2008

The Legislative Assembly for the
Australian Capital Territory

Tabling Statement

Government Response to the
Standing Committee on Health and Disability
Report No 6

THE USE OF CRYSTAL METHAMPHETAMINE 'ICE' IN THE ACT.

Presented by
Katy Gallagher MLA
Minister for Health

TABLING STATEMENT

Mr Speaker, it gives me great pleasure to today table the ACT Government's Response to the *Standing Committee on Health and Disability Report No 6: The use of crystal methamphetamine 'ice' in the ACT.*

I would like to commend the Standing Committee for its consideration of this challenging issue and acknowledge the stakeholders who provided input to the inquiry process and recognise their commitment to preventing and reducing the harm caused by the use of crystal methamphetamine in the ACT.

The ACT Government welcomes the Committee's report, which seeks to highlight the extent of current problems faced by the community in relation to the use of crystal methamphetamine and opportunities to strengthen efforts to prevent and reduce the harm caused to individuals and the wider community.

According to the most recent data available from the *2007 National Drug Strategy Household Survey*, between 2004 and 2007, there was a significant fall in illicit drug use, including the use of methamphetamines.

It is interesting to note however during the same period, Australians 14 years or older who associated amphetamines including methamphetamines as a 'problem' drug trebled between 2004 and 2007 from 5.5% to 16.4%.

Again according to the *Findings of the Illicit Drug Reporting System (IDRS) National Drug Trends 2007*, recent use of crystal methamphetamines declined amongst injecting drug users both locally and nationally from 2006 to 2007, however recent use remained highest in the ACT at 80%.

The Government "agrees" to five of the Standing Committee's recommendations. Seven of the recommendations are agreed to "in principle" and eleven recommendations have been "noted".

The Government is committed to continuing to improve access to family inclusive services for children, young people and grandparents experiencing difficulties as a result of parental substance abuse.

Strengthening targeted community education initiatives and continuing to develop resilience building education programs for upper primary and early high school children remains a priority within the context of the Government's new *Curriculum framework for ACT Schools Preschool to year 10.*

Workforce development initiatives that enable the sector to recruit and retain knowledgable, skilled workers in the alcohol and other drug sector is recognised as being fundamental to the provision of quality services.

Working effectively with people with a dual diagnosis is recognised as the core business of both specialist mental health and alcohol and other drug services and responsibility for mainstreaming dual diagnosis within each sector sits with each individual service. The key elements to success in this

area are partnership, consultation and supervision, reciprocal rotations and placements, workforce development and strong leadership. At the same time there needs to be some service reform in terms of where and how services will be provided.

I noted the progress made already by staff from Mental Health ACT undertaking specialised training in core units from the Certificate IV in Alcohol and Other Drug Work and undertaking two-week supernumerary placements in the Alcohol and Drug Program's Detoxification Unit, Opioid Treatment Service and Consultation Nurse and Counselling Team.

I am advised that both Centacare and the Ted Noffs Foundation in 2008 received Commonwealth funding for the next three years under the Improved Services for People with Drug and Alcohol Problems and Mental Health Initiative – Capacity Building Grants. The aim of this initiative is to build the capacity of non-government alcohol and other drug treatment services to better identify and respond to people with alcohol and other drug problems and mental illness. The Youth Coalition of the ACT has also recently been funded by the Commonwealth under the same initiative to assist and support non-government ACT alcohol and other drug services to undertake service improvement initiatives to better identify and manage clients experiencing comorbid alcohol and other drug and mental health issues.

The ACT Government's response to the report's recommendations is consistent with the strategic directions of the *National Drug Strategy, Australia's Integrated Framework 2004-2009* and the *ACT Alcohol, Tobacco and Other Drug Strategy 2004-2008.*

The ACT Government has significantly increased funding in this area over the past four years.

In December 2007, the ACT Government committed $10.8 million to the establishment of an Aboriginal and Torres Strait Islander Residential Alcohol and Other Drug Rehabilitation Facility which will provide a culturally appropriate service for the Indigenous community to participate in the rehabilitation and recovery process.

In 2006/2007 the ACT Government committed $50,000 recurrently to enable Directions ACT to offer a dedicated detoxification program for women and women with children on dedicated weeks throughout the year.

Other new ACT Government recurrent funding announced over the past four years includes:

- $60,000 for establishing a trial of vending machines for dispensing needles and syringes in the ACT to give the community 24 hour access to sterile injecting equipment;
- $100,000 to create 100 additional subsidised places in the methadone and buprenorphine program for heroin dependent people;

- $150,000 for a peer education program for school age children and young people
- $75,000 for expanding support for peer based models of service delivery, support and advocacy, and community development;
- $15,000 for monitoring and evaluating the ACT Alcohol, Tobacco and Other Drug Strategy 2004-2008; and
- $140,000 and $170,000 to employ comorbidity and detoxification support workers at Gugan Gulwan Youth Aboriginal Corporation and Winnunga Nimmityjah Aboriginal Health Service.

In 2007 an AOD Workers' Group was established to assist in building the capacity and identity of the ACT alcohol and other drug sector, foster intra and cross-sectoral relationships, and improve outcomes while maintaining respect for the diversity of services and for people who are affected by alcohol and other drugs. ACT Health utilises funding from the Australian Government's Department of Health and Ageing to contract the Youth Coalition to provide secretariat and project management support to the AOD Workers Group. The Group has made progress in a number of areas including:

- establishing a AOD Sector eBulletin with 235 current subscribers
- establishing an ACT AOD sector website and AOD Services Directory
- convening monthly forums for workers with guest speakers
- planning and delivery of an AOD conference during Drug Action Week.

A total of $400,000 in funding has also been secured from the Australian Government's Department of Health and Ageing to allow ACT alcohol and other drug workers to undertake assessment and training in Certificate IV in Alcohol and Other Drug Work and First Aid from 2007-2009.

Given the *ACT Alcohol, Tobacco and Other Drug Strategy 2004-2008* ends this year, work has already commenced on the development of the next strategy in consultation with both the community sector and government agencies.

The new strategy provides an opportunity for a renewed focus on priority areas for investment into the future and I thank the committee for the contribution the findings from this review have made to informing both current effort and the development of the new strategy as we continue to strengthen efforts to prevent and reduce the harm caused to individuals and the wider community by alcohol and other drugs.

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INTRODUCTION

The Standing Committee on Disability and Community Services resolved on 1 November 2006 to conduct an inquiry into and report on the use of the drug crystal methamphetamine within the ACT with particular reference to:

- information on the availability of using crystal methamphetamine;
- the demographic profile of users;
- the perception of the drug among users and within the community;
- the consequences of regular use for users, their families and the community;
- education, support and treatment for users, their families and the community;
- the resource and other implications for the health and law enforcement sectors; and
- any other related matter.

The inquiry was subsequently advertised in *The Canberra Times* on Saturday 25 November 2006 and in *The Chronicle* on Tuesday 28 November 2006 and invitations were sent to relevant stakeholders inviting submissions.

A community forum addressing this topic was also held on 21 March 2007. The forum was attended by over 100 community members. The forum was informed by guest speakers from various professional and expert backgrounds. The speakers included:

- Dr Alex Wodak, Director of Drug and Alcohol Services at St Vincent's
- Hospital;
- Ms Audrey Fagan, the late Chief Police Officer of the ACT;
- Ms Christine Waller, acting Director of ACT Mental Health; and
- Ms Tina Van Raay, Board Member of Directions ACT.

The Committee received 13 submissions and public hearings were held on 9 May 2007 and 16 May 2007.

As part of the inquiry the Committee also visited a number of drug services in the ACT. These were:

- The Karralika Program, the Alcohol and Drug Foundation of the ACT (ADFACT) on 22 January 2008;
- Ted Noffs Foundation on 30 January 2008;
- Arcadia House Withdrawal and Detox Centre on 24 January 2008;
- The Sobering Up Facility on 30 January 2008; and
- The Needle and Syringe Program primary outlet in Philip on 22 January 2008.

The ACT Government submission was provided to the Standing Committee in March 2007.

EXECUTIVE SUMMARY

The ACT Government welcomes the Committee's report, which seeks to highlight the extent of current problems faced by the community in relation to the use of crystal methamphetamine and opportunities to strengthen efforts to prevent and reduce the harm caused to individuals and the wider community.

The ACT Government recognises the adverse impact of 'ice' or crystal methamphetamine on individuals and the broader community. The Government is committed to working with other government agencies and non government service providers and community organisations on strategies to improve awareness of ice and its effects, support those most at risk and minimise harm.

The ACT Government's response to the report's recommendations is consistent with the strategic directions of the *National Drug Strategy, Australia's Integrated Framework 2004-2009* and the *ACT Alcohol, Tobacco and Other Drug Strategy 2004-2008*.

The ACT Government has significantly increased funding in this area over the past four years.

In December 2007, the ACT Government committed $10.8 million to the establishment of an Aboriginal and Torres Strait Islander Residential Alcohol and Other Drug (AOD) Rehabilitation Facility which will provide a culturally appropriate service for the Indigenous community to participate in the rehabilitation and recovery process.

In 2006-2007 the ACT Government committed $50,000 recurrently to enable Directions ACT to offer a dedicated detoxification program for women and women with children on dedicated weeks throughout the year.

Other new ACT Government recurrent funding announced over the past four years includes:

- $60,000 for establishing a trial of vending machines for dispensing needles and syringes in the ACT to give the community 24 hour access to sterile injecting equipment;
- $100,000 to create 100 additional subsidised places in the methadone and buprenorphine program for heroin dependent people;
- $150,000 for a peer education program for school age children and young people
- $75,000 for expanding support for peer based models of service delivery, support and advocacy, and community development;
- $15,000 for monitoring and evaluating the *ACT Alcohol, Tobacco and Other Drug Strategy 2004-2008*; and

- $140,000 and $170,000 to employ comorbidity and detoxification support workers at Gugan Gulwan Youth Aboriginal Corporation and Winnunga Nimmityjah Aboriginal Health Service.

In 2007 an AOD Workers' Group was established to assist to build the capacity and identity of the ACT AOD sector, foster intra and cross-sectoral relationships, and improve outcomes while maintaining respect for the diversity of services and for people who are affected by alcohol and other drugs.

ACT Health utilises funding from the Australian Government's Department of Health and Ageing to contract the Youth Coalition to provide secretariat and project management support to the Group. The Group has made progress in a number of areas including:

- establishing a AOD Sector eBulletin with 235 current subscribers
- establishing an ACT AOD sector website and AOD Services Directory
- convening monthly forums for workers with guest speakers
- planning and delivery of a AOD conference during Drug Action Week.

A total of $400,000 in funding has also been secured from the Australian Government's Department of Health and Ageing to allow ACT AOD workers to undertake assessment and training in Certificate IV in Alcohol and Other Drug Work and First Aid from 2007-2009.

RECOMMENDATIONS OF THE INQUIRY

The Government "agrees" to five of the Standing Committee's 23 recommendations. Seven of the recommendations are agreed to "in principle" and eleven recommendations have been "noted".

RECOMMENDATION 1

The Committee recommends that ACT Health conduct a review of the family–inclusive services specialising in drug and alcohol issues offered in the ACT, to determine where the service delivery gaps are and to plan for the development of appropriate family–inclusive services.

Agreed

ACT Health funds two AOD treatment services to specifically provide services to families.

ACT Health funds the Alcohol and Drug Foundation of the ACT (ADFACT) $1,831,000 annually to provide a range of services including a long term residential drug rehabilitation program for men, women and families.

ACT Health funds Directions ACT $50,000 annually to operate a dedicated detoxification program for women and women with children on dedicated weeks throughout the year.

Clinical reviews of counselling and rehabilitation programs provided by the treatment services funded by ACT Health will be undertaken as part of this work, consideration will be given to access to these services for families. The clinical reviews will be undertaken by ACT Health in close consultation with the Department of Disability, Housing and Community Services (DHCS) including DHCS staff from areas such as the Office for Children, Youth and Family Support (OCYFS). The clinical reviews will also consider national initiatives including *Australia's children: safe and well* and relevant Council of Australian Governments AOD initiatives.

RECOMMENDATION 2

The Committee recommends that the ACT Government recognise the special needs of grandchildren living with their grandparents as a result of parental substance abuse and the special needs of grandparents who become the primary carers of their grandchildren, and include strategies for this population group in future ACT Government planning.

Agreed

The ACT Government's *Caring for Carers Policy* recognises the needs of people who care for others who have needs associated with disability, ageing, ongoing physical or mental illness or substance use.

The ACT Government recently engaged the Allen Consulting Group to conduct a review on the *Caring for Carers in the ACT – A Plan for Action 2004-2007*. The Review, *Caring for Carers Review and Future Model* will assist the Government to address the needs of carers and develop a future action plan.

A new model to progress the principles of the *Caring for Carers Policy* will be implemented in late 2008, following further consultation across government agencies to ensure reporting requirements are achievable and meet the proposed priorities in the Review.

Findings from both the *2004 Young Carers Research Project* conducted by the Youth Coalition as well as the recommendations from the 2005 ACT Health funded project managed by the Canberra Mothercraft Society's titled 'Supporting Grandparents Parenting Grandchildren of Families affected by Alcohol and Other Drugs Project' will be considered in the development and implementation of the model to be completed in late 2008.

The Government recognises that one of the greatest areas of impact on children of parental drug use is neglect and that grandparents can become primary carers for grandchildren in a wide variety of situations, including as a result of parental substance abuse.

DHCS' OCYFS provides funding to Marymead Child and Family Centre to operate the Grandparents Support Network. The Grandparents Support Network has been developed to help grandparents who are raising their grandchildren fulltime or who play a significant role in raising their grandchildren. It provides support for grandparents caring for, or significantly involved in caring for, their grandchildren regardless of the nature of the caring arrangement (i.e. formal or informal).

Marymead has published a Grandparents Information Kit and maintains the Grandparents ACT and Region Website. These resources include information on what to do when children arrive to stay, health and education, legal and financial issues, loss and grief issues and self-care issues.

Grandparents who become kinship carers as a result of child protection concerns are entitled to the same financial assistance as foster carers. This assistance is a weekly subsidy provided to carers to assist with the day to day expenses of caring for a child in care. Contingency payments can also be paid for additional expenses such as transport costs, school excursions and camps, tutoring, child care, medical and specialist services, sporting, recreation and cultural activities, and respite care.

OCYFS funds the Foster Care Association to represent the interests of all carers, including kinship carers.

RECOMMENDATION 3

The Committee recommends that the ACT Government ensures that children of drug affected parents have access to appropriately trained and specialised drug and alcohol counsellors.

Agreed 'in principle'

Children and young people attending ACT Government schools have access to school counsellors. These counsellors are often the first point of contact for children whose parents are experiencing difficulties with drug problems. These counsellors are then able to refer the children on to either private counsellors with specialised expertise in the AOD area or seek advice from specialised counsellors employed in the ACT AOD treatment sector.

ACT Health's Alcohol and Drug Program (ADP) regularly conducts Stepping Stones (a Family Drug Support course) - a course to help families cope with AOD issues by assisting the family to understand, and to influence the person experiencing problems associated with AODs. Topics covered include coping with stress and anger, tips about communication and limit setting all in order

to maximise health, so that families have the resources to maximise the help getting to the substance user. Whilst children and those under the age of 18 years do not usually attend these courses, they can benefit from having adult members of their family such as grandparents and older teenagers attend, given the focus of the course is on assisting families.

Financial assistance is available to carers for children for whom the Chief Executive of DHCS has parental responsibility, including for expenses such as accessing specialised AOD counsellors for children.

Specialist AOD counsellors may however not be able to assist to resolve all the issues for children. A range of prevention and early intervention strategies are required, including public health education and community based support for families. The ACT's two Child and Family Centres at Tuggeranong and Gungahlin also provide a range of universal and targeted services to help families experiencing difficulties. Additionally, Directions ACT and DHCS work in partnership at the Community Youth Justice ('One Stop Shop') to provide services to clients and negotiations are progressing for establishing a similar initiative for the clients of Child Protection Services who may be affected by AODs.

In 2007-2008 the ACT Government also provided funding of $2,250,048 to 19 community organisations delivering 24 services to vulnerable families in the ACT through the Family Support Program. OCYFS has renewed Service Funding Agreements with current service providers under the Family Support Program (FSP) for a further period of three years from 1 July 2007 to 30 June 2010.

The future focus of the FSP will target families with children and in particular at risk families. This includes individuals who may care for their children on a shared basis and who need support with parenting issues. Families are defined in the broadest sense to recognise kinship networks and grandparents caring for their grandchildren. Performance reporting will require organisations to report on services provided to this group.

Targeted funding will assist in diverting families from the statutory child protection service to community based services, potentially minimising client re-notification and the progression of families into the statutory child protection system. The proposal is to incrementally refocus the FSP over the coming three year funding period (2007-2010) through annual renegotiations/ variations to Service Funding Agreements.

RECOMMENDATION 4

The Committee recommends that the ACT Government supports the AIDS Action Council of the ACT to develop a community education program specifically for homosexually active men in the ACT about the potential dangers of using crystal methamphetamine and other psychostimulants.

Agreed

The Government notes that there is some evidence of an association between use of crystal methamphetamine and psycho stimulants, and unsafe sexual practices in homosexually active men. The Government currently provides funding support to the AIDS Action Council of the ACT, through a three year service funding agreement. The service provides a range of community education activities which promote safe sex to at risk groups in the community, which specifically includes homosexually active men.

These community education activities are also in line with the broad policy goals and identified priority areas of the *5th National HIV/AIDS Strategy (2005-2008)* and ACT Health's *HIV/AIDS, Hepatitis C and Sexually Transmissible Infections: A Strategic Framework for the ACT 2007-2012.*

The AIDS Action Council of the ACT will be developing and implementing a community education program as described in recommendation 4 within scope of its community education activities.

Consideration will also be given to opportunities for tailoring similar education programs for younger homosexual men at risk.

RECOMMENDATION 5

The Committee recommends that information about the consequences and dangers of poly drug use be included in all future community education campaigns, funded by the ACT Government, dealing with licit and illicit drug abuse.

Agreed

ACT Health provides recurrent funding to four AOD treatment services to provide community education. These services are:

- Alcohol and Drug Program, ACT Health
- Directions ACT
- Toora Inc
- Canberra Alliance for Harm Minimisation (CAHMA).

Community education is also provided by a range of other ACT AOD treatment services including:

- Alcohol and Drug Foundation ACT (ADFACT)
- Ted Noffs Foundation.

The prevention and minimisation of harm caused by polydrug use (including alcohol) is an integral component of these education programs.

Currently ACT Health is working with the AOD sector to improve the quality of written information disseminated by AOD treatment services to people up to

the age of 25 years in the ACT. Recognition will be given to the importance of tailoring the information to reflect the developmental stages and life milestones of particular population sub-groups (e.g. the transition from school/college to university) as well as where the population sub-groups are at in terms of their drug use (e.g. pre experimental, experimental, regular, dependent, recovering/stabilising).

RECOMMENDATION 6

The Committee recommends that the ACT Government give due consideration to the ACTCOSS recommendation of allocating designated dual diagnosis funding to facilitate better policy and service coordination for people with a dual diagnosis.

Agreed 'in principle'.

Dual diagnosis should be the core business of both the specialist mental health and AOD services and responsibility for mainstreaming dual diagnosis within each sector should sit with each individual service. The key elements are partnership, consultation and supervision, reciprocal rotations and placements, workforce education and training and strong leadership. At the same time there needs to be some service reform in terms of where and how services will be provided.

Both Centacare and the Ted Noffs Foundation in 2008 received Commonwealth funding for the next three years under the Improved Services for People with Drug and Alcohol Problems and Mental Health Initiative – Capacity Building Grants. The aim of this initiative is to build the capacity of non-government AOD treatment services to better identify and respond to people with AOD problems and mental illness. The second round of funding for this program is expected to be announced shortly. The Youth Coalition of the ACT has also recently been funded by the Commonwealth under the same initiative to assist and support non-government ACT AOD services to undertake service improvement initiatives to better identify and manage clients experiencing comorbid AOD and mental health issues.

ACT Health's ADP and Mental Health ACT both employ a comorbidity clinician whose role includes:

- providing client assessment and interventions
- providing staff in the services with support and advice
- training and education for ADP staff and other services
- liaising with relevant primary service providers.

In 2008, clinicians from Mental Health ACT have been undertaking core units being offered in the Certificate IV in Alcohol and Other Drug Work by Turning Point along with a two-week supernumerary placement in the Alcohol and Drug Program's Detoxification Unit, Opioid Treatment Service and Consultation Nurse and Counselling Team.

RECOMMENDATION 7

The Committee recommends that the ACT government work with the ACT Alcohol and Other Drugs Executive Directors' Group to establish a staff exchange program between alcohol and drug services and mental health services to enhance staff's understanding of dual diagnosis issues.

Noted

Workforce Development is a priority area for joint AOD and mental health initiatives. Key areas of effort current include:

- Access for those working in both government and non-government AOD services to the Mental Health ACT Training Program
- Access for Mental Health ACT clinicians to training in the four core units of the Certificate IV in Alcohol and Other Drug Work and two-week supernumerary placements in the Alcohol and Drug Program
- Detoxification Unit, Opioid Treatment Service, Consultation Nurse and Counselling Team.

RECOMMENDATION 8

The Committee recommends that the ACT Department of Education and Training develop resilience building education programs for upper primary and early high school children.

Noted.

The Australian Government Department of Education, Science and Training (DEST) (now the Department of Education Employment and Workplace Relations) has produced a suite of multimedia resources that support effective drug awareness education in Australian schools. The resources, called REDI - Resilience Education and Drug Information, focus on preventing and reducing harm from drug use by helping young people build resilience and helping schools to build a whole of school approach to tackling drug awareness education.

The REDI resources have been distributed to every ACT school and the ACT Department of Education and Training (DET) has conducted implementation courses centrally with opportunities for every ACT school to attend. The REDI resources are recommended by DET as they help schools address the mandated new *Curriculum Framework for ACT Schools Preschool to Year 10.*

The new DET *Curriculum Framework* identifies specific essential learning in the areas of drug education for Preschool to year 10. Resilience building is specifically addressed in the framework in Essential Learning Achievement 12 *The student takes action to promote health* and Essential Learning Achievement 14 *The student manages self and* relationships. The students engage in learning activities to develop knowledge, understanding, values and attitudes. The *framework* is to be implemented in all government and non-government schools from January 2008. This approach is consistent with research taken from the DEST *Principles for School Drug Education* which tells us that "Teachers are best placed to provide drug education as part of an ongoing school program".

The DHCS Youth Directorate provides funding of $5.067 million annually through the Youth Services Program to youth services to deliver initiatives including resilience building within schools and in the community.

RECOMMENDATION 9

The Committee recommends that the ACT Government fund a project position in the community sector to research, develop, design and implement a community education campaign for young people attending tertiary institutions in the ACT, to provide factual and relevant information about crystal methamphetamine and other licit and illicit drugs.

Noted.

ACT Health funded the Youth Coalition and the Red Cross 'Save a Mate' Program in 2007-2008 to implement peer education initiatives including programs targeting young people attending tertiary institutions in the ACT. Evidence has shown, peer education can be a very effective means of educating young people. This work has built on the success and learnings from ACT's participation in the National Drug and Alcohol Research Centre's Peer Education Project completed in 2007.

RECOMMENDATION 10

The Committee recommends that information about the dangers of drug use, health, safety and service options be included in all fit packs that are provided through vending machines and secondary outlets.

Noted

Currently, needle and syringe packs are distributed to consumers via syringe vending machines (SVMs), pharmacy Needle and Syringe Program (NSP) outlets, primary NSP outlets and secondary NSP outlets. Primary NSP outlets distribute a range of injecting equipment, including needles and syringes, as core business. Primary outlets also provide health information, make referrals

to internal and external programs and services, provide a disposal service for used equipment, and distribute other products such as sharps disposal containers and condoms. Secondary NSP outlets operate within organisations such as Community Health Centres, where the provision of injecting equipment is not core business. Secondary outlets provide pre-packaged injecting equipment, health information, a disposal service for used equipment, and additional products such as sharps disposal containers and condoms to consumers as one service within a range of health and community services offered.

A range of drug use, health, safety and service option information is made available for consumers at all of these distribution points. SVMs and pharmacy outlets currently distribute fitpacks® containing relevant printed information about drug use, health, safety, service options and appropriate disposal of used equipment. Primary and secondary outlets distribute packs of injecting equipment that do not contain printed information. Instead, both primary and secondary outlets make available for consumers a range of information pamphlets located at the point of service. The pamphlets address issues such as vein care, safer injecting, appropriate disposal, AOD services in the ACT, treatment support, and injecting equipment (wheel filters) instructions.

The information pamphlets provided at primary and secondary outlets constitute a range and depth of information exceeding what could be included inside the packs of injecting equipment.

The Canberra Alliance for Harm Minimisation and Advocacy is supportive of this approach.

RECOMMENDATION 11

The Committee recommends that the ACT Government work with the ACT Alcohol and Other Drugs Executive Directors Group to plan the dissemination of community information about licit and illicit drugs to all stakeholder groups including health professionals, education professionals, community workers and community members, with a particular emphasis on publicising where the information is available and how to access it.

Agreed 'in principle'

Access to current, accurate information about how to prevent and reduce the harm caused by drugs and the range of services available is important for a range of people within the community. It is important that the information is obtained from credible, reliable sources and that the information is tailored to meet the special needs of the audience, including those from a range of different professional groups, AOD and related sectors' workers, as well as those in the general community.

The ACT AOD Sector website and the eBulletin are important means for workers within the AOD and related sectors to maintain current knowledge of the latest resources and incorporate this knowledge into the community education programs they provide.

ACT Health will work with DHCS and in particular OCYFS to ensure staff have access to current, reliable and relevant drug related information.

RECOMMENDATION 12

The Committee recommends that the ACT Government consider a separate budget item for the development of a comprehensive directory of alcohol and other drugs services.

Noted

The ACT AOD Workers' Group has undertaken work on the development of an AOD services directory which is now available via the ACT AOD sector website. A total of $100,000 has been made available to the Youth Coalition to continue this work with the Workers' Group in 2008-2009.

ACT Health will work with the DHCS to increase the awareness of relevant staff of the Directory.

RECOMMENDATION 13

The Committee recommends that the ACT Government make available and resource mental health first aid training for all workers in the alcohol and drug sector.

Agreed 'in principle'

A total of $400,000 in funding has been secured from the Australian Government's Department of Health and Ageing to allow ACT AOD workers to undertake assessment and training in Certificate IV in Alcohol and Other Drug Work and First Aid from 2007-2009.

This funding will assist to meet the costs associated with workers in the AOD sector undertaking mental health first aid training in 2008-2009.

RECOMMENDATON 14

The Committee recommends that ACT Health monitor the trials of the psychostimulant services in NSW and Victoria, with a view to making the services of a psychostimulant specialist available in the ACT, if the trials prove successful.

Agreed

ACT Health will monitor the outcome of the trials of psychostimulant services in NSW and Victoria. The outcomes of these trials will inform future decisions about the specialist services provided in the ACT.

RECOMMENDATION 15

The Committee recommends that the ACT Government provide one-off funding to upgrade the premises, fittings and furnishings at Ted Noffs Foundation.

Agreed 'in principle'

ACT Health has invested significant funding over the past three years to upgrade the Watson site. This has included modifications to ensure the site meets fire safety standards and minor refurbishments, including: internal renovations, painting and carpeting; upgraded heating and air-conditioning; kitchen refurbishment; and external flyscreens.

RECOMMENDATION 16

The Committee recommends that there be no reduction in the number of residential detoxification beds in the ACT.

Agreed 'in principle'

In February 2007 a clinical review of adult detoxification services was undertaken. The review recommended both ADP and Directions' Arcadia House continue to operate 10 bed programs but that the role of the ADP's program be expanded to admit people with a range of complex AOD problems requiring intensive management. The review also recommended that Arcadia House offers the withdrawal program to people for up to a couple of weeks and that the program operate as a transition unit to the community for some people transferring from ADP's unit.

ACT Health is currently consulting with key stakeholders about the report's recommendations.

RECOMMENDATION 17

The Committee recommends that the ACT Government resource a short term drug rehabilitation residential program in the ACT, on a trial basis.

Noted.

In the ACT, ADFACT currently operates 44 beds for single women, men and families. The Salvation Army operates a further 40 beds for single men. Additionally the Ted Noffs Foundation operates 10 beds for 14-17 year olds. Most clients admitted to these programs leave the program within three months.

The establishment of the Aboriginal and Torres Strait Islander residential rehabilitation facility will further add to this bed capacity as will the commencement of a therapeutic community in the Alexander Maconochie Centre as announced in the 2008-2009 ACT Government budget.

Following a clinical review of access to ACT adult drug detoxification services in February 2008, clinical reviews of counselling and rehabilitation services will be undertaken. Consideration will be given within the context of these reviews to needs of adolescents and adults including parents and whether or not a short term residential drug rehabilitation program is required in the ACT.

The IMPACT program (that is, the Integrated Multi-agencies for Parents And Children Together program) currently provides additional support for parents expecting a baby or with a child under two years of age who are either clients of Mental Health ACT and/or receiving Opioid Replacement Therapy. The program assists people to identify their needs and locate professionals and services to meet needs.

RECOMMENDATION 18

The Committee recommends that ACT Health work with the ACT Department of Disability, Housing and Community Services to create closer links between drug and alcohol agencies and youth services with a view to establishing specialised drug and alcohol workers in youth services, where appropriate.

Noted.

Following a clinical review of access to ACT adult drug detoxification services in February 2008, clinical reviews of drug detoxification services for young people, and counselling and rehabilitation services will be undertaken. These reviews will be undertaken by ACT Health in close consultation with DHCS, and in particular staff of OCYFS.

It is recognised that young people accessing youth services can benefit from having access to workers with expertise and skills in the AOD area. There is merit in both:

- ensuring generic youth workers are skilled and knowledgeable. This is achieved through providing them with access to regular training (e.g. regarding both interventions they can implement and specialised services /resources for them and their clients to access) as well as

providing them with direct access to advice from experts working within AOD treatment and support services on an adhoc basis as queries arise.

- ensuring specialist workers from AOD treatment and support services outreach into youth services.

These two options will be considered within the context of the upcoming clinical reviews.

RECOMMENDATION 19

The Committee recommends that ACT Health reassess and evaluate the [residential detoxification and withdrawal program for women and children] program in light of its limited availability, as to the reasons why it is under utilised and how it can be tailored to better meet the needs of women and children.

Agreed 'in principle'

In 2006/2007 the ACT Government committed $50,000 recurrently to enable Directions ACT to offer a dedicated detoxification program for women and women with children on dedicated weeks throughout the year.

In February 2007 a clinical review of adult detoxification services was undertaken. The review recommended both the ADP and Directions Arcadia House continue to operate 10 bed programs but that the role of the ADP's program be expanded to admit people with a range of complex AOD problems requiring intensive management. The review also recommended that Arcadia House offers the withdrawal program to people for up to a couple of weeks and that the program operates as a transition unit to the community for some people transferring from ADP's unit.

ACT Health is currently consulting with key stakeholders about the report's recommendations and will consider the special needs of women and women with children as part of these deliberations in close consultation with OCYFS within DHCS.

RECOMMENDATION 20

The Committee recommends that ACT Health coordinate a consultation process, involving methamphetamine and other psychostimulant users, to determine their needs for treatment and other support services in the ACT.

Noted

The current *ACT Alcohol, Tobacco and Other Drug Strategy 2004-2008* ends late this year. ACT Health has already commenced the development of the next strategy in consultation with community sector and government representatives on the Implementation and Evaluation Group that oversees the current strategy.

The needs of methamphetamine and other psychostimulant users for treatment and other support services in the ACT will be considered within the context of the development of the new strategy.

RECOMMENDATION 21

The Committee recommends that the ACT Government work with, and assist, the ACT Pharmacy Guild to implement a joint awareness campaign about the misuse and dangers of pseudoephedrine.

Noted

Work was undertaken in 2007 to successfully implement an awareness campaign called Pseudowatch. Following the campaign every pharmacy in the ACT is now participating in Project Stop, the national initiative aimed at reducing the misuse of pseudoephedrine.

RECOMMENDATION 22

The Committee recommends that the ACT Government give due consideration to the Ministerial Council on Drug Strategy discussion paper, and consult with the drug and alcohol sector and the local community, prior to any decision to ban the sale of glass pipes used to smoke 'ice' and other drug paraphernalia.

Noted.

'Ice' is able to be smoked utilising a range of equipment that is readily available including 'ice' pipes. Whilst a ban on the sale of 'ice' pipes may assist to prevent a population from smoking 'ice', a ban could also lead to a population injecting rather than smoking ice. There are concerns that from a public health perspective, injecting poses significantly higher risks for the transmission of blood borne viruses (BBV) and other harms than smoking. There is also no evidence indicating whether or not the bans that have been implemented in Australia have assisted to prevent and reduce the harms caused by smoking ice.

A ban of the sale of 'ice' pipes is currently not being pursued in the ACT.

RECOMMENDATION 23

The Committee recommends that the ACT Government monitors the Victorian pill testing trial in the interests of harm reduction for all drug users, their families and the general community.

Noted

The Victorian Department of Human Services advises that the feasibility study for an illicit tablet monitoring and information service has been completed and that the results are unlikely to be published.