



ACT Health

Alcohol and Other Drug Policy

Via email: AODpolicy@act.gov.au

Re: ACT Government Drug Strategy Action Plan 2018-2021

The Health Care Consumers' Association (HCCA) was incorporated in 1978 and is both a health promotion charity and the peak consumer advocacy organisation in the Canberra region. HCCA provides a voice for consumers on health issues and provides opportunities for health care consumers to participate in all levels of health service planning, policy development and decision making.

HCCA involves consumers through:

- consumer representation and consumer and community consultations;
- training in health rights and navigating the health system;
- community forums and information sessions about health services; and
- research into consumer experience of human services.

HCCA is a member based organisation and for this submission we consulted with the HCCA Health Policy Advisory Committee and more broadly through our membership. We have also liaised with the Canberra Alliance for Harm Minimisation and Advocacy (CAHMA) as a key consumer organisation, and with the Alcohol, Tobacco and Other Drug Association (ATODA) as the peak organisation representing the non-government and government alcohol, tobacco and other drug (ATOD) sector in the ACT.

Thank you for the opportunity to put forward consumer views on the ACT Drug Strategy Action Plan 2018-2021.

Yours sincerely

A handwritten signature in black ink, appearing to read "Darlene Cox".

Darlene Cox

Executive Director



HCCA Response:
ACT Government Draft ACT Drug Strategy
Action Plan 2018-2021

Submitted 3 August 2018

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1. About HCCA

The Health Care Consumers' Association (HCCA) was incorporated in 1978 and is both a health promotion agency and the peak consumer advocacy organisation in the Canberra region. HCCA provides a voice for consumers on health issues and provides opportunities for health care consumers to participate in all levels of health service planning, policy development and decision-making.

HCCA involves consumers through:

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- Training in health rights and navigating the health system;
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- Research into consumer experiences of health and human services.

2. Key recommendations

HCCA is pleased to provide comment on the draft ACT Drug Strategy Action Plan. We appreciate the ACT Government's consultative approach to developing the Action Plan. Below, we summarise the key recommendations we make in our response.

HCCA recommends that the final DSAP:

1. Include additional data and analysis related to the ACT context, including trend analysis and data or references to support some specific claims (see 3.4 and 4.13).
2. Make clearer which Actions, if any, are new work and which are ongoing routine tasks of ACT Government agencies, specialist ATOD services and other partner agencies (see 3.3).
3. Include a stronger statement of commitment to a holistic harm reduction approach in the Preamble (see 3.5 and 4.3).
4. Include a specific commitment that the ACT Government, in collaboration with others, will actively monitor the emerging evidence for the effectiveness of wellbeing and healthcare responses to AOD harm; and identify opportunities to implement innovative, evidence-based harm reduction approaches relevant to the ACT context. Specifically, this could include commitments to implement:
 - 4.1. Family friendly rehabilitation arrangements which could occur as a half-way approach through a therapeutic court in the ACT (3.5); and
 - 4.2. A needle and syringe program in the Alexander Maconochie Centre (4.10).

The DSAP should also:

5. Include more detail on specific Actions to respond to the situation, preferences and priorities of people who are affected by both mental illness and drug and alcohol matters (see 3.6).
6. Provide a stronger statement of commitment to consumer engagement, and additional detail on how consumers and families will be involved as partners in implementing the DSAP, including in governance (through the Advisory Committee) (4.1).

7. Include additional Actions to meaningfully address the urgent shortfall in rehabilitation services in the ACT. The draft DSAP acknowledges this shortfall and HCCA regards this an essential area for immediate service expansion (4.2).
8. Provide additional detail on the specific mechanisms or processes through which Aboriginal and Torres Strait Islander communities will be involved as partners in the DSAP (4.4).
9. Provide detail on the role expected to be played by key private partners (4.6) and small business (4.7).
10. Clarify whether better policy and service responses to overuse of prescription opioids (to manage chronic pain) falls within scope of the DSAP and if not, where policy responsibility lies (4.8).
11. Include a specific Action or Actions related to quitting and maintenance of smoking cessation (4.9).
12. Include a specific Action or Actions related to ACT Government investment in research to identify the most effective responses to AOD harm in the ACT (4.11).
13. Be re-named the 'Alcohol, Tobacco and Other Drug Strategy' to ensure community perception of the DSAP's scope is accurate (4.12).
14. Incorporate an evaluation and monitoring plan developed in cooperation with the Advisory Committee, which commits to consumer involvement in evaluation and monitoring including a qualitative evaluation component (4.13).
15. Inform, and be consistent with, a whole-of-government and community response to the social determinants of health (4.14 and 4.15).
16. HCCA recognises the potential patient safety and public health benefits of Action 18 (Implement real-time prescription monitoring for Schedule 8 controlled medications). As with all the DSAP Actions we encourage a consultative approach in which consumers and ACT communities are involved in monitoring the impacts of this Action, including through the Advisory Group.

HCCA also encourages the ACT Government to work collaboratively including with consumer organisations over the term of the DSAP to develop an ACT Drug Strategy to underpin future Action Plans. Putting a Strategy in place would provide an opportunity to fully articulate the ACT's strategic direction and the local context in which the DSAP Actions take place (see 3.4).

The Canberra Alliance for Harm Minimisation and Advocacy (CAHMA) is a key consumer organisation working to reduce drug and alcohol harm in the ACT. As a consumer organisation HCCA shares CAHMA's view that the DSAP should clearly affirm the value of consumer representation in an effective governance structure that brings together key government and community agencies (namely, the Drug Strategy Evaluation Group). HCCA also shares CAHMA's view that the DSAP should:

- Commit to consumer engagement in consultation, service planning and implementation monitoring of the DSAP Actions, to ensure these meet articulated community needs and preferences.
- Include strengthened statements of commitment to consumer representation and involvement in governance, planning, implementation and evaluation/

review; and to holistic harm reduction (for example in the Guiding Principles that begin on page 4);

- Support an increased allocation of resources to expand rehabilitation services; and
- In relation to Action 35 (Implement an ACT Drug and Alcohol Court), ensure this initiative sits within a holistic approach to diversion in which resources are not diverted from existing effective services that are already at, or over, capacity.

HCCA also supports the detailed recommendations made by the Alcohol, Tobacco and Other Drug Association (ATODA) in relation to the **governance, monitoring and evaluation** of the DSAP, including in relation to membership, Terms of Reference, chairing and meeting frequency, functions and responsibility of the Advisory Group.

HCCA provides this feedback with the aim of ensuring the DSAP reflects our members' and wider community aspirations for an innovative, evidence-based, holistic harm reduction approach to drug and alcohol matters in the ACT.

3. General comments

HCCA appreciates the opportunity to comment on this revised draft of the ACT Drug Strategy Action Plan 2018-2021 (DSAP). This is an area of strong interest for many of HCCA's members, and for ACT communities more broadly.

3.1. Consultation on the draft ACT Drug Strategy Action Plan

HCCA appreciates that ACT Health's Population Health, Protection and Prevention area has invited consumer, community and specialist alcohol and other drug (AOD) services' input in developing the DSAP. We are heartened that there have been changes and additions to the DSAP since the March 2018 draft on which HCCA provided comment. HCCA is pleased to see that a number of our specific suggestions are reflected in this revised public consultation draft. We value this consultative approach to the DSAP's development.

3.2. Changes and additions since the March 2018 consultation draft

HCCA is supportive of many of the changes and additions that have been made to the draft DSAP. These include:

- Greater acknowledgement of the social determinants of health;
- Recognition of the value of appropriate responses to CALD communities;
- Additional ACT data related to AOD use;
- More detail on the goals of the Action Plan and how the DSAP will be monitored and evaluated; and
- Brief comment on how the Actions were identified as priorities, using the appropriate criteria at page 6.

HCCA also welcomes the inclusion of an Action that recognises the essential role of the Capital Health Network in supporting primary health care professionals to deliver excellent care in this area (Action 30).

HCCA also appreciates that the Actions have been grouped under sub-headings that provide information about the broader strategic efforts to which these actions contribute (e.g. *restrictions on promotion of alcohol; safer injecting and prevention of blood borne virus transmission*).

3.3 Differentiate new commitments from ongoing work

It would be helpful for readers if the document clearly indicated any Actions that are new commitments, and which Actions are the ongoing, routine work of ACT Government agencies, specialist alcohol and other drug services and other partners. In the absence of this information HCCA is concerned that the DSAP does not appear to make any commitments to new work.

3.4. ACT context, evidence and data

HCCA's general view remains that the DSAP would benefit from greater attention to the ACT context. This should include evidence of recent and longer-term trends in

ACT ATOD use, analysis of ACT data, and key learning from the evaluation of past ACT Alcohol and Drug Strategies as well as work undertaken since the most recent Strategy expired in 2014. HCCA appreciates the inclusion of specific succinct ACT 'snapshot' data related to a number of areas of the Action Plan. These give a useful indication of how the ACT compares to Australia as a whole. However we would welcome the inclusion of trend data to indicate whether drug-related harm is increasing or decreasing in each of these areas. We also note that there is no ACT-specific snapshot data related to tobacco use. Including some data relating to consumer experiences of AOD services would support the claim on page 3 that ACT residents experience "excellent service" from the AOD sector. On page 5 the DSAP suggests that AOD use contributes to the gap in health outcomes between ATSI people and the general Australian population: this statement too should be supported by data or references.

Including more information about ACT headline trends and key findings from the evaluation of past strategies would make clearer for readers why the particular DSAP Actions have been identified as the priority work for the next three years. This information is particularly important in the absence of an ACT Drug Strategy as a foundation for this ACT Drug Strategy Action Plan. HCCA encourages ACT Health to work with consumer organisations, key partners including the Capital Health Network and research and education institutions, and specialist AOD services during the term of the Action Plan, to develop a comprehensive Strategy to underpin future work in this area. This would place our jurisdiction in step with other States and Territories, which have developed Drug Strategies as well as Drug Action Plans, and provide a stronger foundation for evidence-based and practice-informed work that responds to the ACT's specific circumstances.

It would also be helpful to include some brief elaboration of how the need for particular Actions has been identified. Specifically, a number of the Actions appear to reflect national policy initiatives (e.g. in relation to FASD) and there may be benefit in a brief discussion of the ACT context relating to these initiatives.

3.5. A holistic, evidence-based harm reduction approach

HCCA appreciates that the Action Plan includes work across the three pillars of demand reduction, harm reduction and supply reduction. We note that this iteration of the DSAP includes several actions that support harm reduction, which were not listed in the March 2018 DSAP draft. These include:

- Action 30, partner with the Capital Health Network to improve the capacity of general practice to respond to medical and health needs related to alcohol and other drug use;
- Action 17, monitor implementation of medically supervised drug consumption facilities in other jurisdictions to inform consideration of a potential ACT facility; and
- Action 16, Develop a plan during 2018 to address alcohol, drug and blood borne virus issues in the Alexander Maconochie Centre.

As a health consumer organisation committed to a wellbeing approach to alcohol and other drug harm, HCCA supports this enhanced focus on harm reduction in the DSAP Actions.

HCCA is also supportive of Actions including:

- Public health prevention measures including restrictions on alcohol advertising to young people;
- Expansion of diversion options (Actions 35 and 36); and
- Better support for AOD services to respond effectively to domestic and family violence.

However, as HCCA observed in our response to the March 2018 DSAP draft, all Australian jurisdictions have a long history of funding and implementing law and justice responses to AOD matters to the relative exclusion of harm reduction responses. Although 21 of the 39 DSAP Actions *contribute* to harm reduction, just seven of the Actions are focused specifically on this goal and a number of these commit to “consideration” or “planning” rather than implementation of new policies, treatments or services. HCCA therefore reiterates our cautious concern that under the DSAP the ACT risks over-emphasising law and justice responses to alcohol and other drug harm, to the detriment of holistic harm reduction efforts.

Specifically, HCCA notes that while the Action Plan acknowledges the lack of AOD rehabilitation services in the ACT relative to need and demand, it gives no indication of Actions sufficient to meet this priority shortfall. This is an urgent area for additional investment and expanded services.

The current criminal law regime relating to drugs of addiction compounds the health impacts of drug and alcohol misuse. Once a person in the ACT is convicted of a drug offence, even when this does not involve trafficking, that person may be subject to imprisonment. This brings not only immediate health risks in the institution, but also risks associated with conviction. Some people who become involved with more serious trafficking offences also do this to support their own drug addiction. People living with mental illness who self-medicate using illicit drugs can also experience significant adverse health effects which often impact on the well-being of their dependents and family members. There is an urgent need to consider more widely what harm minimisation really means in contexts such as these.

There is promising evidence from jurisdictions including Portugal and Switzerland of the benefits of a holistic harm minimization approach in which addiction is treated as an issue for medical management rather than a criminal offence. HCCA would like to see the ACT lead and innovate in the area of harm reduction, including by actively assessing the evidence for innovative approaches internationally and in other Australian jurisdictions, and identifying work that could be most usefully undertaken here. HCCA is therefore cautiously supportive of the DSAP Action which commits the ACT to review the success of safe drug consumption areas in other Australian jurisdictions, although we note that like many of the DSAP Actions this is a commitment to “review” rather than to implement new work. HCCA also urges strong engagement with consumer organisations in relation to this Action, to ensure any work in this area reflects an understanding of relevant consumer needs and priorities.

A growing body of research indicates that policies outside of health care contribute to the marginalisation of people affected by drug and alcohol misuse, and the ACT should be seriously considering innovative and creative ways to respond to this complex area. As a specific example, there is a particular need for family friendly rehabilitation arrangements which could occur as a half-way approach, through a therapeutic court in the ACT.

3.6. Mental health

HCCA recognises that a significant cohort of people in the ACT are affected by both mental illness and drug and alcohol matters. These health care consumers live with a particular vulnerability to harm, poor health, and lack of access to services. HCCA supports the broad intent of Action 33 (Investigate options to enhance treatment of comorbid alcohol and other drug and mental health conditions, including suicide prevention), however we would like to see additional detailed Actions that set out some the specific Options that will be investigated, and would prefer to see Actions that are focused on implementation, rather than exploration, in this priority area.

4. Specific comments

4.1. Role of consumers and families

HCCA appreciates that the DSAP now specifically states that consumer and drug user organisations will be included in the Advisory Committee that we understand will oversee finalisation of the DSAP, be involved in its governance, and oversee development of its evaluation strategy. We would however welcome additional detail on the role that consumers, families and the community play in the governance and oversight of the DSAP. HCCA would welcome the opportunity to work with ACT Health to develop these roles.

HCCA supports ATODA's recommendation that the governance committee's role, scope and composition closely mirror that of the ACT ATOD Strategy Evaluation Group, which is a successful model for consumer involvement in joint community-government governance of an ACT drug strategy.

4.2. Rehabilitation

HCCA reiterates our concern that the DSAP provides insufficient focus on AOD rehabilitation services. This is a crucial area of focus for policy and service responses to reduce AOD harm. As the DSAP acknowledges, the Capital Health Network's most recent Needs Evaluation for the ACT indicates a shortfall of 50% in available rehabilitation services. This is an area for urgent investment.

4.3. Harm reduction commitment

HCCA appreciates that there is now more detail in the Preamble on the role of harm reduction as one of the three pillars underpinning the DSAP. HCCA reiterates our suggestion that the Preamble could include a stronger statement of commitment to holistic harm reduction approach.

4.4. Aboriginal and Torres Strait Islander health

HCCA appreciates that the DSAP identifies partnership with Aboriginal and Torres Strait Islander communities as a guiding principle (page 4), and that consistent with the National Drug Strategy it recognises Aboriginal and Torres Strait Islander people as one of several “priority populations” requiring culturally appropriate responses to reduce a range of drug and alcohol related harms. HCCA supports the DSAP’s commitment to working collaboratively with ATSI communities to increase health and wellbeing. The DSAP could usefully outline some of the mechanisms through which this work will occur, and the key ATSI community partners and organisations that will be involved in this work. HCCA is supportive of an expanded role for the Ngunnawal Bush Healing Farm and would like to see a specific Action to consult with Aboriginal and Torres Strait Islander communities and organisations about this possibility.

4.5. Primary health care professionals and GPs

HCCA appreciates the inclusion of a specific action to work in partnership with the Capital Health Network to provide education and support to primary care practitioners and GPs to assist them to provide holistic care to people affected by alcohol and other drug use. However, we observe that there are other potential partners in this work that could advocate or influence GP behaviour in relation to prescribing, and it would be useful to name these agencies as well (for example, the Australian Medical Association ACT, the Royal Australian College of General Practice ACT and NSW, and the Australian National University Medical School).

4.6. Role of partnerships with private agencies

Other than the relevant ACT government agencies and ATOD service providers, there is very little focus in the DSAP on the need for collaboration and partnership with key agencies such as education institutions, research organisations and professional associations.

4.7. Role of small business

Small business plays an essential role in legislation compliance. This is relevant in particular to drug and drunk driving, and enforcing non-smoking in cars with child passengers. The NRMA for example can play a valuable role in this area, and could be mentioned as a partner in this work. Sporting clubs and associations and entertainment venues such as pubs and dance clubs also have an essential role to play. Given a number of Actions relate to efforts to delay drinking age and tobacco uptake and reducing unsafe alcohol consumption by young people, some mention of plans to involve tobacconists and bottle shops in implementing the relevant DSAP initiatives would be useful. This could be supported by a marketing or public engagement strategy to support the DSAP.

4.8. Opioids

HCCA members are supportive of improved policy and service responses to overuse and dependence on prescription opioids. As detailed in our response to the March

2018 DSAP draft, this issue has attracted significant media, public and policy attention over recent months. There is a significant need in the community for alternatives to pharmacological treatment of chronic pain, and for therapeutic approaches that complement pharmacological treatment, including swifter access to pain clinics. This issue falls within the broad scope of the ACT response to drug matters and we would welcome clarification as to whether this issue is within scope for the DSAP. If not, it would be useful for the DSAP to indicate under which policy area responsibility lies.

4.9. Tobacco

HCCA notes that there is no specific Action related to continued support for quitting and maintenance of quitting. We would welcome inclusion of a specific Action in this area.

4.10. Needle and syringe program at the Alexander Maconochie Centre

HCCA welcomes the inclusion of an Action that commits to develop a plan to respond to AOD and blood-borne virus matters at the Alexander Maconochie Centre, in 2018. However, HCCA observes that this timeframe is restrictive unless work is already significantly progressed. HCCA supports a model of care at AMC that includes a needle and syringe program as part of a meaningful effort to prevent reinfection and provide safe care. HCCA would like to see a commitment from the ACT Government in this area.

4.11. Research

HCCA appreciates that the DSAP makes a specific commitment to “continuing to fund research” (page 4) that builds an understanding of AOD harm and the best interventions. However, we suggest that this general statement of intent would be stronger if supported by specific Actions related to research and research investment.

4.12. Definition of ‘drug’ and name of the strategy

HCCA appreciates the DSAP’s clarification that the Action Plan address matters relating to alcohol, tobacco and other drug use. We are supportive of the definition of “drug” outlined at page 2. However, HCCA reiterates our suggestion that it would be appropriate to amend the Action Plan’s title so that it specifically includes alcohol and tobacco. This would make the scope and content of the Action Plan clearer to ACT communities and consumers: the general community understanding of the term “drug” is that it refers to illicit drugs.

4.13. Data, monitoring and evaluation

HCCA appreciate the commitment to draw on “available local and national data sources... over the life of the plan”, and to “monitor trends and emerging issues”. However, we reiterate our concern that formal evaluation of the DSAP after three years is insufficient.

Moreover, while the DSAP now includes additional detail on the approach to monitoring and evaluation, there is no description of how monitoring and evaluation findings will be used to develop and implement new initiatives, or to drive necessary changes in policy and service direction.

HCCA recognises that these are questions for the Advisory Committee that we understand will be formed to oversee the finalisation of the Action Plan and the approach to evaluation. HCCA reiterates that an evaluation and governance plan should be finalised before the DSAP is completed. We appreciate the DSAP's clarification that "relevant community and consumer organisations" will be involved as members of the Committee.

4.14. Social determinants of health

HCCA appreciates that the revised draft acknowledges that "supporting mechanisms to address the social determinants of health (SDOH) are essential ... to a modern drug treatment program" (page 13), and recognises the need to address the mutually reinforcing relationship between social disadvantage and AOD harm (pages 4-5). HCCA suggests that in preference to the statement that AOD harm "compounds... social problems" (page 5) it would be sufficient to state that AOD harm "compounds... inequality and/or disadvantage", unless there are specific social problems that are intended here.

HCCA reiterates that addressing the SDOH is a whole of government responsibility that is shared with ACT communities. While this work is indeed "beyond the scope of the Action Plan" (page 6), the Action Plan should contribute to a coordinated cross-Directorate approach to the SDOH. The development of the ACT Preventive Health Strategy and the Early Intervention By Design work occurring across ACT human services are opportunities to progress this approach, and HCCA would expect to see a focus on SDOH in this work, consistent with the DSAP.

4.15. Link to other ACT Government policies and planning documents

HCCA appreciates that the revised DSAP specifies the other ACT Government policy and planning documents that relate to each of the Actions. The preamble makes clear that the DSAP "aligns with other relevant ACT Government strategic documents and policy and service design work in multiple settings". It may be appropriate to here briefly mention some of these (for example the ACT Health Quality and Safety Strategy, the ACT Health Territory Wide Services Plan, the Preventive Health Strategy, and the Early Intervention By Design project and the introduction of real time monitoring of Schedule 8 drugs), in addition to the specific mention of "enhancements of early intervention capacity".

4.16. Real time monitoring of Schedule 8 drugs

HCCA is supportive of Action 18 (Implement Drugs and Poisons Information System real-time prescription monitoring to introduce online approvals and remote access portal by March 2019) in recognition that real-time monitoring of Schedule 8 controlled medications offers potential patient safety and public health benefits. As

with all the DSAP Actions we urge a consultative approach in which consumers and ACT communities are involved in monitoring the impacts of this Action, including through the Advisory Group.

5. Concluding comments

Thank you for the opportunity to comment. HCCA is hopeful that this feedback will contribute to a final Drug Strategy Action Plan that reflects the aspirations of many people in the ACT for a holistic wellbeing-oriented response to drug and alcohol harm in our communities.