources to meet new and emerging need. There are many examples of the sector undertaking these detailed processes. Therefore when the sector identifies funding priorities this means the needed outcomes cannot be achieved without an additional investment.

**c. ACT ATOD funding priorities have been identified**

The ATOD sector has undertaken significant work to identify funding priorities to benefit the ACT community, through the collaborative cross-sectoral development of detailed proposals. These include:

- Alcohol ignition interlocks program
- Tobacco management and support for vulnerable groups, including staff and detainees at the Alexander Maconochie Centre
- Tertiary outreach clinic on the northside of Canberra
- Primary needle and syringe program on the northside of Canberra
- Needle and syringe program in the Alexander Maconochie Centre
- Expand the opioid maintenance therapy program on the northside of Canberra

See ATODA's budget submission for further information.

**5. What are your views on the Budget in relation to your priority areas?**

ATODA acknowledges that the resources spent on ATOD ('the drug budget') are often hidden within larger and complex allocations towards hospitals, police, justice, health, prisons, care and protection, etc. (see Appendix 2 of ATODA's budget analysis for a discussion of the 'drug budget'). Consequently, clarification from the ACT Government is required before an assessment can be made of the ACT's 2012-13 drug budget.

To assist the ACT Government to provide further information about the 2012-13 drug budget, ATODA has identified key budget measures that are likely to include ATOD-specific funding. These are presented in the section below. It is hoped that the ACT Government can provide specific details about how much of these allocations will be for ATOD-related initiatives.

### **What proportion of the following expenditure items include an ATOD component?**

ATODA has identified several budget measures that are likely to include an ATOD-related component. ATODA is seeking clarification from the ACT Government about what proportion of the following budget allocations will be used for ATOD-related initiatives and activities:

- What proportion of funding has been allocated to progress comorbidity within *Mental Health Growth Funding (\$1million 2012-13)*? [Budget Paper 3, p. 112]
  - Addressing co-occurring mental health and ATOD issues (comorbidity) through implementing the ACT Comorbidity Strategy, including workforce development, screening and Certificate IV qualification attainment.
- What proportion of funding has been allocated towards alcohol, tobacco and blood-borne viruses (e.g. Hepatitis C) within *Chronic Disease Management (\$1million 2012-13)*? [Budget Paper 3, p. 112]
  - Including services and priorities identified within the ACT Chronic Disease Strategy and the ACT Alcohol, Tobacco and Other Drug Strategy.
- What proportion of funding has been allocated towards supporting ATOD services to address gaps on the northside by outreaching services within *Gunghalin Health Centre (\$1million 2012-13)*? [Budget Paper 3, p. 112]
  - This aligns with the sector's proposal to expand services to address gaps on the northside, provision of appropriate space in which to deliver services is the primary request that has been made for these services to be delivered.
- What proportion of funding has been allocated to ATOD treatment, services and support within *Corrective Services Supporting Operational Capacity (\$1.24million 2012-13)*? [Budget Paper 3, p. 123]
  - This includes implementing recommendations from the Burnet Review.
- What proportion of funding has been allocated towards ATOD specific throughcare within *Extending Throughcare for Offenders to the Community (\$.52million 2012-13)*? [Budget Paper 3, p. 112]
  - This includes implementing recommendations from the Burnet Review.
  - The current only ATOD specific throughcare funding ceases in 2012 and will leave a service gap, this funding provides an opportunity to address this.
- What proportion of funding has been allocated towards strengthening ATOD specific education, training workforce development and partnerships between the ATOD sector and Care and Protection within *Strengthening Care and Protection Services (\$250,000 2012-13)*? [Budget Paper 3, p. 128]



- What proportion of funding has been allocated to progress the alcohol and drug specific aspects within *Blueprint for Youth Justice (\$1.32million 2012-13)*? [Budget Paper 3, p. 112]
  - This includes responding to the recently completed ACT Review of Drug Diversion Services and progressing the Youth Drug and Alcohol Court.

6. **Are there any other particular issues with the Budget that you would like to bring to the Committee's attention?** If so, please append a brief outline of the issue/s, in order of priority.

✓ Yes       No

**If yes, please comment:**

The ACT needs an explicit 'drug budget'

We must not take for granted our highly functioning ATOD treatment and support sector upon which many parts of the system rely (e.g. mental health, prison, police, youth justice, care and protection, housing, etc.).

Several reviews are pending that will directly affect the sector, including the ACT ATOD Residential Rehabilitation Review and the ACT Drug Diversion Review. Further, in May 2012 ATODA estimates that the Australian Government's Department of Health and Ageing reduced its annual ACT ATOD allocation by \$200,000.

ATODA acknowledges the position the ACT Government is often in by being called upon to make up for ceased or shortfall funding by the Commonwealth. However we are concerned that there could be a looming crisis where this highly successful and efficient sector is *struggling just to maintain its current funding and service levels*.

The ACT Budget has not invested in the ACT ATOD sector in many years. The sector will not be able to sustain further expansion or development without further investment.

ATODA therefore calls on the ACT Government to have an explicit 'drug budget' in the ACT to enable implementing whole-of-government and whole-of-community priorities.

ATODA stands ready to work with the ACT Government and other stakeholders to ensure that the ACT community is supported to prevent and reduce ATOD-related harms through evidence based policy and practice, the provision and access to needed services and by ensuring the viability of its ATOD sector.

7. **Did you provide a budget submission to the Government?**

✓ Yes (go to question 8)       No (go to question 9.)

8. **Do you think that the Budget has addressed the issues raised in your submission?**



Yes     No

**Comment** (if you wish):

On face value - no. Due to previously raised issues, it is very difficult to know if the issues raised in ATODA's budget submission have been addressed. For example, ATODA's budget submission two years in a row has highlighted the unacceptable levels of tobacco smoking rates by both detainees and staff at the Alexander Machonochie Centre (including, according to the recent 2010 ACT Inmate Health Survey, 20% of respondents taking up smoking while at the AMC). Therefore it is unclear whether or not the investments through the budget will seek to address tobacco smoking in the AMC.

ATODA acknowledges that many issues intersect, such as youth justice and drug diversion, and that a certain element of the 'drug budget' will always be hidden within other areas. However without there being any explicit investment measure causes concern in regards to accountability and clearly linking investments with policy priorities.

ATODA can provide research and expertise support in terms of strengthening how the 'drug budget' can be articulate and ensuring that one of the ACT's strongest sector's doesn't find itself unable to deliver services to the ACT community because of lack of investments in policy priorities.

**9. Does your organisation/group wish to give its views in a Committee public hearing on 15 June 2012, at the Legislative Assembly, London Circuit, Canberra.**

Yes     No

Yes - however please note that the ACT Drug Action Week will be launched in the Reception Room of the ACT Legislative Assembly in the morning of Friday 15 June 2012. Therefore if ATODA was generously offered an opportunity to give its views in a Committee public hearing it would not be able to do so until after 12:30pm.

Thank you for your consideration.

If you indicate yes, and the Committee decides to invite you to appear at the hearing, the Committee Office will contact you by close of business Wednesday 13 June 2012 to confirm arrangements for your appearance . Please note that the Committee may not be able to hear from all groups/organisations who indicate that they wish to appear.

Thank you.

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## **Make Explicit the ACT's Hidden Drug Budget**

### Analysis and overview of the alcohol, tobacco and other drug (ATOD) related items in the ACT Budget 2012-13

The ACT Budget 2012-13 contains no explicit investment in measures to reduce the harms caused by alcohol, tobacco and other drugs (ATOD). This is despite:

- ATOD causing substantial harm to the ACT community;
- Minimising the harms caused by ATOD being a priority for the ACT Government and community (see for example the *ACT Alcohol, Tobacco and Other Drug Strategy 2010 – 2014*, the *ACT Comorbidity Strategy*, etc.); and
- No explicit investment for the sector through the ACT Budget for many years.

The Alcohol Tobacco and Other Drug Association ACT (ATODA) is the peak body for the non-government and government ATOD sector. ATODA acknowledges that the resources spent on ATOD ('the drug budget') are often hidden within larger and complex allocations towards hospitals, police, justice, health, prisons, care and protection, etc. (see Appendix 2 for a discussion of the 'drug budget'). Consequently, clarification from the ACT Government is required before an assessment can be made of the ACT's 2012-13 drug budget.

To assist the ACT Government to provide further information about the 2012-13 drug budget, ATODA has identified key budget measures that are likely to include ATOD-specific funding. These are presented in the section below. It is hoped that the ACT Government can provide specific details about how much of these allocations will be for ATOD-related initiatives.

#### **What proportion of the following expenditure items include an ATOD component?**

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1. What proportion of funding has been allocated to progress comorbidity within ***Mental Health Growth Funding (\$1million 2012-13)***? [Budget Paper 3, p. 112]
  - Addressing co-occurring mental health and ATOD issues (comorbidity) through implementing the *ACT Comorbidity Strategy*, including workforce development, screening and Certificate IV qualification attainment.



2. What proportion of funding has been allocated towards alcohol, tobacco and blood-borne viruses (e.g. Hepatitis C) within ***Chronic Disease Management (\$1million 2012-13)***? [Budget Paper 3, p. 112]
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4. What proportion of funding has been allocated to ATOD treatment, services and support within ***Corrective Services Supporting Operational Capacity (\$1.24million 2012-13)***? [Budget Paper 3, p. 123]
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  - The current only ATOD specific throughcare funding ceases in 2012 and will leave a service gap, this funding provides an opportunity to address this.
6. What proportion of funding has been allocated towards strengthening ATOD specific education, training workforce development and partnerships between the ATOD sector and Care and Protection within ***Strengthening Care and Protection Services (\$250,000 2012-13)***? [Budget Paper 3, p. 128]
7. What proportion of funding has been allocated to progress the alcohol and drug specific aspects within ***Blueprint for Youth Justice (\$1.32million 2012-13)***? [Budget Paper 3, p. 112]
  - This includes responding to the recently completed ACT Review of Drug Diversion Services and progressing the Youth Drug and Alcohol Court.

### The ACT ATOD sector leads Australia

The ACT ATOD sector leads Australia in many areas such as opioid maintenance therapy, needle and syringe programs, drug diversion and opioid overdose prevention and management. The ACT community can be proud of its ATOD treatment and support sector and know that when help is needed, they will receive high quality, effective, efficient and evidence-based services.



**The ACT ATOD sector is efficient and limits its funding priorities only to what is required after efforts have been made to progress priorities with existing resources**

ATODA acknowledges the challenging budgetary constraints experienced by the ACT Government and that the limited resources of the ACT community must be spent wisely.

The ACT ATOD sector has a reputation for seeking additional funding only when this is absolutely necessary. This follows processes under which an assessment is made for the potential redistribution and utilisation of existing resources to meet new and emerging need. There are many examples of the sector undertaking these detailed processes. Therefore when the sector identifies funding priorities this means the needed outcomes cannot be achieved without an additional investment.

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- Expand the opioid maintenance therapy program on the northside of Canberra

### **The ACT needs an explicit 'drug budget'**

We must not take for granted our highly functioning ATOD treatment and support sector upon which many parts of the system rely (e.g. mental health, prison, police, youth justice, care and protection, housing, etc.).

Several reviews are pending that will directly affect the sector, including the ACT ATOD Residential Rehabilitation Review and the ACT Drug Diversion Review. Further, in May 2012 ATODA estimates that the Australian Government's Department of Health and Ageing reduced its annual ACT ATOD allocation by \$200,000.

ATODA acknowledges the position the ACT Government is often in by being called upon to make up for ceased or shortfall funding by the Commonwealth. However we are concerned that there could be a looming crisis where this highly successful and efficient sector is struggling just to maintain its current funding and service levels.

The ACT Budget has not invested in the ACT ATOD sector in many years. The sector will not be able to sustain further expansion or development without further investment.

ATODA therefore calls on the ACT Government to have an explicit 'drug budget' in the ACT to enable implementing whole-of-government and whole-of-community priorities.

ATODA stands ready to work with the ACT Government and other stakeholders to ensure that the ACT community is supported to prevent and reduce ATOD-related harms through evidence based policy and practice, the provision and access to needed services and by ensuring the viability of its ATOD sector.

## **APPENDIX 1: About the ATODA budget analysis**

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The Alcohol Tobacco and Other Drug Association ACT (ATODA) is the sector peak body that seeks to prevent and reduce the harms associated with alcohol, tobacco and other drugs (ATOD) in the ACT community.

The ACT Government handed down the ACT Budget 2012-13 on 5 June 2012. The Make explicit the hidden drug budget: analysis and overview of alcohol, tobacco and other drug and related items in the ACT Budget 2012/13 (5 June 2012) [www.atoda.org.au](http://www.atoda.org.au)



annual budget is the ACT Government's key policy statement and financial plan for the upcoming financial year and forward estimates period. The purpose of ATODA's analysis, including the associated attachments, is to:

- Raise awareness of, and provide a central point for, the ATOD sector, stakeholders and community members regarding ATOD-related items in the in the ACT Budget 2012-13;
- Engage the ATOD sector and stakeholders to participate in an analysis of the public ATOD-related resources and the rationales for their use;
- Highlight key issues, areas and opportunities to engage in policy development and implementation, including identifying and promoting opportunities for linkages across policy, programs, initiatives and sectors.

ATODA acknowledges the announcement of a 3.25% community sector funding rate, however understands that the actual contract amount ATOD services will receive will be 2.91% with the remainder funding community sector reforms.

ATODA acknowledges the range of initiatives that have been funded through the budget which could have a positive impact for individuals, families and communities affected by ATOD.

However, many of these initiatives are broad in nature, and discussions with stakeholders will need to take place to capitalise on the opportunities they present to prevent and reduce ATOD-related harm. See Appendix 2 for initial comments on policy and implementation considerations in these areas. ATODA can provide advice and support in developing ATOD inclusive implementation strategies.

This summary analysis includes several appendices providing further information, including:

- Appendix 1. About the ATODA budget analysis
- Appendix 2. ATOD-related expenditure and capital initiatives
- Appendix 3. About the 'drug budget'
- Appendix 4. About the ACT Budget
- Appendix 5. Further information and stakeholder budget analyses

For further information or comment please contact Carrie Fowlie, Executive Officer, on [carrie@atoda.org.au](mailto:carrie@atoda.org.au) or 0406 585 020 or (02) 6255 4070 or [www.atoda.org.au](http://www.atoda.org.au).



## APPENDIX 2: Expenditure and capital initiatives related to ATOD

### Expenditure Initiatives

Initiative	Directorate	Details	Funding	Initial Policy and Implementation Considerations
<b>Community Sector Funding – Indexation</b>	ACT Government	For the 2011 -2012 Budget the following rates have been applied to eligible community sector funding. [Expenses and Forward Estimates p.76]	Community Sector Funding Rate: 3.25% for 2011/12	<p>Clarification is required to confirm that the actual contractual amount community services will receive is 2.91% (i.e. the amount to available to allocate in service budgets); and that this reduction is due to the mandatory co-contribution of community services to fund the community sector reforms at .34%.</p> <p>Implications regarding how this aligns with the awards developments and increasing superannuation costs in the ATOD sector need to be discussed.</p> <p>ATOD services continue to experience challenges due to indexation, or dissimilar levels of indexation, not being applied to Australian Government contracts.</p>
<b>Mental Health Growth</b>	Health	This initiative will increase the capacity to treat and develop post-traumatic stress prevention programs for newly arrived migrants and refugees, as well as expand on the current community mental health	<p>\$1 million for 2012/13</p> <p>\$4.125 million over 4 year</p>	Further information is required in regards to what comorbidity (co-occurring mental health and ATOD) proportion of these funds will be allocated to progress priority actions

		services (Budget Paper 3, p.112)		under the ACT Comorbidity Strategy.
<b>Chronic Disease Management</b>	Health	This initiative is aimed at reducing the risk factors in preventable disease, reducing patient complications and slowing disease progression where possible. (Budget Paper 3, p.112)	\$1 million for 2012/13 \$4.125 million over 4 year	Further information is required in regards to what proportion of these funds will be allocated to progress alcohol, tobacco and blood-borne viruses (e.g. Hepatitis C).
<b>Gungahlin Health Centre</b>	Health	Additional centre resources will be provided to support a range of health services for all ages, including counselling, screening, treatment, therapy, community support, education and group programs. (Budget Paper 3, p.112)	\$1 million for 2012/13 \$6.6 million over 4 years	Further information is required to identify how this investment can support increased ATOD service delivery within the Gungahlin Health Centre.
<b>Enhanced Counselling and Volunteer Services</b>	Health	This initiative provides for a low cost counselling service and for support and coordination of existing volunteer services provided by the A Gender Agenda organisation. (Budget Paper 3, p.113)	\$50,000 for 2012/13 \$150,000 over 3 years	An important investment with whole of community benefits to specific groups often experiencing ATOD-related harms.
<b>Transport for Canberra – Nightrider Services</b>	Territory and Municipal Services	This initiative provides for an annual Nightrider service for five weeks during the Christmas and New Year period. It includes the promotion and evaluation of services and aims to increase patronage and reduce drink driving incidents and anti-social behaviour in popular locations including Canberra City, Manuka and Kingston. (Budget Paper 3, p.115)	\$100,000 for 2012/13 \$300,000 over 3 years \$33,000 revenue over 3 years	ATODA would like further information in regards to the evaluation component of this initiative, particularly in regards to developing indicators for reducing drink driving incidents.
<b>Street Law</b>	Justice and	Building on the pilot program, this funding	\$300,000 for	An important investment in a service



<b>Outreach Legal Service for the Homeless</b>	Community Safety	will allow Street Law to refine its current model and further establish outreach clinics and referral networks for homeless people. (Budget Paper 3, p.122)	2012/13 \$900,000 over 3 years	that works closely with the ACT ATOD sector in supporting referrals, legal capacity building in the sector, policy development and law reform.
<b>Corrective Services Supporting Operational Capacity</b>	Justice and Community Safety	Additional resources will enable Corrective Services to meet recent increases in service demand including supervision of community orders, and to undertake repairs and maintenance for the correctional facility. (Budget Paper 3, p.123)	\$1,240,000 for 2012/13 XX over 4 years	Further information is required regarding what proportion of funding has been allocated to ATOD treatment, services and support - this includes implementing recommendations from the Burnet Review.
<b>Extending Throughcare for Offenders to the Community</b>	Justice and Community Safety	This initiative extends the Throughcare model beyond the end of an offender's custodial sentence to support their transition into the community with the aim of reducing their risk of re-offending. (Budget Paper 3, p.123)	\$520,000 for 2012/13 \$1,137,000 over 2 years	Further information is required to clarify what proportion of funding has been allocated towards ATOD specific throughcare within this initiative – including implementing recommendations from the Burnet Review. The current only ATOD specific throughcare funding ceases in 2012 and will leave a service gap, this funding provides an opportunity to address this.
<b>Improving Access to Justice – Addressing Supreme Court Backlog</b>	Justice and Community Safety	Expanding on the 2011-12 'blitz' to improve access to justice, this initiative will improve waiting times in the ACT Courts and support the implementation of a docket system to achieve ongoing improvements in case management. (Budget Paper 3, p.123)	\$503,000 for 2012/13 Revenue \$964,000 over 4 years	A strong, efficient and effective court system is an essential component to a well functioning ATOD sector, particularly in regards to drug diversion and referrals to treatment.
<b>ACT Ambulance</b>	Justice and	This initiative will implement Stage 2 of the	\$1,307,000 &	Ambulance services as a key part of



<b>Service – Sustainable Frontline Resourcing Stage 2</b>	<b>Community Safety</b>	Sustainable Frontline Resourcing model to meet increased demand for ambulance services and further improve ambulance emergency response to the ACT community through provision of additional staffing and two intensive care ambulance vehicles. (Budget Paper 3, p.124)	\$500,000 capital for 2012/13 \$9,024,000 over 4 years	the ATOD sector and response to ATOD harms in the community. There could be opportunities within the enhanced clinical and industry research component to look at ATOD issues. There may also be opportunities to further strengthen overdose prevention and responses, including the further expansion of availability of naloxone in the ACT.
<b>Out of Home Care Costs</b>	<b>Community Services</b>	This initiative will address the increasing number of children and young people in out of home care arrangements including residential care, kinship care and foster care. (Budget Paper 3, p.127)	\$4,936,000 for 2012/13 \$15,360,000 over 3 years	Opportunity to identify how ATOD treatment and supports for children and young people in care can be strengthened. Important to acknowledge the significant number of children and young people in care due to ATOD issues; and to provide targeted supports for families and carers due to parental ATOD issues.
<b>Additional Positions for Care and Protection Services</b>	<b>Community Services</b>	This initiative provides for additional care and protection staff in the complex and challenging area of statutory child protection to support the delivery of quality services to the ACT's most vulnerable children. (Budget Paper 3, p.127)	\$1,196,000 for 2012/13 \$5,346,000 over 4 years	Opportunity to ensure that new staff are trained in ATOD issues and have a strong understanding of ATOD and care and protections. For example supporting parents and their children to accessing residential rehabilitation services and the benefits of opioid maintenance therapy (e.g.

				methadone) for the parent with the substance issue, the child(ren) and the family.
<b>Strengthening Care and Protection Services</b>	Community Services	This initiative will support further improvements to Care and Protection Services including systems development, professional development and practice improvement with a particular focus on enhancing decision making and cultural competence. The investment will enable development of a comprehensive, caseworker's toolkit which will support improved outcomes for families, children and young people. (Budget Paper 3, p.128)	\$250,000 for 2012/13 \$500,000 over 3 years	Further information is required to clarify what proportion of funding has been allocated towards strengthening ATOD specific education, training workforce development and partnerships between the ATOD sector and Care and Protection.
<b>Blueprint for Youth Justice</b>	Community Services	The initiative provides specialised therapeutic services to support young people already in the youth justice system to overcome specific offending behaviours, and a community- based mobile intensive support service to engage directly with children, young people and families in their homes and communities. Targeted support will assist in keeping young people away from crime and/or further involvement in the youth justice system, and will include a brokerage component to purchase specialised services. Additional staff for the Bimberi Youth Justice Centre will be dedicated to improving the quality of operational practices. (Budget Paper 3,	\$1,320,000 for 2012/13 \$5,492,000 over 4 years	Further information is required to clarify the proportion of funding has been allocated to progress the alcohol and drug specific aspects within the <i>Blueprint for Youth Justice</i> - this includes responding to the recently completed ACT Review of Drug Diversion Services and progressing the Youth Drug and Alcohol Court.



		p.128)		
<b>Implementation of Equal Remuneration Case Outcomes and Related ACT Community Sector Reforms</b>	Community Services	This initiative will provide support to the ACT community sector in response to the ACT Government's commitment to fully fund the outcomes of the equal remuneration case, and will manage a series of community sector reform projects. (Budget Paper 3, p.129)	\$448,000 for 2012/13 \$1,391,000 over 3 years	This amount represents a contribution of 0.34 per cent for eligible service funding agreements managed by Housing ACT, the Community Services Directorate and the Health Directorate.  Further information is required as to how and where community sector reforms intersect with ACT Health Directorate funded ATOD services.
<b>Improving Access to Justice – Addressing Supreme Court Backlog</b>	Legal Aid Commission (ACT)	The initiative provides for additional legal aid resources for the 'blitz' being implemented by the ACT Supreme Court, involving changes to its case management and listing practices. These changes are aimed at reducing waiting times for civil and criminal matters. (Budget Paper 3, p.134)	\$33,000 for 2012/13	A strong, efficient and effective court system is an essential component to a well functioning ATOD sector, particularly in regards to drug diversion and referrals to treatment.

### Capital Initiatives

Initiative	Directorate	Details	Funding	Initial Policy and Implementation Considerations
<b>Adult Secure Mental Health</b>	Health	To undertake further forward design for the new Adult Secure Mental Health Unit, to	\$2,000,000 in	Represents an opportunity to identify how comorbidity will be incorporated

<b>Unit (Finalising Design)</b>	Directorate	incorporate functional requirements for a standalone site and comply with the <i>Human Rights Act 2004</i> . (Budget Paper 3, p.166)	2012/13	within the service.
<b>AMC Crisis Support Unit Upgrade</b>	Justice and Community Safety	This project improves the design and functionality of the Crisis Support Unit at the Alexander Maconochie Centre (AMC) to provide a safer environment for detainees and staff. (Budget Paper 3, p.184)	\$288,000 for 2012/13 \$588,000 over 2 years	Further information is required to clarify what ATOD-related matters may be included within this initiative.
<b>Corrective Services Facilities Upgrades</b>	Justice and Community Safety	This will upgrade the standard of ACT Corrective Services' older facilities and commence planned facilities upgrades at the AMC. (Budget Paper 3, p.184)	\$250,000 in 2012/13	Opportunity to engage in discussions in how this investment may strengthen ATOD treatment and supports within the AMC, such as the therapeutic community.
<b>ACT Sentencing Database</b>	Justice and Community Safety	The new sentencing database will summarise historical sentencing data for use by the judiciary, prosecution and defence in the sentencing process to promote consistency and reduce the number of appeals and support evidence-based policy reform. (Budget Paper 3, p.185)	\$634,000 in 2012/13	A strong, efficient and effective court system is an essential component to a well functioning ATOD sector, particularly in regards to drug diversion and referrals to treatment.



### **APPENDIX 3: About the 'the drug budget'**

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Assessing expenditure on ATOD-related issues are complicated. There are many components, including those that span the pillars of Australian ATOD harm minimisation policy including demand, supply and harm reduction.

These activities may be funded by the ACT Government, the Australian Government and through philanthropic or private sources. Further, given the interplay between ATOD and other socio-cultural-economic issues; associated funding initiatives may have implications for people experiencing ATOD issues; even if this is not explicit.

Determining the level and extent of the ACT's 'drug budget' can be difficult as a result of these and other issues. For example, expenditure on drug abuse in the hospital sector is notoriously difficult to calculate, as most of the drug-related medical conditions treated in hospitals are not directly identifiable as such. For example, some 90% of lung cancer cases in males and 65% in females are caused by cigarette smoking.

By extension, similar proportions of hospital admissions/separations could be classified as caused by smoking. In contrast, a person admitted with the diagnosis of 'Mental and behavioural disorders due to use of alcohol: withdrawal state with delirium' would be classified as a 100% drug-caused admission.<sup>i</sup>

Fortunately over the past few years significant work have been done in this area, including nationally by the National Drug and Alcohol Research Centre's Drug Policy Modelling Program, which has led the way in terms of supporting stakeholders to better understand Australia's illicit 'drug budgets'; and within the ACT in terms of considering expenditure across licit and illicit drugs.<sup>ii</sup>

Despite these challenges, looking at 'drug expenditure' provides an opportunity to consider where the greatest opportunities for policy reappraisal lie, and how well rhetorical statements translate into budgetary commitments - furthermore, there is policy evaluation which relies on good information about the expenditures and costs associated with illicit drugs.<sup>iii</sup>

### **APPENDIX 4: About the ACT Budget**

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Make explicit the hidden drug budget: analysis and overview of alcohol, tobacco and other drug and related items in the ACT Budget 2012/13 (5 June 2012)  
[www.atoda.org.au](http://www.atoda.org.au)

Mr Andrew Barr MLA, Treasurer of the Australian Capital Territory, released the ACT Budget 2012-13 on Tuesday 5 June 2012.

The annual budget is the ACT Government's key policy statement and financial plan for the upcoming financial year and forward estimates period for the Territory and its agencies.

The budget papers are presented on an accrual accounting basis. Accrual accounting discloses the full cost of providing government services and indicates the ability of government to deliver services into the future. The Budget Papers are prepared to accompany the Appropriation Bill being presented to the Legislative Assembly. The budget papers are separated into the four parts:

- Budget Paper No. 1: Speech
- Budget Paper No. 2: Budget Summary
- Budget Paper No. 3: Budget Overview
- Budget Paper No. 4: Budget Estimates

To learn more about the Budget and its processes see *Readers Guide to the Budget* available from: [http://www.treasury.act.gov.au/budget/budget\\_2012/index.html](http://www.treasury.act.gov.au/budget/budget_2012/index.html)

Some media releases that may be of particular interest to the ATOD sector include:

'More beds, more services, better access for health'

*Katy Gallagher MLA, 5 June 2012*

[http://www.treasury.act.gov.au/budget/budget\\_2012/files/mediareleases/02\\_media\\_release\\_gallagher.pdf](http://www.treasury.act.gov.au/budget/budget_2012/files/mediareleases/02_media_release_gallagher.pdf)

'Looking after our most vulnerable'

*Joy Burch MLA, 5 June 2012*

[http://www.treasury.act.gov.au/budget/budget\\_2012/files/mediareleases/11\\_media\\_release\\_burch.pdf](http://www.treasury.act.gov.au/budget/budget_2012/files/mediareleases/11_media_release_burch.pdf)

'Continued investment in community safety'

*Simon Corbell MLA, 5 June 2012*

[http://www.treasury.act.gov.au/budget/budget\\_2012/files/mediareleases/08\\_media\\_release\\_corbell.pdf](http://www.treasury.act.gov.au/budget/budget_2012/files/mediareleases/08_media_release_corbell.pdf)

'Investing in emergency services for a growing city'

*Simon Corbell MLA, 5 June 2012*

[http://www.treasury.act.gov.au/budget/budget\\_2012/files/mediareleases/07\\_media\\_release\\_corbell.pdf](http://www.treasury.act.gov.au/budget/budget_2012/files/mediareleases/07_media_release_corbell.pdf)

All budget media releases can be accessed from

[http://www.treasury.act.gov.au/budget/budget\\_2012/mediareleases.html](http://www.treasury.act.gov.au/budget/budget_2012/mediareleases.html)

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## **APPENDIX 5: Further information and allied stakeholder budget analyses**

Several peak bodies conduct analyses of the annual ACT Budget, including:

Make explicit the hidden drug budget: analysis and overview of alcohol, tobacco and other drug and related items in the ACT Budget 2012/13 (5 June 2012)

[www.atoda.org.au](http://www.atoda.org.au)



Organisation	Focus area	Contact
ACT Council of Social Services	Low income, disadvantage, community sector	<a href="http://www.actcoss.org.au">www.actcoss.org.au</a>
ACT Shelter	Housing and homelessness	<a href="http://www.actshelter.net.au">www.actshelter.net.au</a>
Carers ACT	Carers	<a href="http://www.carersact.asn.au">www.carersact.asn.au</a>
Council on the Ageing	Older people	<a href="http://www.cota-act.org.au">www.cota-act.org.au</a>
Families ACT	Families	<a href="http://www.familiesact.org">www.familiesact.org</a>
Mental Health Community Coalition	Mental health, consumers, carers, community sector	<a href="http://www.mhccact.org.au">www.mhccact.org.au</a>
Youth Coalition of the ACT	Young people (12 – 25 years)	<a href="http://www.youthcoalition.net">www.youthcoalition.net</a>

### ACT 2010 - 11 Budget Forum for the Community Sector

Following the budget announcement, the ACT Council of Social Service (ACTCOSS) will hold its annual post-budget briefing the following day (Wednesday 6 June 2012) from 12:15 – 2pm in the Function Room, Theo Notaras Multicultural Centre, Civic Square, Canberra City.

The forum will outline the impact of the budget on the community sector. ACT Treasurer, Andrew Barr MLA and Minister for Community Services, Joy Burch MLA will be addressing the forum.

For further information contact ACTCOSS on [lisa@actcoss.org.au](mailto:lisa@actcoss.org.au) and download the forum flyer from [www.actcoss.org.au/flyer/BudgetForum-6Jun2012.pdf](http://www.actcoss.org.au/flyer/BudgetForum-6Jun2012.pdf)

<sup>i</sup> D, McDonald (2006) *Australian Capital Territory Government Expenditure on Preventing and Responding to Drug Abuse 2004 – 05*. Social Evaluation and Research. P. 11 [www.health.act.gov.au/c/health?a=sendfile&ft=p&fid=1980192283&sid](http://www.health.act.gov.au/c/health?a=sendfile&ft=p&fid=1980192283&sid). This report provides additional information and important insights on how the ACT 'drug budget is developed, resources and implemented.

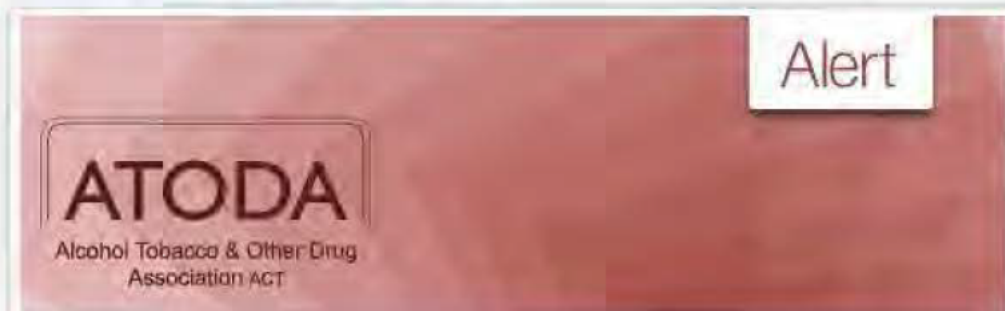
<sup>ii</sup> Ibid

<sup>iii</sup> Moore, T.J. (2005). Monograph No. 01: What is Australia's "drug budget"? The policy mix of illicit drug-related government spending in Australia. *DPMP Monograph Series*. Fitzroy: Turning Point Alcohol and Drug Centre.

From: ATODA eBulletin <ebulletin@atoda.org.au>  
Subject: **ACT Budget Week Alert - June 2012**  
Date: 7 June 2012 3:43:59 P M AEST  
To: <carrie@atoda.org.au>  
Reply-To: ATODA eBulletin <ebulletin@atoda.org.au>

ATODA eBulletin: ACT Budget - June 2012

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## ACT BUDGET- JUNE 2012

[ATODA's Analysis of the 2012-13 ACT Budget / Community Sector Analyses / Media / Post budget consultation / Further information](#)

### Make Explicit the ACT's Hidden Drug Budget

The 2012-13 ACT Budget was released on Tuesday 5 June by Mr Andrew Barr MLA, ACT Treasurer. This special ebulletin alert provides information about the budget including ATODA's initial analysis.

#### **Analysis and overview of the alcohol, tobacco and other drug (ATOD) related items in the ACT Budget 2012-13**

The ACT Budget 2012-13 contains no explicit investment in measures to reduce the harms caused by ATOD. This is despite:

- ATOD causing substantial harm to the ACT community;
- Minimising the harms caused by ATOD being a priority for the ACT Government and community (see for example the *ACT Alcohol, Tobacco and Other Drug Strategy 2010 – 2014*, the *ACT Comorbidity Strategy*, etc.); and
- No explicit investment for the sector through the ACT Budget for many years.

ATODA acknowledges that the resources spent on ATOD ('the drug budget') are often hidden within larger and complex allocations towards hospitals, police, justice, health, prisons, care and protection, etc. (see Appendix 2 for a discussion of the 'drug budget'). Consequently, clarification from the ACT Government is required before an assessment can be made of the ACT's 2012-13 drug budget.

To assist the ACT Government to provide further information about the 2012-13 drug budget, ATODA has identified key budget measures that are likely to include ATOD-specific funding. These are presented in the section below. It is hoped that the ACT Government can provide specific details about how much of these allocations will be for ATOD-related initiatives.

#### **What proportion of the following expenditure items include an ATOD component?**

ATODA has identified several budget measures that are likely to include an ATOD-related component. ATODA is seeking clarification from the ACT Government about what proportion of the following budget allocations will be used for ATOD-related initiatives and activities:

What proportion of funding has been allocated to progress comorbidity within *Mental Health Growth Funding (\$1million 2012-13)*? [Budget Paper 3, p. 112]

Addressing co-occurring mental health and ATOD issues (comorbidity) through implementing the ACT Comorbidity Strategy, including workforce development, screening and Certificate IV qualification attainment.

What proportion of funding has been allocated towards alcohol, tobacco and blood-borne viruses (e.g. Hepatitis C) within *Chronic Disease Management (\$1million 2012-13)*? [Budget Paper 3, p. 112]

Including services and priorities identified within the ACT Chronic Disease Strategy and the ACT Alcohol, Tobacco and Other Drug Strategy.

What proportion of funding has been allocated towards supporting ATOD services to address gaps on the



northside by outreaching services within ***Gunghalin Health Centre (\$1million 2012-13)***? [Budget Paper 3, p. 112]

This aligns with the sector's proposal to expand services to address gaps on the northside, provision of appropriate space in which to deliver services is the primary request that has been made for these services to be delivered.

What proportion of funding has been allocated to ATOD treatment, services and support within ***Corrective Services Supporting Operational Capacity (\$1.24million 2012-13)***? [Budget Paper 3, p. 123]

This includes implementing recommendations from the Burnet Review.

What proportion of funding has been allocated towards ATOD specific throughcare within ***Extending Throughcare for Offenders to the Community (\$.52million 2012-13)***? [Budget Paper 3, p. 112]

This includes implementing recommendations from the Burnet Review.

The current only ATOD specific throughcare funding ceases in 2012 and will leave a service gap, this funding provides an opportunity to address this.

What proportion of funding has been allocated towards strengthening ATOD specific education, training workforce development and partnerships between the ATOD sector and Care and Protection within ***Strengthening Care and Protection Services (\$250,000 2012-13)***? [Budget Paper 3, p. 128]

What proportion of funding has been allocated to progress the alcohol and drug specific aspects within ***Blueprint for Youth Justice (\$1.32million 2012-13)***? [Budget Paper 3, p. 112]

This includes responding to the recently completed ACT Review of Drug Diversion Services and progressing the Youth Drug and Alcohol Court.

### **The ACT ATOD sector leads Australia**

The ACT ATOD sector leads Australia in many areas such as opioid maintenance therapy, needle and syringe programs, drug diversion and opioid overdose prevention and management. The ACT community can be proud of its ATOD treatment and support sector and know that when help is needed, they will receive high quality, effective, efficient and evidence-based services.

### **The ACT ATOD sector is efficient and limits its funding priorities only to what is required after efforts have been made to progress priorities with existing resources**

ATODA acknowledges the challenging budgetary constraints experienced by the ACT Government and that the limited resources of the ACT community must be spent wisely.

The ACT ATOD sector has a reputation for seeking additional funding only when this is absolutely necessary. This follows processes under which an assessment is made for the potential redistribution and utilisation of existing resources to meet new and emerging need. There are many examples of the sector undertaking these detailed processes. Therefore when the sector identifies funding priorities this means the needed outcomes cannot be achieved without an additional investment.

### **ACT ATOD funding priorities have been identified**

The ATOD sector has undertaken significant work to identify funding priorities to benefit the ACT community, through the collaborative cross-sectoral development of detailed proposals. These include:

- Alcohol ignition interlocks program
- Tobacco management and support for vulnerable groups, including staff and detainees at the Alexander Maconochie Centre
- Tertiary outreach clinic on the northside of Canberra
- Primary needle and syringe program on the northside of Canberra
- Needle and syringe program in the Alexander Maconochie Centre
- Expand the opioid maintenance therapy program on the northside of Canberra

Click [here](#) for ATODA's 2012-13 ACT Budget Submission

### **The ACT needs an explicit 'drug budget'**

We must not take for granted our highly functioning ATOD treatment and support sector upon which many parts of the system rely (e.g. mental health, prison, police, youth justice, care and protection, housing, etc.).

Several reviews are pending that will directly affect the sector, including the ACT ATOD Residential Rehabilitation Review and the ACT Drug Diversion Review. Further, in May 2012 ATODA estimates that the Australian Government's Department of Health and Ageing reduced its annual ACT ATOD allocation by \$200,000.

ATODA acknowledges the position the ACT Government is often in by being called upon to make up for ceased or shortfall funding by the Commonwealth. However we are concerned that there could be a looming crisis where this highly successful and efficient sector is struggling just to maintain its current funding and service levels.

The ACT Budget has not invested in the ACT ATOD sector in many years. The sector will not be able to sustain further expansion or development without further investment.

ATODA therefore calls on the ACT Government to have an explicit 'drug budget' in the ACT to enable implementing whole-of-government and whole-of-community priorities.

ATODA stands ready to work with the ACT Government and other stakeholders to ensure that the ACT community is supported to prevent and reduce ATOD-related harms through evidence based policy and practice, the provision and access to needed services and by ensuring the viability of its ATOD sector.

Click [here](#) to read ATODA's full ACT Budget 2012-13 Analysis.

### Community sector budget analyses

Click [here](#) for ACTCOSS

Click [here](#) for the Mental Health Community Coalition

Click [here](#) for part 1 of the Youth Coalition of the ACT's analysis ([part 2](#) and [part 3](#))

### Media

#### Community sector media releases

Click [here](#) for ACTCOSS

Click [here](#) to Families ACT

Click [here](#) for the Mental Health Community Coalition

Click [here](#) and [here](#) for the Youth Coalition of the ACT

#### ACT Legislative Assembly

The ACT Cabinet, along with the ACT Greens and Canberra Liberals have each released a series of media releases relating to the release of the 2012 - 2013 ACT Budget.

Click [here](#) to access the ACT Cabinet media releases.

Click [here](#) to access media releases from the Canberra Liberals.

Click [here](#) to access the media response from the ACT Greens.

#### Media agencies

A number of local media agencies have been covering the release of the ACT Budget.

Click [here](#) to access a range of articles published by the Canberra Times.

Click [here](#) to access coverage from ABC Canberra.

Click [here](#) to access articles published by City News.

### Post Budget Consultation

#### ACT Parliamentary Committee Seeks Your Views on ACT Budget 2012-13

ACT Legislative Assembly's Select Committee on Estimates

The ACT Legislative Assembly's Select Committee on Estimates 2012-2013 is seeking the views of community and industry groups/organisations on the ACT Budget 2012-2013. It is doing so to inform its Inquiry into the Appropriation Bill 2012 - 2013 (the bill that provides for the Budget). The Committee is a tripartisan one comprised of elected representatives from the ACT Labor, Liberal and Greens parties.

The Committee is interested to hear any key concerns your group/organisation may have about the Budget. A survey can be obtained by emailing [committees@parliament.act.gov.au](mailto:committees@parliament.act.gov.au)

**Surveys are due by 9.30AM Tuesday 12 June 2012.**

*ATODA will be submitting a survey to the Committee.*

#### Further information about the ACT Budget

Mr Andrew Barr MLA, Treasurer of the Australian Capital Territory, released the ACT Budget 2012-13 on Tuesday 5 June 2012.

The annual budget is the ACT Government's key policy statement and financial plan for the upcoming financial year and forward estimates period for the Territory and its agencies.

The budget papers are presented on an accrual accounting basis. Accrual accounting discloses the full cost of providing government services and indicates the ability of government to deliver services into the future. The Budget Papers are prepared to accompany the Appropriation Bill being presented to the Legislative Assembly. The budget papers are separated into the four parts:

1. Budget Paper No. 1: **Speech**
2. Budget Paper No. 2: **Budget Summary**
3. Budget Paper No. 3: **Budget Overview**
4. Budget Paper No. 4: **Budget Estimates**

To learn more about the Budget and its processes see *Readers Guide to the Budget* available [here](#)



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

Views expressed in the ACT ATOD Sector eBulletin do not necessarily reflect the opinion of the Alcohol Tobacco and Other Drug Association ACT. Not all third-party events or information included in the eBulletin are endorsed by the ACT ATOD Sector or the Alcohol Tobacco and Other Drug Association ACT. No responsibility is accepted by the Alcohol Tobacco and Other Drug Association ACT or the editor for the accuracy of information contained in the eBulletin or the consequences of any person relying upon such information. To contact us please email [ebulletin@atoda.org.au](mailto:ebulletin@atoda.org.au) or call (02) 6255 4070.

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Canberra, ACT 2602

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Minister Andrew Barr MLA  
ACT Treasurer  
Treasury Directorate  
GPO Box 158  
Canberra ACT 2601  
[budgetconsultation@act.gov.au](mailto:budgetconsultation@act.gov.au)

### **Submission to the ACT Budget Consultation 2012 - 2013**

Dear Minister Barr,

The Alcohol Tobacco and Other Drug Association ACT (ATODA) would like to thank the ACT Government for the opportunity to provide a submission to the public consultation for the ACT Budget Consultation 2012 – 2013.

ATODA is the peak body representing the alcohol, tobacco and other drug (ATOD) sector in the ACT and seeks to promote health through preventing and reducing ATOD related harms.

The ACT ATOD sector is predominantly funded through ACT and Federal public funding; as such the sector seeks to utilise the funding it receives as effectively, efficiently and creatively as it can. For instance, significant sector initiated reforms are currently taking place to strengthen the use of existing resources within the north Canberra region, including piloting a short-term primary needle and syringe program and providing in-reach services to the Belconnen and Gungahlin Health Centres.

However, the sector has identified some areas where existing resources cannot be used or don't exist, or where reform is not possible without an additional injection of funding.

The requests for funding in this submission are modest and considered within the context of the challenging fiscal realities of the ACT economy and Canberra's ambitious social policy agenda. The priorities identified are therefore those that would seek to have long term benefits for individuals, families and communities in Canberra.



The process for developing this submission has included monthly discussions and development of draft proposals with sector stakeholders since August 2011.

ATODA acknowledges the ACT Government for its ongoing commitment to engaging with the community to identify resourcing priorities through the ACT Budget consultation process.

This submission includes seven funding priorities to prevent and reduce ATOD related harms in the ACT. Detailed proposals for the funding priorities have not been attached to this submission but are available from ATODA. The priorities include:

1. To ensure that ACT residents can access ATOD treatment and support from evidence and needs based, effective and efficient quality services through increasing base funding.
2. To ensure all ACT ATOD sector non-government organisations benefit from the outcomes from the Fair Work Australia Equal Remuneration Case decision.
3. To prevent and reduce blood-borne virus transmission and infection and to meet current and projected need by increasing harm reduction services in the north Canberra region through implementing a full-time primary needle and syringe program.
4. To improve road safety in the ACT through reducing drink driving recidivism, by increasing access to alcohol treatment and strengthening the partnerships between law enforcement and health services through conducting an evidence-based, evaluated pilot of an alcohol ignition interlock program targeted at high-range and repeat drink driving offenders.
5. To reduce re-offending and poverty and to promote social inclusion by reforming the ACT infringement schemes, including offences related to ATOD.
6. To expand and strengthen ATOD research and enhance ATOD policy and service delivery in the ACT and region, through establishing a structured collaboration, such as a Centre for Alcohol, Tobacco and Other Drug Research, Policy and Practice in the ACT.
7. To prevent chronic disease and promote healthy behaviours by implementing workplace tobacco management programs targeted at services that work with disadvantaged people who have high-smoking rates, including at the Alexander Maconochie Centre.
8. To improve the health and wellbeing of people experiencing co-occurring mental health and ATOD issues (comorbidity) through enhancing the service system's capacity by implementing three priority initiatives in the *ACT Comorbidity Strategy 2010 -2014*.

As the peak body for the ATOD sector, ATODA stands ready to work with the ACT Government to identify, and support the implementation of, resourcing priorities to prevent and reduce ATOD related harms in the Canberra community.

Sincerely,



Carrie Fowlie  
Executive Officer  
Alcohol Tobacco and Other Drug Association ACT (ATODA)

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The Alcohol Tobacco and Other Drug Association ACT (ATODA) is the peak body representing the alcohol, tobacco and other drug (ATOD) sector in the ACT and seeks to promote health through preventing and reducing alcohol, tobacco and other drug (ATOD) related harms.

ATODA works collaboratively to provide expertise and leadership in the areas of social policy, sector and workforce development, research, coordination, partnerships, communication, information and resources.

ATODA is an evidence based organisation that is committed to the principles of public health, social justice and human rights. ATODA participates in ACT and national government and non-government advisory structures and is funded by the ACT and Australian Governments.



### Summary of funding priorities to reduce and prevent alcohol, tobacco and other drug related harm in the ACT (2012 – 2013)

Priority	Area	Initiative	Description	Funding
1	Alcohol, tobacco and other drug sector and workforce viability	<b>Meeting the increasing costs of alcohol, tobacco and other drug service delivery</b>	To ensure that ACT residents can access alcohol, tobacco and other drug treatment and support from evidence and needs based, effective and efficient quality services.	15% increase in base funding for alcohol, tobacco and other drug services.
		<b>Pay Equity</b>	To ensure all ACT alcohol, tobacco and other drug sector non-government organisations benefit from the outcomes from the Fair Work Australia Equal Remuneration Case decision.	See current ACT Government estimates. It is recommended that modeling is undertaken by the Australian and / or ACT Governments regarding the broader impact of the case on organisations as a whole.
2	Preventing and reducing blood-borne virus transmission and infection	<b>Primary needle and syringe program in the north Canberra region</b>	To prevent and reduce blood-borne virus transmission and infection, and to meet current and projected need by increasing harm reduction services in the north Canberra region through implementing a full-time primary needle and syringe program.	\$200,000 per annum recurrent (estimate).
3	Improving road safety through reducing impaired driving	<b>Alcohol ignition interlocks program</b>	To improve road safety in the ACT through reducing drink driving recidivism, by increasing access to alcohol treatment and strengthening the partnerships between law enforcement and health services through conducting an evidence-based, evaluated pilot of an alcohol ignition interlock program targeted at high-range and repeat drink driving offenders.	See ACT Government estimates.
4	Reducing re-offending and	<b>ACT infringements</b>	To reduce re-offending and poverty and to promote social inclusion by reforming the ACT infringement schemes,	Further work would be required by the ACT Government; however, \$24

	poverty through social inclusion	<b>schemes reform</b>	including offences related to alcohol, tobacco and other drugs.	million was owing to the ACT Government in 2010 from unpaid fines.
5	Strengthening alcohol, tobacco and other drug research, policy and practice	<b>Establishment of a Centre for Alcohol, Tobacco and Other Drug Research, Policy and Practice in the ACT</b>	To expand and strengthen alcohol, tobacco and other drug research and enhance ATOD policy and service delivery in the ACT and region, through establishing a structured collaboration, such as a Centre for Alcohol, Tobacco and Other Drug Research, Policy and Practice in the ACT.	\$150,000 per annum recurrent (estimate).
6	Chronic disease prevention and reduction amongst disadvantaged people	<b>Workplace Tobacco Management</b>	To prevent chronic disease and promote healthy behaviours by implementing workplace tobacco management programs targeted at services that work with disadvantaged people who have high-smoking rates, including at the Alexander Maconochie Centre.	\$200,000 per annum recurrent (estimate).
7	Improving our response to co-occurring alcohol, tobacco and other drug and mental health issues	<b>Implementing the ACT Comorbidity Strategy 2010 - 2014</b>	To improve identification, referrals and treatment access for people experiencing comorbidity by implementing universal screening tools with alcohol, tobacco and other drug and mental health services.	\$20,000 for 12 months (estimate).
			To support alcohol, tobacco and other drug and mental health workers to gain the knowledge and skills to identify and respond to people experiencing comorbidity through expanded professional development activities.	\$20,000 for 12 months (estimate).
			To increase the capacity of frontline workers to support people experiencing co-occurring alcohol, tobacco and other drug and mental health issues (comorbidity) in the ACT through an innovative workforce development initiative (ACT Comorbidity Bus Tours) delivered in partnership by three peak bodies utilising a cost-sharing model.	\$20,000 per annum (estimate).



## PRIORITY 1: ACT ALCOHOL, TOBACCO AND OTHER DRUG SECTOR AND WORKFORCE VIABILITY

<b>Initiative:</b>	<b>Meeting the increasing costs of alcohol, tobacco and other drug service delivery</b>
<b>Description:</b>	To ensure that ACT residents can access alcohol, tobacco and other drug treatment and support from evidence and needs based, effective, efficient and quality services.
<b>Funding:</b>	15% increase in base funding for alcohol, tobacco and other drug services.

The ACT alcohol, tobacco and other drug (ATOD) sector is committed to providing evidence-based, needs-based, effective and efficient services. However, services are reporting that increasing service delivery costs and ageing infrastructure are creating significant challenges to maintain service calibre, and to meet ongoing legislative and quality improvement requirements in the ACT.<sup>1</sup>

The 2010 report on the contribution of the not-for-profit sector by the Productivity Commission stated, "Available evidence suggests [government funding for services is] an average of around 70 percent, with fees and charges making up some of the difference."<sup>2</sup> The majority of ACT community service providers report that the level of funding they received in 2009-10 was insufficient to cover the true costs of delivering contracted services.<sup>3</sup>

A significant investment, beyond indexation, has not been received by ATOD services in several years. While annual indexation (3.4% in 2011/12)<sup>4</sup> from the ACT Government is essential and welcome, it recognises only a fraction of the increasing costs community services annually encounter - whereas service providers report increased cost to be approximately 10% annually.<sup>5</sup>

In 2011, the Western Australian State Government recognised the increasing costs of ATOD service delivery by providing a significant investment of funds:

The Drug and Alcohol Office (DAO) will provide an additional 15% funding in 2011/12 to eligible not-for-profit organisations providing existing alcohol and other drug services. This commitment of \$4.39 million in 2011/12 is part of the State Government's recent budget announcement to provide more than \$600 million over four years to improve the sustainability of not-for-profit provided community services.<sup>6</sup>

A 2011, an Australia Institute survey found that 85% of Canberrans believe the ACT Government should increase funding to the community sector.<sup>7</sup> The ACT Government is encouraged to respond to Canberrans' views and act in unison with Western Australia by providing a funding injection to ATOD services in the ACT.

ATODA supports community sector stakeholder calls for a 15% increase in base funding across the health and community sector and endorses ACTCOSS' recommendations in this area.<sup>8</sup>



<b>Initiative:</b>	<b>Pay Equity</b>
<b>Description:</b>	To ensure all ACT alcohol, tobacco and other drug sector non-government organisations benefit from the outcomes from the Fair Work Australia Equal Remuneration Case decision.
<b>Funding:</b>	See current ACT Government estimates. It is recommended that modeling is undertaken by the Australian and / or ACT Governments regarding the broader impact of the case on organisations as a whole.

The Fair Work Australia Equal Remuneration Case<sup>9</sup> is a significant step towards achieving pay equity for women and people working in the non-government sectors. ATODA congratulates the Australian<sup>10</sup> and ACT<sup>11</sup> Governments commitments to fund a fair and equitably paid community sector. In particular, we support the commitment of the ACT Government to establish a Community Sector Transition and Investment Fund to implement the outcomes of the case and to provide practical transitional support, and we look forward to hearing how this will directly relate to alcohol, tobacco and other drug (ATOD) services.

However, ATODA has a number of concerns that relate to the community sector as a whole and the ATOD sector in particular, as the ACT Government and community sector works together to implement the outcomes of the Equal Pay Case.

The Equal Pay Case has been put forward to address historical inadequacies of pay in the community sector. The growing disparity in wages between the (not-for-profit) community sector and government or the private sector has been driven by a number of factors including those specifically relating to:

- The outsourcing of health and social services to the community sector;
- The sector's work being financially undervalued by governments; and
- The sector has not been able to offer fair wages and wage increases for its own workforce due to funding amounts available and competitive tendering practices for government funding.

Consequently, higher wages are essential for addressing many of the workforce problems in the sector, and therefore the effectiveness of health and social services in meeting the needs of vulnerable and low-income Canberrans.

If additional outputs are attached to funding provided to services, this would reject the key premise of the case. Consequently, ATODA urges the ACT Government to provide this funding without linking it to additional requirements on health and community services.

The ATOD sector receives funding from multiple sources, including sources other than government (e.g. charitable donations). Often this money is used to fund programs and initiatives, including human resource costs and staffing. Consequently, government initiatives aimed at covering the costs of increased wages and ensuring a smooth transition to a fairer wage system will not completely address the need for increased funding of services and programs. There are risks that some services may



need to absorb some of the increased wage costs, leading to reduced staffing levels or services. It will be essential that this is a focus of the Community Sector Transition and Investment Fund.

ATODA is concerned that other areas of need, such as increasing demand for services, improving infrastructure, supporting innovation, maintaining quality assurance and workforce development may be neglected as governments and the community sector focus on the implications of the Equal Pay Case. We ask that this work looks at the needs, capacity and strengths of organisations as a whole.<sup>12</sup>

If the pay equity outcome is not appropriately funded and community services are expected to absorb the costs of pay increases, the ultimate result will be cuts to essential services which support the most vulnerable members of our community.<sup>13</sup>

ATODA looks forward to working with the ACT Government on this historic and essential area of work to ensure ATOD harms are prevented and reduced in the ACT community.

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<sup>1</sup> Discussions with ACT ATOD agencies (August – December 2011).

<sup>2</sup> Productivity Commission (2010) *Contribution of the Not-for-Profit Sector*. p281.  
[http://www.pc.gov.au/\\_data/assets/pdf\\_file/0003/94548/not-for-profit-report.pdf](http://www.pc.gov.au/_data/assets/pdf_file/0003/94548/not-for-profit-report.pdf)

<sup>3</sup> Australian Council of Social Service. (2011) *ACOSS paper 173, Australian Community Sector Survey, Volume 2 – Australian Capital Territory, 2011*, p.25.  
[http://acoss.org.au/images/uploads/ACSS\\_Report\\_Volume\\_2\\_Australian\\_Capital\\_Territory.pdf](http://acoss.org.au/images/uploads/ACSS_Report_Volume_2_Australian_Capital_Territory.pdf)

<sup>4</sup> ACT Council of Social Service (2011) *Budget Snapshot 2011*.  
[http://www.actcoss.org.au/publications/Publications\\_2011/0711PAP.pdf](http://www.actcoss.org.au/publications/Publications_2011/0711PAP.pdf)

<sup>5</sup> Communication with service providers (August – December 2012).

<sup>6</sup> Western Australian Network of Alcohol and Drug Agencies (WANADA) *Drug Speak*. August 2011.  
<http://www.wanada.org.au/Download-document/473-Drugspeak-August-2011.html>

<sup>7</sup> ACT Council of Social Media Release. *ACT community says "support our community sector"*. 15 April 2011. <http://www.actcoss.org.au/publications/mediareleases/2011/MR1101.pdf>

<sup>8</sup> ACT Council of Social Service (2012) *ACTCOSS Budget Submission 2012-13: Canberra 2013: Fair and Equitable*. [http://www.actcoss.org.au/publications/Publications\\_2012/0512SUB.pdf](http://www.actcoss.org.au/publications/Publications_2012/0512SUB.pdf)

<sup>9</sup> Fair Work Australia. Equal Remuneration Case Decision. 1 February 2012.  
[http://www.fwa.gov.au/sites/remuneration/decisions/2012fwafb1000.htm#P220\\_16927](http://www.fwa.gov.au/sites/remuneration/decisions/2012fwafb1000.htm#P220_16927)

<sup>10</sup> Prime Minister of Australia. Media Release. *Gillard Government to delivery historic payrise for social and community workers*. 10 November 2011 <http://www.pm.gov.au/press-office/gillard-government-deliver-historic-payrise-social-and-community-workers>

<sup>11</sup> Chief Minister of the ACT. Media Release. *ACT Government commits to fully fund Equal Remuneration case for community workers*. 1 February 2012.  
<http://www.chiefminister.act.gov.au/media.php?v=11339>

<sup>12</sup> Australian Council of Social Service (2011) *ACOSS Paper 173, Australian Community Sector Survey, Volume 2 – Australian Capital Territory, 2011*.  
[http://acoss.org.au/images/uploads/ACSS\\_Report\\_Volume\\_2\\_Australian\\_Capital\\_Territory.pdf](http://acoss.org.au/images/uploads/ACSS_Report_Volume_2_Australian_Capital_Territory.pdf)

<sup>13</sup> ACT Council of Social Service (2012) *ACTCOSS Budget Submission 2012-13: Canberra 2013: Fair and Equitable*. [http://www.actcoss.org.au/publications/Publications\\_2012/0512SUB.pdf](http://www.actcoss.org.au/publications/Publications_2012/0512SUB.pdf)



## PRIORITY 2: PREVENTING AND REDUCING BLOOD-BORNE VIRUS TRANSMISSION AND INFECTION

<b>Initiative:</b>	<b>Primary needle and syringe program in the north Canberra region</b>
<b>Description:</b>	To prevent and reduce blood-borne virus transmission and infection and to meet current and projected need by increasing harm reduction services in the north Canberra region through implementing a full-time primary needle and syringe program.
<b>Funding:</b>	\$200,000 per annum recurrent (estimate).

Needle and syringe programs (NSPs) are a fundamental component of the ACT and Australia's response to preventing the harms caused by injecting drug use. NSPs are an effective means of facilitating access to appropriate health and social interventions and reducing the spread of blood-borne viruses (e.g. HIV/AIDS, hepatitis C and B) among people who inject drugs and the broader community.

Over 80% of all newly acquired hepatitis C infections in Australia and the vast majority in most Western countries are associated with injecting drug use.<sup>14</sup> Sharing injecting equipment is the primary manner in which blood-borne viruses are spread in this population.

NSPs that provide sterile injecting equipment, have been successfully managed and implemented in the ACT since 1989,<sup>15</sup> and have been cost-effective at preventing the spread of blood-borne viruses, including hepatitis C.<sup>16</sup>

Each case of hepatitis C infection costs the Australian community and health services between \$798 and \$18,835 per year.<sup>17</sup> However, the substantial savings from NSPs in the community can be compromised by lack of accessibility for certain population groups or in certain geographical areas, such as the north Canberra region.

Primary NSPs provide preventive care as well as primary health services to people who inject drugs, who as a group "often experience poor general health and medical problems associated with injecting".<sup>18</sup> A primary NSP distributes a wide range of free specialist injecting equipment, provides wound care, and provides education, referral and support.<sup>19</sup>

Two primary NSPs, in Civic and Phillip, service people who inject drugs in the ACT. While sterile injecting equipment is available from secondary outlets located throughout the ACT, such outlets do not provide targeted health and social support to this population. Consequently, a large proportion of people who inject drugs in the ACT are required to travel substantial distances to access these vital services. As a result, many people who inject drugs and the broader community may not be receiving the public health benefits of primary NSPs.



Significant work has been undertaken by the ACT ATOD sector in regards to current demand and future projections for ATOD services in the north Canberra region, this work indicates there is further demand for a primary NSP.<sup>20</sup>

A summary of data and projections regarding need for a primary NSP in northern Canberra include:<sup>21</sup>

Civic Primary NSP	<ul style="list-style-type: none"> <li>• “City” place of residence make up about 55-60% of all consumers - <i>demand has increased.</i></li> <li>• “Belconnen” place of residence for consumers rose from 14% - 29% from January - June 2010, which represents 2165 consumers with a Belconnen postcode out of a total of 7550 consumers accessing the Civic primary NSP.</li> <li>• Consumers who have a “Woden/Weston” or “Tuggeranong” place of residence have decreased markedly over the past year.</li> <li>• More than 50,000 individual syringes and almost 9,000 wheel filters were distributed to clients residing in the Civic/central area.</li> <li>• Almost 23,000 individual syringes and 2,900 wheel filters were distributed to consumers residing in Belconnen.</li> </ul>
Phillip Primary NSP	<ul style="list-style-type: none"> <li>• “Woden/Weston” place of residence make up almost 40% of all consumers;</li> <li>• “City” place of residence make up about 25% of all consumers;</li> <li>• Consumers who have a “Belconnen” place of residence have increased over the January-June 2011 period.<sup>22</sup></li> <li>• About 30,000 individual syringes and 2,500 wheel filters were distributed to consumers residing in the Woden/Weston area.</li> </ul>

The ACT ATOD sector is committed to utilising scarce public funds as efficiently and effectively as possible. As another demonstration of this commitment a short-term pilot primary NSP is planned utilising one of the shared spaces at the Belconnen Community Health Centre. This pilot would include an evaluation and then seek alternative accommodation to operate a full-time primary NSP in Belconnen. ATODA understands that this part-time, short-term pilot can be funded out of current resources; however, a full-time, permanent program will require additional investment from the ACT Government.

For further information regarding needle and syringe programs in the ACT and this initiative see:

- *Current Demand and Future Projections for Opioid Treatment Services and Needle and Syringe Programs in the North Canberra Region* (February 2012) – An Health Directorate ACT Government information paper provided to the ACT Alcohol Tobacco and Other Drug Strategy Evaluation Group;
- Alcohol Tobacco and Other Drug Association ACT (ATODA) (2012) *Needle and Syringe Programs in the north region of Canberra.*

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<sup>14</sup> National Needle and Syringe Programs Strategic Framework 2010-2014, Victorian Department of Human Services (2010), Commonwealth of Australia.

<sup>15</sup> Alcohol Tobacco and Other Drug Association ACT (2011) *Implementing a needle and syringe program in the Alexander Maconochie Centre: ATODA submission to the ACT Government on the Moore Report consultation*

<sup>16</sup> National Centre in HIV Epidemiology and Clinical Research (2009) *Return on investment 2: evaluating the cost-effectiveness of needle and syringe programs in Australia*, National Centre in HIV Epidemiology and Clinical Research, The University of New South Wales, Sydney.

<sup>17</sup> *ibid*

<sup>18</sup> National Needle and Syringe Programs Strategic Framework 2010-2014, Victorian Department of Human Services (2010), Commonwealth of Australia.

<sup>19</sup> *ibid*

<sup>20</sup> See *Current Demand and Future Projections for Opioid Treatment Services and Needle and Syringe Programs in the North Canberra Region* (February 2012) Health Directorate information paper provided to the ACT Alcohol Tobacco and Other Drug Strategy Evaluation Group (February 2012).

<sup>21</sup> *ibid*

<sup>22</sup> Note these data are only available for the July 2010 to June 2011 period and so major trends are not yet apparent.



### PRIORITY 3: IMPROVING ROAD SAFETY THROUGH REDUCING IMPAIRED DRIVING

<b>Initiative:</b>	<b>Alcohol ignition interlocks program</b>
<b>Description:</b>	To improve road safety in the ACT through reducing drink driving recidivism, by increasing access to alcohol treatment and strengthening the partnerships between law enforcement and health services through conducting an evidence-based, evaluated pilot of an alcohol ignition interlock program targeted at high-range and repeat drink driving offenders.
<b>Funding:</b>	See ACT Government estimates.

In 2011, there were 575 road traffic incidents occasioning injury in the ACT and four traffic incidents occasioning 6 deaths.<sup>23</sup> The ACT Government acknowledges that impaired driving due to alcohol and/or other drugs is one of the main causal factors for serious injury and fatal road crashes in the ACT.<sup>24</sup> Road safety and addressing impaired driving is a priority for action of the ACT Government and for the law enforcement, public health and alcohol tobacco and other drug (ATOD) agencies.<sup>25</sup>

Deterrence efforts such as public education campaigns, random breath testing, law enforcement, and criminal justice responses to drink driving have been generally effective at reducing drink driving among large portions of the community. Regardless of these efforts, there continues to be many drivers who drive while intoxicated with alcohol. In 2010-11, 100,568 random breath tests were administered in the ACT, with 1.5% registering a positive result for alcohol above the allowable blood alcohol concentration.<sup>26</sup>

ACT Policing drink driving statistics (30 June 2010 – 1 July 2011), reveal that most people apprehended for drink driving were medium to high-range (e.g. over .05 g% blood alcohol concentration) and/or repeat offenders.<sup>27</sup> This clearly indicates that targeted law enforcement and health interventions are required to address this particular population, particularly since we know that:

- Approximately 70% of first time drink driving offenders are not detected reoffending;
- High range and repeat offenders are the most likely to have established problems of alcohol dependence or abuse;<sup>28</sup> and,
- The majority of convicted drink driver offenders whose licenses are suspended choose to drive while suspended.<sup>29,30</sup> For example, a Western Australian study of repeat drink drivers found that 74% admitted driving on at least one occasion whilst having their license disqualified.<sup>31</sup>

International research highlights the prevalence of problematic alcohol use in people identified as drink drive recidivists, or those detected with high blood alcohol concentration (BAC), and the challenges this provides for creating behavioural change:

“Preventing repeated drink-driving is difficult, in part, because many recidivists are alcohol dependent or suffer from other comorbid disorders. As many as 54% of repeat impaired-driving offenders may meet clinical criteria for alcohol dependence



and 40% or more may meet criteria for lifetime drug abuse... As a result, recidivist drink-drivers may be less receptive to traditional deterrence and may need a more comprehensive approach".<sup>32</sup>

These high-range and repeat drink driving offenders are unlikely to respond to brief educational interventions, and more intensive and comprehensive approaches are needed. There is need to use evidence-based interventions to prevent drink driving and address the underlying alcohol use problems in this population rather than relying exclusively on penalties, license disqualifications, or untargeted education programs. One such approach is the use of alcohol ignition interlocks in conjunction with targeted health and social interventions.

International evidence shows that:

- Interlocks reduce drink driving amongst program participants until removed from the vehicle<sup>33,34,35</sup>; and,
- Combined with appropriate health and social interventions, interlocks programs can lead to lower levels of alcohol consumption and significantly lower ongoing recidivism post program completion.<sup>36</sup>

As a result, ATODA has been working with ACT Government, ACT Police, researchers, the ATOD sector and the wider community to help promote the use of alcohol ignition interlocks in the ACT's response to promoting road safety and reducing drink driving.

The purpose of a multifaceted ACT alcohol ignition interlock pilot program could be to:

- Improve road safety in the ACT;
- Reduce impaired driving by high range first and repeat drink drivers;
- Implement an evidence based interlock program which incorporates both sanctions and treatment interventions;
- Promote a law enforcement and health partnership to addressing impaired driving; and,
- Address individual drink driving re-offending through installing interlocks and concurrently addressing problematic alcohol use and driving behaviours.

For further information about trialing an evaluated alcohol ignition interlock program including further research evidence see ATODA's paper *Improving road safety in the ACT by implementing: a comprehensive, collaborative and evidence-based alcohol ignition interlock program*.<sup>37</sup>

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<sup>23</sup> ACT Policing. *Crime Statistics*. <http://www.police.act.gov.au/crime-and-safety/crime-statistics.aspx>

<sup>24</sup> ACT Government (2011) *ACT Road Safety Strategy and Action Plan*  
[http://www.tams.act.gov.au/move/roads/road\\_safety/act\\_road\\_safety\\_strategy](http://www.tams.act.gov.au/move/roads/road_safety/act_road_safety_strategy)

<sup>25</sup> *ibid*

<sup>26</sup> ACT Policing. Annual Report 2010-2011. <http://www.police.act.gov.au/~media/act/pdf/act-policing-annual-report-2010-11.ashx>

<sup>27</sup> Cited in Justice and Community Safety. *Alcohol and Drug Awareness Course Statement of Requirements Project No. 17910.110* (August 2011)

<sup>28</sup> For further information see the ATODA proposal *Improving ACT road safety through implementing: Comprehensive, collaborative and evidence-based alcohol ignition interlock program* [www.atoda.org.au](http://www.atoda.org.au)



<sup>29</sup> International Council on Alcohol, Drugs and Traffic Safety Working Group on Alcohol Interlocks 2001, *Alcohol Ignition Interlock Devices Volume I: Position paper*, International Council on Alcohol, Drugs and Traffic Safety (ICADTS).

<sup>30</sup> Lenton, S, Fetherston, J & Cercarelli, R 2010, 'Recidivist drink drivers' self-reported reasons for driving whilst unlicensed - a qualitative analysis', *Accident, Analysis and Prevention*, vol. 42, no. 2, pp. 637-44.

<sup>31</sup> 2002 Fetherston and colleagues study cited in Road Safety Council of Western Australia 2003, *Report of the Repeat Drink Driving Working Group*, Western Australia: Author.

<sup>32</sup> Babor, TF et al. 2010, *Alcohol: no ordinary commodity - research and public policy*, 2nd edn, OUP, Oxford, p. 174.

<sup>33</sup> See:

- DeYoung, DJ, Tashima, HN & Masten, SV 2005, 'An evaluation of the effectiveness of ignition interlock in California', in Marques, PR (ed) *Alcohol ignition interlock devices Volume II: research, policy, and program status 2005*, International Council on Alcohol, Drugs and Traffic Safety (ICADTS).
- Marques, P, Tippetts, S, Allen, J, Javors, M, Alling, Christer, Yegles, M, Pragst, F, & Wurst, F 2009, 'Estimating driver risk using alcohol biomarkers, interlock blood alcohol concentration tests and psychometric assessments: initial descriptives', *Addiction*, 105, 226-239.
- International Council on Alcohol, Drugs and Traffic Safety Working Group on Alcohol Interlocks 2001, *Alcohol Ignition Interlock Devices Volume I: Position paper*, International Council on Alcohol, Drugs and Traffic Safety (ICADTS).
- Road Safety Council of Western Australia 2003, *Report of the Repeat Drink Driving Working Group*, Western Australia: Author.

<sup>34</sup> Coben, JH & Larkin, GL 1999, 'Effectiveness of ignition interlock devices in reducing drunk driving recidivism', *American Journal of Preventive Medicine*, 1999;16(1S).

<sup>35</sup> Elder, RW, Voas, R, Beirness, D, Shults, RA, Sleet, DA, Nichols, JL & Compton, R 2011, 'Effectiveness of ignition interlocks for preventing alcohol-impaired driving and alcohol-related crashes: a Community Guide systematic review', *American Journal of Preventive Medicine*, vol. 40, no. 3, pp. 362-76 – Note:

- A systematic review of the literature to assess the effectiveness of ignition interlocks for reducing alcohol-impaired driving and alcohol-related crashes was conducted for the Guide to Community Preventive Services (Community Guide). Because one of the primary research issues of interest--the degree to which the installation of interlocks in offenders' vehicles reduces alcohol-impaired driving in comparison to alternative sanctions (primarily license suspension)--was addressed by a 2004 systematic review conducted for the Cochrane Collaboration, the current review incorporates that previous work and extends it to include more recent literature and crash outcomes. The body of evidence evaluated includes the 11 studies from the prior review, plus four more recent studies published through December 2007. The installation of ignition interlocks was associated consistently with large reductions in re-arrest rates for alcohol-impaired driving within both the earlier and later bodies of evidence. Following removal of interlocks, re-arrest rates reverted to levels similar to those for comparison groups. The limited available evidence from three studies that evaluated crash rates suggests that alcohol-related crashes decrease while interlocks are installed in vehicles. According to Community Guide rules of evidence, these findings provide strong evidence that interlocks, while they are in use in offenders' vehicles, are effective in reducing re-arrest rates. However, the potential for interlock programs to reduce alcohol-related crashes is currently limited by the small proportion of offenders who participate in the programs and the lack of a persistent beneficial effect once the interlock is removed. Suggestions for facilitating more widespread and sustained use of ignition interlocks are provided.
- See also Task Force on Community Preventive Services 2011, 'Recommendations on the effectiveness of ignition interlocks for preventing alcohol-impaired driving and alcohol-related crashes', *American Journal of Preventive Medicine*, vol. 40, no. 3, p. 377 (no abstract available)
- Both are available in free full text at <http://www.thecommunityguide.org/mvoi/AID/ignitioninterlocks.html>.

<sup>36</sup> Bjerre, B 2005, 'Primary and secondary prevention of drinking and driving by the use of alcohol device and program: the Swedish experience', in Marques, PR (ed) *Alcohol ignition interlock devices Volume II: research, policy, and program status 2005*, International Council on Alcohol, Drugs and Traffic Safety (ICADTS).

<sup>37</sup> The paper is available from [www.atoda.org.au](http://www.atoda.org.au)

#### PRIORITY 4: REDUCING RE-OFFENDING AND POVERTY THROUGH SOCIAL INCLUSION

<b>Initiative:</b>	<b>ACT infringements schemes reform</b>
<b>Description:</b>	To reduce re-offending and poverty and to promote social inclusion by reforming the ACT infringement schemes, including offences related to alcohol, tobacco and other drugs.
<b>Funding:</b>	Further work would be required by the ACT Government, however \$24 million was owing to the ACT Government in unpaid fines in 2010. <sup>38</sup>

The *Magistrates Court Act 1930*, pt 3.8 provides a system of infringement notices for offences against various Acts. The infringement notice system is intended to provide an alternative to prosecution. Infringement notices, whether they be related to parking or traffic offences,<sup>39</sup> disruptive behaviour,<sup>40</sup> failure to comply with smoking ordinance,<sup>41</sup> or possession of small amounts of cannabis,<sup>42</sup> are an important and effective manner of responding to low-level offending and road traffic violations in the ACT.

However, there has been recent acknowledgement by the ACT Government and community that the use of infringement notices can have a disproportionate impact upon disadvantaged members of the ACT community.<sup>43</sup> This is exacerbated by the fact that many infringement schemes specifically target persons for health-related behaviours, including those related to alcohol, tobacco and other drugs (ATOD), such as:

- Drink driving offences<sup>44</sup>
- Drug driving offences<sup>45</sup>
- Smoking in cars with children<sup>46</sup>
- Smoking in a no smoking areas<sup>47</sup>
- Public order offences related to alcohol<sup>48</sup>
- Simple Cannabis Offence Notice Scheme (SCON)<sup>49</sup>

Street Law, a project of the Welfare Rights and Legal Centre that provides legal services to persons who are homeless or at risk of homelessness, released a report in 2011 outlining how the current infringement scheme can contribute to homelessness among disadvantaged ACT residents, why this occurs, and how it can be addressed.<sup>50</sup> The report highlights specific consideration of persons experiencing “addiction to drugs, alcohol or a volatile substance.”<sup>51</sup> ATODA broadly supports the recommendations made by Street Law.

ATODA supports discussions in the ACT to address the disproportionate impact infringement schemes can have among disadvantaged people, for two reasons:

1. Infringement schemes can lead to poor outcomes (e.g. homelessness, unemployment, mental health problems) among disadvantaged people, including among many with ATOD problems; and,
2. Many infringements target people with ATOD-related problems or for ATOD-related behaviours.



Consequently, ATODA believes that reforms of the ACT's infringement schemes are required, should include infringements and fines made for ATOD-related behaviours, and be coupled with the following actions:

- Installment plans for all fines and infringements, including those which are ATOD-related;
- Options for community service, education or treatment as payment;
- Options to waive fines for certain members of the community;
- Adequate support and training for ACT Police related to infringements and ATOD issues;
- Promote access to appropriate health and social services; and,
- Trial evidence-based responses to ATOD-related and low-level offending.

ATODA believes that by integrating existing drug diversion programs with these preceding activities, a genuinely effective, informed, and efficient response to low-level and ATOD-related offending can be implemented in the ACT.

ATODA particularly highlights Street Law's findings that the system in place for recovering revenue in the ACT from infringements does not work, for example:

- \$29.7 million or 16% of ACT Government 2009 – 2010 revenue was attributable to "taxes, fees and fines"; and,
- In 2010, the ACT Government is owed more than \$24 million in infringements that have been outstanding for at least 361 days.<sup>52</sup>

ATODA agrees that it is safe to conclude from these figures that whilst infringements provide a significant source of revenue for the ACT Government, the means for recovering that revenue are inadequate.<sup>53</sup>

An initiative similar to the reforms proposed has been rolled out in NSW. A 2011 evaluation found that the scheme has helped to:

- Reduce reoffending in the fine enforcement system, and secondary offending in the broader criminal justice system. In particular, preliminary statistics indicate 82.5% of clients have not received another fine or penalty notice;
- Engage clients in appropriate treatment or activities that they may not have otherwise engaged in, including treatment;
- Reduce client stress, anxiety and feelings of hopelessness and despair;
- Promote client agency, self-esteem and self-efficacy;
- Build client skills, provide them with an incentive to work, and may lead to employment; and,
- Reduce costs to government associated with fine enforcement, ongoing offending behaviour, welfare dependency, mental health problems and drug and alcohol addiction.<sup>54</sup>

Reforming the ACT infringement system could see similar outcomes which would greatly benefit disadvantaged people, the broader community and the ACT Government.

For further information see ATODA's paper *ACT Infringement Schemes Reform: Implementing effective and appropriate responses to offending by disadvantaged people including alcohol, tobacco and other drug related offending*.

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<sup>38</sup> Street Law (2011). *The Downward Spiral: How a fine can cause homelessness in the ACT*. Welfare Rights and Legal Centre: Canberra.

<sup>39</sup> *Road Transport (General) Act 1999 (ACT)*

<sup>40</sup> *Criminal Code Act 2002 (ACT)*

<sup>41</sup> *Magistrates Court (Smoke-free Public Places Infringement Notices) Regulation 2010*

<sup>42</sup> *Drugs of Dependence ACT 1989*

<sup>43</sup> Street Law (2011). *The Downward Spiral: How a fine can cause homelessness in the ACT*. Welfare Rights and Legal Centre: Canberra.

<sup>44</sup> *Road Transport (Alcohol and Drugs) Act 1977*

<sup>45</sup> *ibid*

<sup>46</sup> *Smoking in Cars with Children (Prohibition) Bill 2011*

<sup>47</sup> *Magistrates Court (Smoke-free Public Places Infringement Notices) Regulation 2010*.

<sup>48</sup> *Criminal Code Act 2002 (ACT)*

<sup>49</sup> *Drugs of Dependence Act 1989*

<sup>50</sup> Street Law (2011). *The Downward Spiral: How a fine can cause homelessness in the ACT*. Welfare Rights and Legal Centre: Canberra.

<sup>51</sup> *ibid*

<sup>52</sup> *ibid*

<sup>53</sup> *ibid*

<sup>54</sup> NSW Government (2011) *A Fairer fine system for disadvantaged people – An evaluation of time to pay, cautions, internal review and the work and development order scheme*.

[http://www.lpcld.lawlink.nsw.gov.au/agdbasev7/wr/lpcld/documents/pdf/a\\_fairer\\_fine\\_system.pdf](http://www.lpcld.lawlink.nsw.gov.au/agdbasev7/wr/lpcld/documents/pdf/a_fairer_fine_system.pdf)



## PRIORITY 5: STRENGTHENING ALCOHOL, TOBACCO AND OTHER DRUG RESEARCH, POLICY AND PRACTICE

<b>Initiative:</b>	Establishment of a Centre for Alcohol, Tobacco and Other Drug Research, Policy and Practice in the ACT
<b>Description:</b>	To expand and strengthen alcohol, tobacco and other drug research and enhance alcohol, tobacco and other drug policy and service delivery in the ACT and region, through establishing a structured collaboration, such as a Centre for Alcohol, Tobacco and Other Drug Research, Policy and Practice in the ACT.
<b>Funding:</b>	\$150,000 per annum recurrent (estimate).

The ACT has often led the nation in developing and implementing evidence-informed responses to the harms caused by alcohol, tobacco, and other drugs (ATOD). The ACT Government, community and ATOD sector can be proud of its achievements in this area, including:

- Well established and evaluated drug diversion programs;
- Promoting drug treatment among inmates at the Alexander Maconochie Centre;
- Providing prescription naloxone as part of a comprehensive opioid overdose prevention and management program; or,
- Educating the community about the risks associated with tobacco.

However, and in spite of efforts to date, the ACT has historically had difficulties facilitating effective collaboration between researchers, policy-makers, and practitioners.

The ACT Government and ACT ATOD sector is committed to evidence-based and evidence-informed policy and practice, including supporting innovation and evaluation. This approach is reflected in key policy documents, such as the *ACT Alcohol, Tobacco and Other Drug Strategy 2010 – 2014*<sup>55</sup> and the *National Drug Strategy 2010 - 2015*<sup>56</sup>.

“One of the key principles underpinning Australia's National Drug Strategy is that policy and practice are, wherever possible, informed by research evidence on patterns of supply and use, the harms arising and the most effective approaches to reducing supply, demand and harm.

Governments and non-government agencies operating under the Strategy have a shared commitment to improving knowledge and practice and building on the successes and strengths of past efforts. A strong evidence base has been built over the past 25 years, but continuing effort is needed to update the evidence and address gaps in some areas.”<sup>57</sup>

Evidence-informed policy is a particularly difficult challenge for the ATOD field because of the multiple inputs into policy activity in this area. Policy development and implementation are impacted upon by attitudes, values, public opinion, etc., and have to compete with other sectors such as medical care, law enforcement, education and



social welfare, making it difficult for ATOD research to have as much impact on policy activity and its implementation as many would like.<sup>58</sup>

Evidence-informed practice is a fundamental component of effective responses to ATOD-related harms. However, to implement such practices, it is often vital that policy-makers, service providers and practitioners be informed by the latest available evidence when designing and implementing ATOD-related policies and programs.<sup>59</sup>

ATODA has identified approximately 40 researchers based or working in the ACT that have, or are currently engaged in, high quality ATOD research. The ACT is also home to some of Australia's leading research centres.

However, the ACT ATOD sector has struggled to form effective partnerships with key research organisations as there is no formal mechanism through which the activities of these researchers, and their linkages with policy and practice, can be coordinated. The result has been potential duplication and missed opportunities for the researchers, policy-makers, practitioners, treatment services, consumers and the Canberra community.

The benefits of a Centre could include:

- Increasing awareness, and implementation of, cost-effective and effective ATOD strategies;
- Providing a forum for policy workers to think systematically about their information needs that could engage with researchers and practitioners, and develop strategies for meeting those needs;
- Providing a vehicle for ATOD agencies and practitioners to engage with researchers to enhance their service delivery, including through conducting evaluation research;
- Undertaking collaborative work on complex problems that would benefit from the insights that come from all three parts of the sector sharing their knowledge and experiences, and integrating these;
- Providing support to ATOD sector continuing professional education and other workforce development programs within the ACT and region; and,
- Facilitating the exchange of personnel between research institutions, ATOD policy development bodies and service delivery agencies in the community.

For further information, see the ATODA paper *Briefing paper: Establishing a collaboration, such as a Centre for Drug Research, Policy and Practice in the ACT*.

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<sup>55</sup> ACT Government. 2010. *ACT Alcohol, Tobacco and Other Drug Strategy 2010-2014*

<sup>56</sup> Australian Government. 2010. *National Drug Strategy 2010 – 2015*.

[http://www.nationaldrugstrategy.gov.au/Internet/drugstrategy/publishing.nsf/Content/DB4076D49F13309FCA257854007BAF30/\\$File/nds2015.pdf](http://www.nationaldrugstrategy.gov.au/Internet/drugstrategy/publishing.nsf/Content/DB4076D49F13309FCA257854007BAF30/$File/nds2015.pdf)

<sup>57</sup> Australian Government. 2009. *Australia's National Drug Strategy beyond 2009: consultation paper*. <http://www.health.gov.au/Internet/drugstrategy/publishing.nsf/Content/consult-paper-toc~consult-paper-pol~consult-paper-pol-pri~consult-paper-pol-pri-evi>

<sup>58</sup> Alcohol Tobacco and Other Drug Association ACT. (2011) *Briefing Paper: Establishing a collaboration, such as a Centre for Drug Research, Policy and Practice in the ACT*

<sup>59</sup> *ibid*



## PRIORITY 6: CHRONIC DISEASE PREVENTION AND REDUCTION AMONGST DISADVANTAGED PEOPLE

<b>Initiative:</b>	<b>Workplace Tobacco Management</b>
<b>Description:</b>	To prevent chronic disease and promote healthy behaviours by implementing workplace tobacco management programs targeted at services that work with disadvantaged people who have high-smoking rates, including at the Alexander Maconochie Centre.
<b>Funding:</b>	\$200,000 per annum recurrent (estimate).

Exposure to tobacco smoke has been linked to a multitude of adverse health consequences. Smoking has been identified as the leading preventable cause of death and disease in Australia.<sup>60</sup> Smoking is not only a major contributor to chronic disease<sup>61</sup> but also places great pressure on our health system and leads to reduced productivity and participation in our workforce and community.<sup>62</sup>

Despite a drop in the amount of daily smoking rates, tobacco accounts for 65% of the overall burden of disease and injury nationally.<sup>63</sup> Whilst the national prevalence of daily smoking by people aged 14 years and over in 2010 is 16.4%, the ACT rate is 12%.<sup>64</sup> The ACT community should be proud of this success across the whole of community.

However, the ACT is leaving some sub-groups behind who have proven resistant to these initiatives, still have defiantly higher rates of smoking and are disproportionately affected by the harms associated with smoking.<sup>65</sup> Further reductions in the prevalence of daily tobacco smoking will be difficult without specific attention and interventions directed at high prevalence sub-groups in the Australian community,<sup>66</sup> examples of these smoking rates include:

- Aboriginal and Torres Strait Islander People (49.9%)<sup>67</sup>
- People who are unemployed (27.6%)<sup>68</sup>
- People who are unable to work (35.4%)<sup>69</sup>
- Homosexual/ bisexual persons (34.2%)<sup>70</sup>
- Single parents (36.9%)<sup>71</sup>
- People accessing psychiatric support services (62%)<sup>72</sup>
- People in alcohol and other drug treatment (95%)<sup>73</sup>
- People who use illicit drugs (98%)<sup>74</sup>
- People experiencing homelessness (77%)<sup>75</sup>
- Health and community sector workers (51%)<sup>76</sup>

ATODA is particularly concerned with the findings from the ACT's first inmate health survey, which found that:

- 85% are current smokers;
- 32% smoke over 20 cigarettes a day;
- 20% commenced smoking while in prison;
- 78% have attempted to quit; and,
- 80% would like to quit<sup>77, 78</sup>.



Further, it is estimated that 65% of staff at the AMC smoke.<sup>79</sup> There are many factors specific to the prison environment and associated culture that further contribute to the high rates of smoking within prisons.<sup>80</sup> Many people consume more cigarettes in prison than in the community and relapse when entering prison after prolonged periods of cessation.<sup>81</sup> Despite this, rates of quit attempts and the desire to quit is high amongst prisoners. ATODA questions why the smoking prevalence at the AMC is being tolerated and calls for urgent action.

The workplace has been identified as a setting through which groups of smokers can be potentially reached by health promotions and to encourage smoking cessation.<sup>82</sup> Research has identified workplace smoking culture as a challenge to individuals trying to quit, undermining attempts to quit.<sup>83</sup> Therefore involving workplaces in smoke cessation initiatives would contribute to reducing the harms associated with tobacco smoke, particularly those who work with disadvantaged people such as people in the AMC.

The ACT Government has stated its commitment to workplace health promotion programs and resources that promote healthy lifestyles and reduce risk factors for chronic disease. The ACT is a signatory of the National Partnership Agreement on Preventative Health (NPAPH), through the Council of Australian Governments (COAG), which aims to support all Australians to reduce their risk of chronic disease by embedding healthy behaviours in settings that include workplaces.

Improving the health and wellbeing of people in workplaces with higher rates of smoking than the broader community is a worthy goal in itself. However, even greater value may be found in targeting those that work with people experiencing disadvantage that have otherwise been resistant to smoking cessation initiatives.

Throughout 2010 – 2011, the ACT Government funded the pilot Workplace Tobacco Management Program, which was undertaken across high smoking rate workforces (approximately 51% worker smoking rates) including the ATOD, mental health and youth sectors. The evaluation indicated that the pilot was successful, including finding that at the end of the pilot:

- All participating programs implemented tobacco management policies;
- Quit attempts doubled;
- 55% of smokers had a moderate to high nicotine dependence, this was reduced by 12%;
- 80% of Boards of Management and 100% of all managers were supportive of the policy;
- Staff thought that 0% of clients would be supportive of a new tobacco management policy – this increased to 40%; and,
- Over 90% of smokers wanted to quit<sup>84</sup>.

ATODA therefore recommends that the ACT Government roll out and continue support for workplaces to implement tobacco management policies and programs, particularly where consumers have high smoking rates, such as the Alexander Maconochie Centre. This recommendation aligns with ACT Government policy including the *ACT Chronic Disease Strategy 2008-2011*, *ACT Alcohol, Tobacco and Other Drug Strategy 2010 – 2014*, *ACT Corrective Services Drug, Alcohol and Tobacco Strategy 2006 – 2008*, ACT Health Smoke-free Policy and recommendations from the National Summit on Tobacco Smoking in Prisons and the Burnet Report.



- <sup>60</sup> Australian Institute of Health and Welfare. *Risk factors*. <http://www.aihw.gov.au/risk-factors-health-priority-areas/>
- <sup>61</sup> Chronic disease is a "(t)erm applied to a diverse group of diseases, such as heart disease, cancer and arthritis, that tend to be long-lasting and persistent in their symptoms or development. The term is usually confined to non-communicable diseases" (AIHW 2010:507).
- <sup>62</sup> Begg, S., Vos, T., Barker, B., Stevenson, C., Stanley, L., Lopez, A.D. (2007). *The burden of disease and injury in Australia 2003*. PHE 82. Canberra: Australian Institute of Health and Welfare. Retrieved from: <http://www.aihw.gov.au/publications/index.cfm/title/10317>
- <sup>63</sup> ACT Health (2010), *ACT Alcohol, Tobacco and Other Drug Strategy 2010-2014*, Act Government, Canberra
- <sup>64</sup> AIHW 2011. 2010 National Drug Strategy Household Survey report. Drug statistics series no. 25. Cat. no. PHE 145. Canberra: AIHW. <http://www.aihw.gov.au/publication-detail/?id=32212254712>
- <sup>65</sup> ACT Health (2010), *ACT Alcohol, Tobacco and Other Drug Strategy 2010-2014*, Act Government, Canberra
- <sup>66</sup> Baker, A. et al. Where there's smoke, there's fire: high prevalence of smoking among some sub-populations and recommendations for intervention. *Drug Alcohol Rev* 2006;25:85-96
- <sup>67</sup> AIHW 2011. Substance use among Aboriginal and Torres Strait Islander people. Cat. no. IHW 40. Canberra: AIHW. <http://www.aihw.gov.au/publication-detail/?id=10737418268>
- <sup>68</sup> *ibid*
- <sup>69</sup> *ibid*
- <sup>70</sup> *ibid*
- <sup>71</sup> *ibid*
- <sup>72</sup> Moeller-Saxone K (2008) Cigarette smoking and interest in quitting among consumers at a Psychiatric Disability Rehabilitation and Support Service in Victoria, *Australian and New Zealand Journal of Public Health*, Vol. 32, no. 5, October 2008, pp. 479-481.
- <sup>73</sup> Richter K (2006) Good and bad times for treating cigarette smoking in drug treatment. *Journal of Psychoactive Drugs*, Vol 38, no.3: 311-316. & Kerle C, Jago A (2005) *A Non Smoking Policy in a 15 Bed Detoxification Unit*, Australian Resource Centre for Healthcare Innovation.
- <sup>74</sup> Campbell G, Degendardt L. (2008) ACT Drug Trends 2007: Findings from the Illicit Drug Reporting System, *Australian Drug Trends Series No. 3*, NDARC: Sydney.
- <sup>75</sup> Scollo, MM and Winstanley, MH [editors]. *Tobacco in Australia: Facts and Issues*. Third Edition. Melbourne: Cancer Council Victoria; 2008. Available from: [www.tobaccoinaustralia.org.au](http://www.tobaccoinaustralia.org.au)
- <sup>76</sup> Initial 2010 findings from the ACT Workplace Tobacco Management Project across 9 workplaces in the ATOD, mental health, and youth sectors in the ACT.
- <sup>77</sup> Epidemiology Branch, ACT Government Health Directorate (2011), ACT Inmate Health Survey 2010: Summary results, ACT Government, Canberra, ACT. <http://www.health.act.gov.au/c/health?a=sendfile&ft=p&fid=1326242352&sid=>
- <sup>78</sup> Interstate data indicates similar, problematic smoking rates of over three times the general population, see: Butler T, Milner L. (2003) *The 2001 New South Wales Inmate Health Survey*. Sydney, NSW Corrections Health Service & Butler T, Papanastasiou C. (2008) *National prison entrants' bloodborne virus and risk behaviour survey report 2004 and 2007*. National Drug Research Institute (Curtin University) and National Centre in HIV Epidemiology and Clinical Research (University of New South Wales).
- <sup>79</sup> Personal communication with Mental Health, Justice Health and Alcohol & Drug Services staff (February 2012)
- <sup>80</sup> Richmond R, Butler T, Wilhelm K, Wodak A, Cunningham M (2009) Tobacco in prisons: a focus group study, *Tobacco Control*, 2009 Vol 18: pp. 176-182
- <sup>81</sup> Butler T, Milner L. (2003) *The 2001 New South Wales Inmate Health Survey*. Sydney, NSW Corrections Health Service
- <sup>82</sup> Cahill K, Moher, Lancaster T. (2008) Workplace interventions for smoking cessation. *Cochrane Database of Systematic Reviews*, Issue 4 & Gruman J, Lynn W (1993) Worksite and Community Intervention for Tobacco, In: (eds) Orleans C.T, Slade J. *Nicotine Addiction: Principles and Management*. New York: Oxford University Press, 1993: pp. 396-411
- <sup>83</sup> Reilly, P, Murphy, L, Alderton, D. (2006) Challenging Smoking Culture Within a Mental Health Service Supportively, *International Journal of Mental Health Nursing*, vol. 15, pp. 272-278
- <sup>84</sup> Lovett, Ray. *Workplace Tobacco Management Project Research Findings (Evaluation) Report*. December 2011. Alcohol Tobacco and Other Drug Association ACT

## **PRIORITY 7: IMPROVING OUR RESPONSE TO CO-OCCURRING ALCOHOL, TOBACCO AND OTHER DRUG AND MENTAL HEALTH ISSUES**

This priority seeks to improve the health and wellbeing of people experiencing co-occurring mental health and alcohol, tobacco and other drug (ATOD) issues (comorbidity) through enhancing the service system's capacity by implementing three priority initiatives in the *ACT Comorbidity Strategy 2010 -2014*.

The portion of people registered with ATOD services who have a comorbid mental health issue varies between 60% and 85%.<sup>85</sup> This is consistent with data collected as part of the Alcohol and Other Drug Treatment Services National Minimum Data Set Enhancement Project in 2008, which found that in the ACT 60% of clients seen by ATOD services had a comorbid mental health problem.<sup>86</sup> Similarly 64.7% (4,751) of Mental Health ACT's clients, aged 16 to 64, had a definite history of problematic alcohol and other drug use.<sup>87</sup>

People with co-occurring problems have a poorer prognosis than people with a single problem, as co-occurring problems are more likely to become chronic and disabling, and result in greater use of health services.<sup>88</sup> Effective management of comorbidity is, therefore, critical to the cost-effectiveness of services as well as for the wellbeing of consumers.<sup>89</sup>

Both the *ACT Mental Health Services Plan 2009-2014* and the *ACT Alcohol, Tobacco and Other Drug Strategy 2011-2014* recognise that working with people with comorbidities is core business of both mental health and ATOD services. Comorbidity is a serious treatment issue for ATOD and mental health workers and sectors.

This creates many challenges in terms of ensuring people with comorbidity are systematically identified, and workers have the knowledge and skills necessary to identify and respond appropriately. In response to this, the first *ACT Comorbidity Strategy 2010 - 2014* has been developed to clarify directions and priorities for those working with people at risk of, or experiencing comorbidity.

The ACT Comorbidity Strategy Working Group drives the implementation of this strategy and is comprised of key stakeholders including ATOD; mental health; primary care and allied services. Most actions within the strategy are being implemented within existing resources, however some actions require additional funding to be progressed.



<b>Initiative:</b>	<b>Implementing universal screening tools within alcohol, tobacco and other drug and mental health services</b>
Description:	To improve identification, referrals and treatment access for people experiencing comorbidity by implementing universal screening tools with alcohol, tobacco and other drug and mental health services.
Funding	\$20,000 for 12 months (estimate).

Despite high rates of comorbidity among clients of alcohol, tobacco and other drug (ATOD) and mental health services, it is not unusual for comorbid mental health conditions to go unnoticed. It is a recommendation of the *Guidelines on the Management of Co-Occurring AOD and Mental Health Conditions in AOD Treatment Settings* that ATOD treatment services should be screened and assessed for comorbidity as a component of comprehensive care, and vice versa.<sup>90</sup>

Comprehensive screens can act as a first step to identify comorbid conditions, and then inform ongoing care (including appropriate referrals).

Additionally, the *ACT Comorbidity Strategy* identified the following priorities as a means to systematically identify and respond to comorbidity in a timely and evidence based manner:

- Review screen tools and improvements made to ensure services are utilising an accepted screening approach; and,
- Implement a universal screening tool with ATOD and mental health services.<sup>91</sup>

While some progress has been made in recent years to support the implementation of validated screening tools, a consistent approach requires ongoing engagement with cross sectoral services and staff.

The primary aim of this action is to implement universal screening tools within ATOD and mental health services to improve the identification and treatment of people experiencing comorbidity. This would build on work to date to support validated mental health screening across ATOD services. This could be achieved by:

- Undertaking a literature review and assessment of existing evidence based screening tools;
- Engaging services in determining the most appropriate validated tools for utilisation cross-sectorally, and any modifications that would need to be made to make the tools context relevant;
- Engaging key stakeholders to support implementation including the ACT Government Health Directorate and key service providers; and,
- Disseminating the tools and provide associated professional development to support utilisation in the mental health and ATOD sector.

The program will include the development an evaluation framework to support the review and ongoing implementation of the screening tools. Preliminary estimates are that the initiative could be undertaken over a 12 month period.

<b>Initiative:</b>	<b>Provide expanded professional development opportunities across the non-government and government alcohol, tobacco and other drug and mental health sectors</b>
<b>Description:</b>	To support alcohol, tobacco and other drug and mental health workers to gain the knowledge and skills to identify and respond to people experiencing comorbidity through expanded professional development activities.
<b>Funding:</b>	\$20,000 for 12 months (estimate).

The past few years have seen substantial changes in the alcohol, tobacco and other drug (ATOD) and mental health fields that have major implications for the development of a responsive, effective, and sustainable workforce. The ability of agencies and individual workers to provide quality and timely responses has been impacted by the increasing recognition of comorbid issues. This is compounded by the emphasis across these sectors to ensure our responses are grounded in evidence based practice.<sup>92</sup>

To build on the success of activities undertaken across the sectors to date, expanded access to accredited and core training, and follow up placements would help to better ensure that the ATOD and mental health workforces have the knowledge and skills necessary to identify and respond appropriately to clients experiencing comorbidity.

The primary aim of this action is to ensure ATOD and mental health workers have the knowledge and skills to identify and respond to people experiencing comorbidity. This would be achieved through:

- Identifying, and making available, accredited training options;
- Supporting the expansion of opportunities available through the ACT Government Health Directorate Organisational Development Unit to staff across the Division;
- Formalising a partnership between the ATOD and mental health sectors to undertake supernumerary placements; and,
- Identifying process and support requirements for supernumerary placements; and implementing as required.

This action would be accompanied by an evaluation framework to assess quality and relevance of training and placements; and would inform the development of comorbidity professional development initiatives in the future.



<b>Initiative:</b>	<b>Continuation of the ACT Comorbidity Bus Tours</b>
Description:	To increase the capacity of frontline workers to support people experiencing co-occurring alcohol, tobacco and other drug and mental health issues (comorbidity) in the ACT through an innovative workforce development initiative (ACT Comorbidity Bus Tours) delivered in partnership by three peak bodies utilising a cost-sharing model.
Funding:	\$20,000 per annum (estimate).

Consultations with workers from the alcohol, tobacco and other drug (ATOD), mental health, youth and allied sectors have identified that significant service system knowledge gaps exist. These knowledge gaps can lead to a range of issues including the lack of appropriate support, referrals, treatment and case management for people affected by comorbidity and related issues. In response to this, the ACT Comorbidity Bus Tours have been operating on at least a monthly basis since 2004 (through the Health Directorate, then the Youth Coalition of the ACT).

The tours currently operate with one off funding, due to cease on 30 June 2012. The partial funding of this sector development initiative would complement the workforce and sector development in the respective ATOD, youth and mental health sectors – including supporting the bus tours to become part of the induction process of the ATOD and mental health sectors as described in the *ACT Comorbidity Strategy*.<sup>83</sup>

The primary aim of this action is to increase the capacity of frontline workers to support people experiencing co-occurring ATOD and mental health issues in the ACT through an innovative workforce development initiative delivered in partnership by three peak bodies utilising a cost-sharing model. This would be achieved through:

- Supporting bus tours to be equitably accessed by workers and services on a shared cost recovery basis by conducting up to 3 bus tours a month;
- Supporting the implementation of bus tours as part of induction for new workers in the ATOD and mental health sectors;
- Demonstrating the diversity of services provided to support people experiencing comorbidity;
- Supporting workers to engage in a greater understanding of the services that they would frequently refer their clients to or engage with to support their clients;
- Increasing the knowledge of frontline workers in ACT services supporting people experiencing comorbidity;
- Providing opportunities for workers to network with workers who work with similar client groups;
- Facilitating a partnership between the youth, ATOD and mental health peak bodies; and,
- Providing an opportunity for host services to share information about their service model and referral pathways; and the common issues experienced by the clients who access their service.

Each tour will be evaluated by way of written and verbal feedback from participants and feedback will also be provided to host agencies. An evaluation framework and report would be developed annually.

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- <sup>85</sup> ACT Government. 2010. *ACT Alcohol, Tobacco and Other Drug Strategy 2010-2014*
- <sup>86</sup> ACT Health (2008) Unpublished Data.
- <sup>87</sup> Data collected by Mental Health ACT 2008-09
- <sup>88</sup> Teesson et al., 2000 cited in Turning Point Alcohol and Drug Centre. *What is psychecheck?*  
[http://www.psycheck.org.au/01\\_what\\_is\\_PsyCheck.html](http://www.psycheck.org.au/01_what_is_PsyCheck.html)
- <sup>89</sup> Kavanagh et al., 2004 cited in Turning Point Alcohol and Drug Centre. *What is psychecheck?*  
[http://www.psycheck.org.au/01\\_what\\_is\\_PsyCheck.html](http://www.psycheck.org.au/01_what_is_PsyCheck.html)
- <sup>90</sup> National Drug and Alcohol Research Centre (2009) *Guidelines on the management of co-occurring alcohol and other drug and mental health conditions in alcohol and other drug treatment settings*, University of New South Wales, Sydney, Australia.
- <sup>91</sup> Health Directorate (2011) *ACT Comorbidity Strategy July 2011*, unpublished.
- <sup>92</sup> National Centre for Education and Training on Addiction (2010). *Alcohol and Other Drug Workforce Development Issues and Imperatives*. Flinders University, South Australia.
- <sup>93</sup> ACT Government Health Directorate (2011) *ACT Comorbidity Strategy July 2011*, unpublished.