



# atoda annual report

2016-2017



**ATODA**

Alcohol Tobacco & Other Drug  
Association ACT

## About ATODA

ATODA's vision is an ACT community with the lowest possible levels of alcohol, tobacco and other drug (ATOD) related harm, as a result of the ATOD and related sectors evidence-informed prevention, treatment and harm reduction policies and services.

ATODA works collaboratively to provide expertise and leadership in the areas of social policy, sector and workforce development, research, coordination, partnerships, communication, education, information and resources. ATODA is an evidence-informed organisation.

The ways we work, and the outcomes we strive to achieve, reflect our commitment to the values of population health, human rights, social justice and reconciliation between Aboriginal and Torres Strait Islander people and other Australians.

The mission of ATODA is to be the peak body representing and supporting the ATOD sector and community in the ACT.

## Documents accompanying this annual report

ATODA's 2016 - 2017 annual report should be read in conjunction with several accompanying documents including our:

- Reconciliation Action Plan 2014 - 2017
- Strategic Plan 2014 - 2017
- Financial Statements 1 July 2016 – 30 June 2017

We acknowledge the Traditional Custodians of the lands of the ACT and we pay our respects to the Elders, their families and ancestors.

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# atoda annual report //



01 July 2016 -  
30 June 2017

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# Reporting on the Strategic Plan 2014 – 2017 //

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ATODA’s strategic plan outlines the vision, values, strategic goals, outcomes and decision-making processes of the organisation from 2014 – 2017. Throughout this annual report, each activity is cross-referenced to the strategic outcomes and strategic priorities of ATODA (below) to demonstrate our progress.

## Our values

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Human Rights // Social Justice // Reconciliation

## The specialist lenses we use

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Cultural security // Responding to the needs of those who most bear the burdens of harm  
Harm minimisation, including supply, demand and harm reduction // Prevention and early intervention  
Population health // Evidence // Capacity building // Health promotion

## The ways we work

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Leadership // Accountable // Collaborative // Inclusive // Reliable  
Responsive // Reflective // Effective // Efficient // Innovative // Integrity

## Our strategic outcomes (2014 – 2017)

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High quality services // Evidence-informed practice // Cohesive specialist sector

## Our strategic priorities (2014 – 2017)

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Improve the quality of service consumer participation // Support the development of the workforce and services // Improve policy, practice, participation and research collaborations  
Positive deployment of specialist ATOD expertise

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# President's Report //

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It is with great pleasure that I present the 2016-17 Annual Report to you. In taking over the reins from Anne Kirwan, who held the position of President since the establishment of the ACT peak body for alcohol, tobacco and other drugs, I am now more aware than ever of the significant work that has occurred in establishing and growing the Association into the well regarded and influential organisation that it is today.

Although a small team, ATODA continues to punch above its weight locally and nationally, leading a range of initiatives to ensure policy at the national and local levels collaborate for the benefit of the individuals and families in our community impacted by substance use. This year is no different.

In 2016-17 we saw a substantial change in the funding model for specialist alcohol, tobacco and other drug treatment services, and potential risks to service delivery. ATODA played an important role in drawing together key stakeholders and bringing the best available evidence to the forefront to reinforce the collective impact of the sector, and areas for further investment to improve outcomes for individuals and families across the ACT. This Report showcases the important work undertaken in the areas of policy, workforce development and consumer engagement. The provision of affordable high quality training and professional development sought to enhance the capacity of the workforce to meet current and emerging need in the community

and the Service User Satisfaction and Outcome Survey, among other initiatives, ensured the voices of consumers were heard.

The Association is in a good financial position despite funding uncertainty that remains ever-present in the community sector. This is the result of the outstanding work that Carrie and her team do for the sector and for Government, ultimately having a positive impact for so many in the ACT community. On behalf of the Board, I'd like to congratulate Carrie and the team for the many significant achievements evidenced in this Annual Report.

I would also like to thank my Board colleagues for their continued leadership and governance of the Association, and the commitment to uphold the values of human rights; social justice; and reconciliation.

Sharon Tuffin  
President, ATODA

# Chief Executive Officer's Report //



For the past decade (2007 – 2016) the ACT Government, particularly ACT Health, has proactively enabled collaborative alcohol, tobacco and other drug policy making and service delivery with our sector - this is because decision-makers have known that this leads to better outcomes, improved transparency and better use of public funds. This annual report again demonstrates this.

Collaborative policy-making is a process whereby multiple stakeholders affected by a 'solution' and / or who can help implement it, develop 'solutions' to an alcohol, tobacco and other drug policy issue using evidence, dialogue and consensus<sup>1</sup>.

The ACT ATOD sector – which has for over a decade included government – knows that decisions that are reached collaboratively can and do result in high-quality outcomes that are easier to implement, have fewer challenges, make better use of available resources, and better serve the Canberra community.

Simply, better alcohol, tobacco and other drug policy has been made when ACT and other decision-makers have, through their collaborative relationships, more data and a deeper understanding of the interests of all those involved.

Research, and our sector's experience in the ACT, has demonstrated that collaborative processes can create a long-term dynamic network of shared learning, improved working relationships and better joint problem solving ability in the future - so clearly demonstrated throughout this year's work.

The Canberra community can be proud of the ACT Government and its alcohol, tobacco and other drug sector for implementing the research evidence on collaborative policy-making, implementation and evaluation. Some achievements 2007 - 2016 have included:

- A whole-of-government and -community, evidence informed, coherent and consistent ACT Alcohol Tobacco and Other Drug Strategy with priority setting, action plan and governance including the ACT Alcohol Tobacco and Other Drug Strategy Evaluation Group supported by a specialist alcohol, tobacco and other drug policy unit
- Public health law reform including legislative amendments:
  - o Of the legal thresholds that differentiate between personal use offences and trafficking offences for some drugs
  - o To the Good Samaritan provisions of the Civil Wrongs Act to protect people who respond in emergency overdose situations

- o To the infringement system for low income people including implementing community work and social development programs focussed in the ATOD sector
- Regular reviews and evaluations of services with ATOD experts, including for diversion, rehabilitation and withdrawal services
- Development and implementation of new ACT specific data and services mapping including:
  - o Service User Satisfaction and Outcomes Survey
  - o Workforce Remuneration and Qualification Survey
  - o ACT Alcohol Tobacco and Other Drug Services Directory
- Regular and coherent ATOD-related governance, advisory and collaborative structures including:
  - o Opioid Treatment Advisory Committee & NSP Advisory Committee
  - o Aboriginal and Torres Strait Islander Tobacco Control Strategy Committee
  - o Specialist AOD Executives Group & Workers Group
  - o ATODA as the ACT sector's peak body
- Collective capacity building and pooled resourcing, such as the Qualification Strategy, workers and clients subsidised NRT
- Leadership and innovation such Australia's as first peer based naloxone program

While the end of 2016 marked a significant decade of achievements, 2017 has so far been challenging. ACT Health has been undertaking significant internal reform activities with some well-established and effective practices, such as the ACT Alcohol Tobacco and Other Drug Strategy & Evaluation Group, falling by the wayside.

The sector has however remained focused with another incredible year of achievements such as re-developing the withdrawal system and leading Australia's response to domestic and family violence in AOD settings. These co-design processes require significant investment of time and expertise from our sector, which delivers services in a system at capacity. I would like to thank everyone for their outstanding contributions to our community and our sector.

Carrie Fowlie  
Chief Executive Officer

1. <http://www.csus.edu/ccp/policymaking/policies.html>

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# Our Board, Staff & Consultants

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## Board

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A Board was elected from the membership at ATODA's seventh Annual General Meeting in November 2016, including an individual appointed from the ACT ATOD Workers Group. Members include:

<b>Sharon Tuffin</b>	President	Karralika Programs Inc
<b>Chris Gough</b>	Vice President	Canberra Alliance for Harm Minimisation and Advocacy (Appointed by ATODA Board on 28 February 2017)
<b>Gerard Byrne</b>	Treasurer	The Salvation Army
<b>Jill Hughes</b>	Secretary	Alcohol and Drug Services, ACT Health
<b>Bronwyn Hendry</b>	Member	Directions Health Services
<b>Susan Clarke-Lindfield</b>	Member	Toora Women Inc
<b>Melissa Doran</b>	Member	ACT ATOD Workers Group Representative
<b>Vacant</b>	Member	

## Staff

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ATODA staff (6.3 full time equivalent) included:

<b>Carrie Fowlie</b>	Executive Officer (full-time)	<b>Julie Robert</b>	Communications and Project Officer (full-time)
<b>Amanda Bode</b>	Project Manager (part-time)	<b>Jeanette Bruce</b>	Organisational Development Officer (part-time)
<b>Dave Corby</b>	Office Manager (part-time)	<b>Asmara</b>	Project Officer (part-time to August 2016)
<b>Anke van der Sterren</b>	Researcher and Project Manager (full-time)	<b>Jammali-Blasi</b>	
<b>Melinda Petrie</b>	Project Manager (full-time from December 2016)		

The staff team was supported by: Mathieu Leclerc, Research Assistant (casual) and Diana Labiris, Project Officer (short-term contract)

## Consultants

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ATODA engages consultants, evaluators, researchers, clinicians and trainers to provide expert advice and support the work of the organisation:

<b>David McDonald</b>	Social Research & Evaluation	<b>Bernard Hanson</b>	ReGen Uniting Care
<b>Melanie Walker</b>		<b>Jennifer Harland</b>	DASSA WHO Collaborating Centre
<b>Linda Jenner</b>	360Edge	<b>Kathleen Orr</b>	Odyssey House Victoria
<b>Nicole Lee</b>	360Edge		
<b>Annie Bleeker</b>	Training and Consultancy		

**ATODA would also like to acknowledge the financial, IT, legal and design support from:**

MCS Accounting / Blue Arc IT Solutions / Lee Jackson Design / Lesley Porroj / Gil-Jones Barker Solicitors / BlueBlood Solutions

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# Full, Associate & Individual Members

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1. ACT Shelter
2. AIDS Action Council
3. Alcohol and Drug Programs, ACT Corrective Services
4. Alcohol and Drug Service, ACT Health
5. Bleeker, A
6. Byrne, S
7. Canberra Alliance for Harm Minimisation and Advocacy (CAHMA)
8. Canberra Recovery Services, The Salvation Army
9. Directions Health Services
10. Families ACT
11. Families and Friends for Drug Law Reform
12. Family Drug Support
13. Health Care Consumers' Association ACT
14. Hepatitis ACT
15. Karralika Programs Inc
16. McDonald, D.
17. Mental Health Community Coalition ACT
18. Mental Health Foundation (ACT)
19. Olsen, A.
20. Research School of Population Health, The Australian National University
21. Sobering Up Shelter, CatholicCare Canberra and Goulburn
22. Street Law, Welfare Rights and Legal Centre
23. Ted Noffs Foundation ACT
24. Volunteering ACT
25. WIREDD, Lesley's Place and Marzenna, Toora Women Inc
26. Wellways Australia
27. Youth Coalition of the ACT

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# Our Funders, Partners & Sponsors

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ATODA acknowledges its funders, partners and sponsors for their generous support, including:

## Funders, Sponsors & Supporters

- Members of ATODA
- Ms Meegan Fitzharris MLA, Minister for Health
- AOD Policy Unit, ACT Health
- Department of Health, Australian Government
- ACT Education and Training Directorate
- Health Promotion Branch, ACT Health
- Policy and Government Relations, ACT Health
- Gil-Jones Barker Solicitors

## Partners & Collaborators

- ACT Corrective Services
- ACT Council of Parents and Citizens Associations
- ACT Council of Social Service (ACTCOSS)
- ACT Department of Education
- ACT Health
- ACT Health Human Research Ethics Committee
- ACT Mental Health Consumer Network
- Ainslie Village, Argyle Housing
- Alcohol and Drug Policy Unit, ACT Health
- Alcohol and Drug Service, ACT Health
- Alcohol, Tobacco and other Drugs Council of Tasmania (ATDC)
- Annie Bleeker Consultant
- Associate Professor Jan Breckenridge, Gendered Violence Research Network, University of New South Wales
- Association of Alcohol and Other Drug Agencies NT (AADANT)
- Association of Parents and Friends of ACT Schools
- Australian Illicit and Injecting Drug Users League
- Burnet Institute
- Canberra Alliance for Harm Minimisation and Advocacy (CAHMA)
- Canberra Institute of Technology (CIT)
- Canberra Recovery Services, The Salvation Army
- Capital Chemist Dickson
- Capital Chemist Tuggeranong Square

- Capital Health Network
- Carers ACT
- CatholicCare Canberra & Goulburn
- Centre for Research Excellence into Injecting Drug Use
- Chemist on Northbourne
- Companion House
- Department of the Prime Minister and Cabinet
- Develin's City Chemist
- Directions Health Services
- Domestic Violence Crisis Service
- Domestic Violence Prevention Council
- Dr Anna Olsen, Research School of Population Health, ANU
- Dr Caitlyn Hughes, Drug Policy Modelling Program, National Drug and Alcohol Research Centre, UNSW
- Dr Raglan Maddox, CeRAPH, UC
- Dr Rebecca McKetin, Centre for Research on Ageing, Health & Wellbeing (CRAHW), The Australian National University
- Drug and Alcohol Services South Australia (DASSA) and the WHO Collaborating Centre
- Drug Policy Modelling Program
- Eleanor Morrison
- Erindale Pharmacy
- Families ACT
- Families and Friends for Drug Law Reform
- Family Drug Support
- Gugan Gulwan Youth Aboriginal Corporation
- Health Promotion, Health Improvement Branch, ACT Health
- Health Protection Service, ACT Health
- Hepatitis ACT
- Institute of Child Protection Studies, Australian Catholic University
- Interchange General Practice
- Jennifer Harland, Drug and Alcohol Nurses of Australasia and Karralika Programs Inc
- Justice Health Services, ACT Government
- Karralika Programs Inc.
- Lee Jackson Design
- Maayu Mali Moree Aboriginal Residential Rehabilitation Service
- Mathieu Leclerc
- Mental Health Community Coalition ACT

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## Continued... Our Funders, Partners & Sponsors

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- Mental Health Services, ACT Government
- Agnes Shea OAM, Ngunnawal Elder
- National Centre for Education and Training on Addiction (NCETA)
- National Centre for Epidemiology and Population Health, Australian National University
- National Drug and Alcohol Research Centre (NDARC)
- National Drug Research Institute (NDRI)
- Network of Alcohol and Drug Agencies (NADA)
- NSW / ACT Alcohol Policy Alliance
- Odyssey House Victoria
- Office for the Coordinator General for Family Safety, Community Services Directorate
- Optimal Pharmacy Plus Jamison
- Pharmacy Guild of Australia, ACT Branch
- Pharmasave Woden Pharmacy
- Professor Alison Ritter, Drug Policy Modelling Program
- Professor Beau Kilmer, RAND
- Public Health Association of Australia
- Queensland Network of Alcohol and other Drug Agencies (QNADA)
- Research School of Population Health, Australian National University
- Sione Crawford
- Sobering Up Shelter, CatholicCare Canberra & Goulburn
- Social Research & Evaluation
- South Australian Network for Drug and Alcohol Agencies (SANDAS)
- St Vincent de Paul Society NSW Support Services
- Ted Noffs Foundation ACT
- The Association of Independent Schools of the ACT
- The Connection
- The Salvation Army
- Toora Women Inc.
- Uniting Care ReGen
- University of Newcastle
- Victorian Alcohol and Drug Association (VAADA)
- Wellington Aboriginal Corporation Health Service
- Wellways Australia
- Western Australian Network of Alcohol and Drug Agencies (WANADA)
- Winnunga Nimmityjah Aboriginal Health Service
- Womens Centre for Health Matters
- Womens Services Network
- Women's Health Service - Division of Women, Youth & Children Community Health Programs, Health Directorate, ACT Government
- Your Discount Chemist, Griffith
- Youth Coalition of the ACT
- Youth Justice
- Yurauna Centre, Canberra Institute of Technology
- 360Edge Pty Ltd

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# The year in review:

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The 'Year in Review' in this annual report maintains a focus on the capacity building, sector and workforce development, resources and support activities of ATODA which are the funded activities with some examples of policy activities undertaken by the organisation.

For further information, please visit [www.atoda.org.au](http://www.atoda.org.au)

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# Evidence informed public discussion & priority setting



Supporting the ACT community and decision-makers to make effective use of scarce public resources

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The priorities identified by ATODA reflect the evidence, consultation with stakeholders and are examples of the range of drug policy matters ATODA is involved with in the ACT.

## ***10-Point Action Plan: To prevent and reduce alcohol, tobacco and other drug harms***

In September 2016, ATODA developed a *10-Point Action Plan: To prevent and reduce alcohol, tobacco and other drug harms* and an accompanying evidence document. This document was to provide information to the Canberra community including new members of the ACT Legislative Assembly.

### **Law Enforcement: Increase diversion into treatment for minor drug offenders**

#### **ACTION 1**

**Reduce drug related offending by enabling ACT Policing to divert more people found committing minor drug offences (e.g. using or possessing small quantities of drugs) into specialist drug treatment, assessments and education.**

- The number of arrests in the ACT for minor drug offences (including use and possession) has increased by 56% over the past 6 years.
- Diversion is cost-effective, produces better outcomes for individuals and the community, and reduces the demand on the criminal justice system.
- The work of ACT drug treatment services has directly reduced crime in the Territory.
- More minor drug offenders should be diverted

from the criminal justice system into specialist drug assessment, education and treatment.

### **Law Enforcement: Fine instead of charging young people for using drugs**

#### **ACTION 2**

**Reduce the number of young people with criminal records by expanding the ACT's existing Simple Cannabis Offence Notice (SCON) scheme to cover all illegal drugs (e.g. MDMA/‘ecstasy’).**

- Arresting people for minor drug offences does not prevent or reduce drug use.
- Young people with criminal records for minor drug offences have fewer work and life opportunities.
- The ACT's SCON scheme has been externally evaluated and found to achieve positive outcomes and be cost-effective. The scheme diverts minor drug offenders away from the criminal justice system by way of imposing fines and avoiding a criminal record if the fines are paid.
- The current successful SCON scheme should be extended to cover all illicit drugs

### **Improve the justice system to reduce entrenched disadvantage**

#### **ACTION 3**

**Improve the fairness of the ACT justice system by implementing, and evaluating the application of, income-based fines for alcohol, drug and other offences.**

- Fines in the ACT are regressive - meaning they disproportionately impact people who have a low income and are disadvantaged.
- For vulnerable Canberrans, an infringement notice can entrench social and economic

disadvantage, and poor health - particularly as many fines relate to health-related behaviours such as drug dependence.

- The courts currently have limited discretion when applying financial penalties.
- A system of income-based fines should be implemented, such as those being used overseas, to ensure that penalties are more equitably applied as a proportion of a person's income, rather than creating insurmountable financial hardship.
- The new scheme would produce savings as it would reduce an individual's involvement in our already overburdened criminal justice system.

### **Drug Treatment: Lack of withdrawal services**

#### **ACTION 4**

**Fill a major gap in the health service system by funding a new specialist outpatient withdrawal program for people dependent on alcohol and drugs including methamphetamines ('ice').**

- Harms from methamphetamine ('ice') and demand for specialist drug treatment and support services have significantly increased in Canberra (including the need for specialist withdrawal services).
- The ACT does not have a structured, formalised outpatient (non-residential) withdrawal program for people to safely withdraw from alcohol and other drugs.
- This has created lengthy waiting lists and a bottleneck in people being able to access help through the specialist drug service system.
- Outpatient withdrawal services are cheaper than residential withdrawal and can be as effective for some people without requiring an expensive stay in hospital.
- A new outpatient withdrawal program for people dependent on alcohol and drugs should be established in the ACT.

### **Medicinal Cannabis: Compassionate access scheme**

#### **ACTION 5**

**Implement a compassionate medicinal cannabis regime in the ACT as an interim measure pending the development and registration of a comprehensive range of cannabis-based pharmaceutical products.**

- A 2015 ACT Legislative Assembly Standing Committee report supported the implementation of an interim compassionate access scheme for medicinal cannabis (similar to those now operating in NSW and Victoria) pending the availability of nationally approved cannabis-based pharmaceutical products.
- This would enable timely access to medicinal cannabis for people suffering from debilitating diseases or side effects of treatment, for whom standard medical approaches have failed, while longer-term arrangements are finalised nationally.
- A compassionate medicinal cannabis regime should be implemented in the ACT that could be time-limited and, if implemented through legislation, could be subject to a sunset clause.

### **Road Safety: Effectively deterring motorists from drink driving**

#### **ACTION 6**

**Improve road safety by strengthening drink-driving deterrence through increased randomness and intensity of random breath testing (RBT).**

- Alcohol is a major risk factor for motor vehicle crashes with 30% of crashes that result in death or serious injury nationally being alcohol-related.
- Over 1200 people are charged with drink driving per year in the ACT.
- Random breath testing (RBT) works and is highly cost-effective, but *only if its deterrence effect is maintained* - motorists need to believe they could be caught and therefore choose not to drink drive.
- RBT in the ACT needs to be implemented in a genuinely random way and testing rates need to triple to meet best practice standards (an average of one test per licenced driver should be conducted per year).
- ACT Policing should be resourced adequately to keep up with the required volume of *random* breath testing to meet best practice, maximise the deterrent effect and maintain road safety.

continues...

## Drug Treatment: Need for a sustainable and viable specialist service system

### ACTION 7

**Protect and grow the ACT Government's investment in specialist drug and alcohol treatment and support by ensuring it is part of broader clinical services and health sector planning processes.**

- Specialist drug treatment is an effective and high demand component of the ACT's health system.
- Historically, the ACT Government has not explicitly included these specialist drug services within its broader clinical services and health planning processes.
- Fluctuations in drugs and use patterns are common (e.g. we are currently experiencing the 3rd methamphetamine or 'ice crisis' in 20 years). This required the ACT Government to identify and allocate unplanned funds to expand capacity in specialist drug services to address unacceptable waiting periods in the 2012 – 2016 ACT Budget cycle.
- Specialist drug services should be included in long-term and evidence-based health planning processes of the ACT Government to mitigate the need for future significant unplanned expenditure.

## Make affordable and effective healthcare available to disadvantaged people

### ACTION 8

**Prevent chronic disease and death among disadvantaged people who smoke by expanding their access to nicotine replacement therapy (NRT).**

- While only 10% of Canberrans are daily smokers, disadvantaged sub-groups still have unacceptably high smoking rates – for example, 82% among people accessing drug treatment.
- Smoking is a leading cause of chronic disease and kills up to two-thirds of smokers.
- Disadvantaged smokers can and want to quit, but need access to more intensive healthcare interventions to help them do it.
- NRT (e.g. gum, patches) is highly cost-effective – it increases the chances of a successful quit attempt by 50 to 70%.
- Complete courses of comprehensive NRT (including non-patch options) should be made freely available to all disadvantaged clients of

health services as part of routine care, including all drug treatment clients.

## High Quality Healthcare: Establishing a Centre of Excellence

### ACTION 9

**Create a Canberra Centre of Excellence in Alcohol and other Drug Studies that builds on the existing expertise across our universities and specialist drug services.**

- The ACT is an Australian leader in many areas of specialist drug treatment and support including drug treatment for families, drug diversion and opioid (e.g. heroin, oxycontin) overdose prevention; however, in other areas we are lagging behind (e.g. drug and alcohol clinical education).
- Some of Australia's top universities are based in Canberra, all of them contain alcohol and drug research expertise; however, none of them deliver alcohol and other drug study programs.
- Improving coordination across research efforts and delivering drug and alcohol study programs would enable the ACT drug and alcohol treatment sector to remain a national leader in delivering innovative and high quality services.
- A position should be funded to work toward the goal of building a cross-university, nationally recognised, Centre of Excellence in Alcohol and other Drug studies in Canberra.

## Cost-effective Health and Social Outcomes: Evidence informed drug policy and decision-making

### ACTION 10

**Develop, implement and evaluate an evidence informed, comprehensive and whole-of-government ACT Alcohol, Tobacco and Other Drug Strategy.**

- The ACT has a reputation for being an Australian leader in developing, implementing and evaluating evidence informed drug policies.
- For over a decade, ACT Alcohol, Tobacco and Other Drug Strategy documents have guided this work and have resulted in tangible outcomes for preventing and reducing alcohol, tobacco and other drug related harms in the ACT.
- The ACT is currently operating in a drug policy vacuum as the most recent Strategy document

concluded two years ago.

- A draft of the 2016-20 Strategy was released for public consultation in late 2015, but the draft has not been finalised.
- The ACT Government should finalise, make publicly available, implement and evaluate the whole of government ACT Alcohol, Tobacco and Other Drug Strategy.

## ACT Budget

Each year ATODA makes a submission to the ACT Budget consultation process. These priorities are identified throughout multiple processes including ATODA's advisory structures such as the Workers Group, the sector's activities over the year, and via a survey. The 2017 – 2018 priorities included:

- Implement key recommendations from the ACT Health funded *ACT Alcohol and Other Drug Withdrawal Services Review and Redesign* project, including establishment of an outpatient alcohol and other drug withdrawal program
- Establish an ACT Adult Drug and Alcohol Treatment Court
- Additional subsidised Nicotine Replacements Therapy (NRT) available for specialist AOD service users who smoke.
- Quality improvement to accurately report (e.g. possible under-counting) AOD treatment service provision
- Primary Needle and Syringe Program in North Canberra region
- ACT Comorbidity Bus Tours

### **These activities progress ATODA's Strategic Plan's:**

- **outcomes** of high quality services and evidence-informed practice
- **priorities** of Improve policy, practice, participation and research collaborations

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# Improving the health of Canberrans



**by strengthening tobacco management practices in health and community sector settings that support the reduction of tobacco-related harms**

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ATODA shares the ACT government's commitment to reducing the ACT's smoking rate to below 10% by 2018. In order to meaningfully achieve this, our projects and resources focus on sub-populations with high smoking rates that are experiencing disadvantage. The need for best practice smoking cessation support delivered within ATOD services is clear—82% of participants in the 2015 Service Users' Satisfaction and Outcomes Survey (SUSOS) self-reported that they were smokers when they first started using the specialist AOD service

## **We CAN Program - Communities Accessing all-types of Nicotine Replacement Therapy**

On 1 July 2015, ATODA in partnership with participating specialist AOD NGOs and community pharmacies launched the *We CAN Program—Communities Accessing all-types of NRT*. This Program aims to reduce smoking among people utilising specialist AOD NGOs in the ACT by providing subsidised access to all-types of nicotine replacement therapy (NRT). Service users of ATOD organisations who smoke are offered a voucher that can be redeemed at local community pharmacies for 8-12 weeks worth of any types of NRT (e.g. patches, gum, lozenges, spray, strips, and inhalator).

During the first 20-months of the *We CAN Program*

(up to March 2017), over 300 vouchers have been distributed to service users accessing one of the seven participating ATOD services. Around 80% of these followed through on making a quit attempt (i.e. they presented their voucher at a community pharmacy), and the majority of these accessed sufficient NRT to make a quality quit attempt (indicated by the number of times they attended the pharmacy, the period of time over which they attended, the amount of NRT purchased, and/or whether they purchased a combination of patches and intermittent NRT). All participating service users also received smoking cessation support from a specialist AOD treatment and support worker, complemented by support when attending the pharmacy.

From March 2017, the *We CAN Program* has continued to be delivered in eight ATOD NGO services with minor modifications based on the learnings from the first 20 months of the program.

The Program has demonstrated that people accessing specialist AOD services want to engage in smoking cessation, and best practice care, which includes full courses of subsidised NRT, should be provided as core business.

The Program is currently being both internally and independently evaluated (by 360Edge Pty Ltd) through the collection of operational data and surveys with participating service users, and workers in ATOD NGOs and pharmacies

## **E-cigarettes**

In response to the considerable confusion in the ACT community about e-cigarettes, and debate

around their effectiveness and associated health harms, ATODA produced four information sheets to provide information to workers and clients of ACT health and community services. These information sheets have been based on the best available evidence (acknowledging that this research evidence is evolving rapidly) so that members of the ACT community can make their own informed decisions.

The information sheets in the series are:

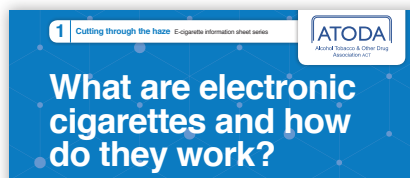
- #1 What are electronic cigarettes and how do they work?
- #2 What do we know about the health effects of electronic cigarettes?
- #3 Can electronic cigarettes help people to quit smoking?
- #4 Are electronic cigarettes legal in the ACT?

These information sheets are available on the ATODA website at: [www.atoda.org.au/projects/e-cigarette-information-series/](http://www.atoda.org.au/projects/e-cigarette-information-series/)

The development of these information sheets relied on input from: ACT Alcohol, Tobacco and Other Drug Workers Group; David McDonald; Anke van der Sterren; ACT Health—Health Protection Service; and ACT Health Promotions Grant Program (funding).

## NRT for Workers

ATODA continues to offer access to subsidised nicotine replacement therapy (NRT) to people who smoke who are ATOD, youth or mental health workers in the non-government, not for profit sector of the ACT and/or members of ATODA. This is to help them manage their tobacco consumption at work, engage with smoke-free environment policies, and support quit attempts at no cost to the individual employee.



Electronic cigarettes (or e-cigarettes) are battery-operated devices that work by heating a liquid to create a mist that is inhaled.

E-cigarettes are a type of alternative nicotine delivery system (NDS), and are also known as personal vapourisers or electronic nicotine delivery systems (ENDS). The action of using an e-cigarette is commonly called "vaping", and the mist created is called "vapour".

- An e-cigarette is usually made up of the following parts:
  - Mouthpiece through which the vapour is inhaled.
  - Cartridge (or "tank") that contains the e-liquid or e-juice, and can be refillable or replaceable.
  - Inside the atomiser a wick draws the e-liquid onto a heating element. When the person inhales on the e-cigarette, the heating element heats up and vaporises the e-liquid.
  - The battery that powers the heating element in the atomiser is usually a rechargeable lithium-ion battery.

First-generation e-cigarettes have been popularised to look just like tobacco-containing cigarettes (cigs) and mostly use disposable cartridges. Second- and third-generation devices are larger and more powerful, have refillable "tanks", and look nothing like tobacco-cigarettes (for example, some look like large lightbulb pens). This generation devices are also designed to be modified for the user.<sup>1</sup>

The main ingredients of e-liquids are the solutions propylene glycol and vegetable glycerine, nicotine, and flavourings. Some e-liquids may be flavoured. E-liquid does not contain tobacco. The vapour produced from e-cigarettes is visible and menthol cigarettes smoke (although it does not contain the same chemicals).

Although the long-term health effects of e-cigarettes cannot yet be assessed, expert opinion is that e-cigarettes are likely to be much less harmful than smoking tobacco cigarettes (see Information Sheet #2). However, they are also not completely harmless, and there may be some short- and long-term health-related effects associated with using e-cigarettes. In particular, tobacco e-cigarette manufacturing is not regulated, it is difficult to be certain of the quality of some of e-cigarette devices and e-liquids.



Electronic cigarettes (or e-cigarettes) are battery-operated devices that work by heating a liquid to create a mist (vapour) that is inhaled. An e-cigarette contains a cartridge or tank that is filled with e-liquid. The e-liquids used in an e-cigarette may or may not contain nicotine (see Information Sheet #1 for further details).

There is a lot of debate about the harms associated with the use of e-cigarettes. Some non-governmental tobacco control and public health experts look at them as a way to reduce the health harms from smoking cigarettes, seeing them as less harmful to health than tobacco-containing products. Others are concerned that they may have unrecognised short-term and/or long-term negative health effects.

Long-term health effects of e-cigarettes are not yet known. As e-cigarettes have only been on the market since around 2004, we do not know enough yet about the long-term health effects from using them, as it is too soon for studies to have been done to look at this.<sup>1</sup>

Australian Therapeutic Goods Administration (TGA), regulatory authority for therapeutic goods in Australia, is that, "no assessment of electronic cigarettes has undertaken and, therefore, the quality and safety of electronic cigarettes is not known". The TGA has approved e-cigarettes (with or without nicotine) as a health-promoting device in Australia.



This information sheet is looking at the evidence on whether or not electronic cigarettes (or e-cigarettes) work to help people to give up smoking. Some people believe that they are effective at helping people to reduce or quit smoking, and believe that they should be promoted for this. Other people see little evidence that e-cigarettes work for smoking cessation, and that e-cigarettes keep people addicted to nicotine and keep them smoking tobacco cigarettes.

This sheet also has information on smoking cessation approaches that we know work with most people who want to quit or reduce their smoking, and how these can be accessed in the ACT.

There have been only a limited number of studies that look at whether or not e-cigarettes work to help people (or reduce) smoking. This means that we have only a low level of evidence currently available. Nonetheless, studies show that:

- E-cigarettes (both nicotine and non-nicotine types) reduce cravings and withdrawal symptoms.<sup>1</sup>
- E-cigarettes with nicotine help smokers to reduce the number of cigarettes they smoke, and can help the quit smoking, more effectively than e-cigarettes that do not contain nicotine.<sup>1</sup>
- E-cigarettes are at least as effective as nicotine replacement therapy (NRT) patches at helping people quit smoking; however, people are more likely to continue using e-cigarettes than NRT.<sup>2</sup>
- Results for effectiveness vary by how much people e-cigarettes (e.g. daily vs non-daily use), and what of e-cigarette they use. Newer "nicotine and generation" e-cigarettes are more effective than the "cigalike" devices.<sup>1</sup>

Electronic cigarettes (or e-cigarettes) are battery-operated devices that work by heating a liquid to create a mist (vapour) that is inhaled. An e-cigarette contains a cartridge or tank that is filled with e-liquid. The e-liquids used in an e-cigarette may or may not contain nicotine (see Information Sheet #1).

This information sheet provides an overview of how the Commonwealth and ACT legislation in August 2016 cover the use of e-cigarettes in public places, the sale of e-cigarettes and related products (e.g. batteries and e-liquids).

Commonwealth and ACT legislation cover different aspects of the sale, purchase, importation, use and advertising of e-cigarettes. Relevant Commonwealth legislation and regulations include the Commonwealth Poisons Standard and the Therapeutic Goods Act 1989.<sup>1</sup>

In the ACT, the Smoke-Free Legislation Amendment Bill 2016<sup>2</sup> amended the ACT tobacco legislation to regulate e-cigarettes (or "personal vapourisers") in the same way as tobacco and herbal products. These are now referred to as "smoking products" in the legislation, and changes were made to the:

- Tobacco Act 1927, that has been renamed, Tobacco and Other Smoking Products Act 1927<sup>3</sup>
- Smoke-Free Public Places Act 2002<sup>4</sup> and
- Smoking in Cars with Children (Prohibition) Act 2011.<sup>5</sup>

For more information on why the ACT Government has regulated personal vapourisers, see [www.health.act.gov.au/public\\_information/public-health/tobacco-and-smoke-free/electronic-cigarettes](http://www.health.act.gov.au/public_information/public-health/tobacco-and-smoke-free/electronic-cigarettes).

Commercial availability of nicotine-containing e-cigarettes in the ACT. Nicotine-containing e-cigarettes or e-liquid cannot be legally sold commercially in Australia. In the Commonwealth Poisons Standard, nicotine is classed as a Schedule 7 dangerous poison, and cannot be possessed, used or sold without specific approval, authorisation or licence.<sup>6</sup>

The Therapeutic Goods Administration (TGA) has approved nicotine only as an ingredient in tobacco and in therapeutic goods listed on the Australian Register of Therapeutic Goods. Nicotine replacement therapies (such as nicotine patches, gum, spray, lozenges and dextro) are on the Register of Therapeutic Goods, but e-cigarettes are not. Nicotine-containing e-cigarettes cannot, therefore, be legally imported, exported, manufactured and supplied for commercial purposes in Australia.

E-cigarettes and e-liquids that contain nicotine cannot legally be bought from retailers in Australia, but can be purchased for personal use under the Medicines, Poisons and Therapeutic Goods Act 2006.

Are e-cigarettes that contain nicotine available in the ACT?

E-cigarettes and e-liquids that contain nicotine cannot legally be bought from retailers in Australia, but can be purchased for personal use under the Medicines, Poisons and Therapeutic Goods Act 2006.

Commercial availability of nicotine-containing e-cigarettes in the ACT. Nicotine-containing e-cigarettes or e-liquid cannot be legally sold commercially in Australia. In the Commonwealth Poisons Standard, nicotine is classed as a Schedule 7 dangerous poison, and cannot be possessed, used or sold without specific approval, authorisation or licence.<sup>6</sup>

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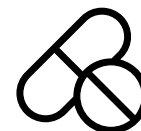
**These activities progress ATODA's Strategic Plan's:**

- **outcomes** of high quality services and evidence-informed practice
- **priority** of developing the workforce and services, and improving policy, practice, participation and research collaborations



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# Drug policy leadership & innovation



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## Implementing Australia's first drug checking / pill testing trial

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Every year, particularly around the time of the summer music festivals popular with young adults (including dance music festivals), the media report the tragic consequences of young people's drug use at some of these events. This includes drug-related deaths and long-term adverse health consequences from drug toxicity.

A significant proportion of this morbidity and mortality reflects the fact that many of the young people using drugs are not aware of the potency and composition of their drugs, and have no way of informing themselves about these matters.

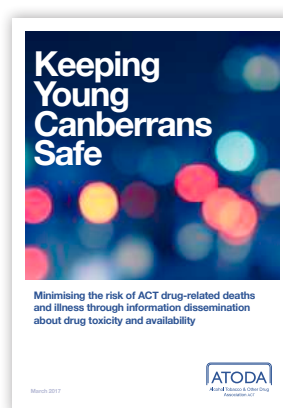
Furthermore, it is usually the case that the Canberra health and law enforcement authorities know little or nothing about the presence of unusually harmful drugs available at any particular time in Canberra, owing to the absence in our community of a coherent, adequately-resourced, real-time or close to real-time, early warning system about drugs and the chemicals that compose them.

Evidence from Australia and overseas shows that establishing formal, ongoing systems for checking the contents of illegal drugs at music festivals and in other settings, and disseminating the findings both to consumers and to other stakeholders, can produce positive outcomes for people who use drugs, and for the broader community.

- ATODA finds convincing the available evidence about the efficacy and effectiveness of drug checking/pill testing programs as part of a comprehensive drug harm reduction system.
- ATODA supports proposals to trial and carefully evaluate drug checking/pill testing at Australian music festivals and other settings, including those in the ACT.
- ATODA notes that the ACT Government has a fine track record of underpinning drug policy with good science, and in trialling drug policy

innovations where uncertainty exists.

- ATODA congratulates the ACT Government for supporting experts to conduct a carefully monitored and evaluated trial of drug checking at Canberra's music festivals, and on disseminating the findings of drug checking as part of a comprehensive, evidence-informed, drug-harm reduction early warning system. The development and implementation processes would reflect the principles of integration, collaboration, and a staged approach.
- ATODA also congratulates the STA-SAFE consortium lead by Harm Reduction Australia and Canberra's own Dr David Caldicott for leading the work for drug checking / pill testing to be trialled in the ACT.
- ATODA expects that such a trial will lead to the conclusion that drug checking should become part of the ACT's ongoing drug harm reduction and demand reduction strategies. The key intended outcome from such an initiative will be to minimise the harms associated with illicit drug use in our community, and saving lives.



ATODA's full position paper is available here:  
[http://www.atoda.org.au/wp-content/uploads/2017/04/ATODA\\_KeepingYoungCanberransSafe\\_Final-0320173.pdf](http://www.atoda.org.au/wp-content/uploads/2017/04/ATODA_KeepingYoungCanberransSafe_Final-0320173.pdf)

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# Collaborative health services planning & priority settings



by providing evidence-based information on needs and priorities for the ACT

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## An independent expert paper for the ACT Primary Health Network's Baseline Needs Assessment

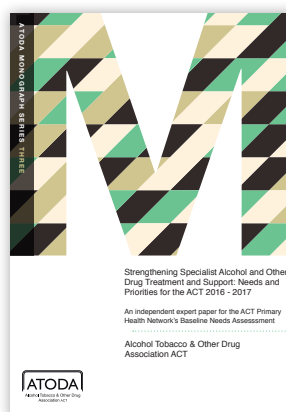
### ATODA Monograph: Strengthening Specialist Alcohol and Other Drug Treatment and Support: Needs and Priorities for the ACT 2016 – 2017

The Capital Health Network (the ACT's Primary Health Network) and ATODA co-commissioned an independent paper focused on highlighting specialist AOD treatment and support needs and priorities for the ACT. This paper was used by the Capital Health Network to inform its first specialist AOD Baseline Needs Assessment, Drug and Alcohol Treatment Activity Work Plan and other commissioning activities. In developing this paper, ATODA engaged with key stakeholders, including all ACT specialist AOD treatment and support services and ACT Health as the majority funder.

The priorities identified were:

1. Community based specialist AOD treatment and support, particularly specialist AOD counselling
2. Specialist AOD treatment for Aboriginal and Torres Strait Islander people, including identified positions

The paper was released publicly by the Capital Health Network in late 2016 and is available as part of the ATODA Monograph Series (#3) at



[www.atoda.org.au/wp-content/uploads/2017/08/Monograph-3-Strengthening-Specialist-AOD-Treatment-Support-Needs-Priorities-ACT-Final.pdf](http://www.atoda.org.au/wp-content/uploads/2017/08/Monograph-3-Strengthening-Specialist-AOD-Treatment-Support-Needs-Priorities-ACT-Final.pdf)



ACT's primary health care organisation

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# Co-designing new & essential health services



**Collectively responding to the ACT being the only Australian jurisdiction without a structured formal outpatient withdrawal service**

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## **Review and re-design of alcohol and other drug withdrawal services in the ACT**

In 2015, the ACT AOD sector identified the need for a review and re-design of alcohol and other drug withdrawal services, including the need for a comprehensive service model of care. This was in response to increasing harms from methamphetamine and other/poly drugs; the need to strengthen stepped-care and treatment pathways; and the pending opening of the new Aboriginal and Torres Strait Islander AOD Residential Rehabilitation Service at the Ngunnawal Bush Healing Farm.

ATODA advocated, through multiple processes for ACT Health to support and provide funding for a withdrawal review and re-design project. In June 2016 ACT Health commissioned 360edge, through ATODA, to conduct an independent review and re-design of the alcohol and other drug withdrawal management services in the ACT.

The review was undertaken as a consultative approach and services, consumers and key stakeholders were engaged throughout the stages of the project. This included:

### **Forum 1: Terms of Reference validation: 16 Aug 2016**

360Edge hosted a forum of specialist ACT AOD services to be briefed on the project and review the Terms of Reference. Outcomes included:

- Positive feedback and validation of the review's terms of reference including data elements, consumer engagement mechanisms and timelines
- Agreement of face-to-face visits between specialist AOD services and the reviewer between 29 August and 6 September 2016
- Clarifying the role and independence of the reviewer with ATODA to provide support to the process

### **Meeting with specialist AOD withdrawal services: 16 Aug 2016**

360Edge met with all specialist AOD withdrawal service providers to obtain their input on the process and data collection elements for the review.

## Meeting with AOD Policy Unit, ACT Health and ATODA:

16 Aug 2016

360Edge met with the AOD Policy Unit, ACT Health and ATODA to obtain agreement on additional data collection elements.

## Face-to-face consultations: weeks of 29 Aug and 5 Sep 2016

360Edge undertook face-to-face consultations with 35 individuals (CEOs, managers, staff including medical officers) to determine their views and experiences of the programs available, including their recommendations for service system re-design. Services / groups engaged included:

- ACT ATOD Workers Group
- Alcohol and Drug Services, ACT Health (Building 7)
- AOD Policy Unit, ACT Health
- ATODA
- Canberra Alliance for Harm Minimisation and Advocacy (CAHMA)
- CatholicCare Canberra and Goulburn – Sobering Up Shelter
- Directions Health Services (including Althea Wellness Centre and Arcadia House)
- Karralika Programs Inc
- Ted Noffs Foundation ACT
- The Salvation Army – Canberra Recovery Services
- Toora Women Inc – AOD Programs

## Consumer focus groups: weeks of 29 Aug and 5 Sep 2016

360Edge spoke to consumers in small groups about their views of withdrawal services in the ACT,

and any changes they'd like to see made in the future. Four consumer focus groups were hosted by:

- Canberra Alliance for Harm Minimisation and Advocacy (CAHMA)
- Directions Health Services
- Karralika Programs Inc
- Ted Noffs Foundation ACT

## Key informant telephone interviews: weeks of 12 Sep and 19 Sep 2016

360Edge undertook over the phone consultations with 6 key informants to determine their views and experiences of the programs available, including their recommendations for service system re-design.

## Forum 2: Feedback on interim findings: 13 Oct 2016

360Edge hosted a forum of specialist ACT AOD services to present findings from the information gained through the review and to canvas participants' recommendations for enhancing the service system as a whole.

## Forum 3: Final Findings: 8 Dec 2016

360Edge hosted a forum of specialist ACT AOD services to present and validate the final findings prior to submissions to ACT Health.

The review and re-design report was completed and submitted to ACT Health in December 2016.

Supported by



### This activity progresses ATODA's Strategic Plan's:

- **outcomes** of high quality services and evidence-informed practice
- **priorities** of supporting the development of the workforce and services and Improve policy, practice, participation and research collaborations

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# Co-designing improved responses to safety

by developing a pilot project to provide more effective responses to domestic and family violence in AOD settings

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## AOD Safer Families Project

The Safer Families package announced in the 2016-17 ACT Budget is the largest action to address family violence across government and community organisations in Canberra's history. One component of this investment related to improving support and referrals through specialist drug treatment services. As a result, ACT Health engaged ATODA to December 2017 to research, scope and design a pilot project to provide more effective responses for people who use AOD in harmful ways and either experience domestic and family violence (DFV) or are at risk of using DFV.

The project is conceptualised as a long-term multi-year project to increase the capacity of the ACT drug treatment system, services and staff to deliver programs that reflect best practice in DFV prevention and responses. Year 1 of this funding focuses on developing the infrastructure and framework for this work to occur in subsequent years (with roll out to AOD services planned from 2018).

Several Australian resources are available to describe the principles of effective AOD services' responses in the area of domestic and family

violence. However, research evidence and detailed advice to guide specific practices is lacking. As such, the AOD Safer Families Project will be developing a number of Australian first resources and tools to guide collective impact, organisational developments and clinical practice as it relates to responding to DFV in AOD settings. This will include developing infrastructure that can guide capacity building across all specialist AOD services; alongside the establishment of new coordinated or integrated service delivery options.

This infrastructure will be developed through a co-design approach that enables collaboration with the specialist AOD and DFV sectors in the ACT, policy makers and funders, clinicians and consumer organisations. Clinical consultants Professor Nicole Lee and Linda Jenner from 360Edge have been engaged to help guide the co-design approach and project deliverables. Some of the activities undertaken in the first half of 2017 are described below. It is important to note that these activities will continue to be a significant focus of ATODA and the ATOD sector in the coming months (prior to implementation from 2018).

## Promoting Safety and Prioritising Domestic and Family Violence in the ACT AOD Sector Symposium: 24 May 2017.

The symposium was a key step in bringing the various parts of the ACT AOD sector together (workers, consumers, researchers, policy makers

and service providers) to build our knowledge base and shared dialogue for the important sector-wide changes that lie ahead in relation to strengthening our service delivery responses to domestic and family violence.

Nearly 70 stakeholders from across the ACT Alcohol and Other Drugs (AOD) and Domestic and Family Violence (DFV) sectors attended to promote an open dialogue, critical reflection and exchange of ideas about AOD sector understandings of and responses to DFV.

Delegates were Welcomed to Country by Auntie Agnes Shea, and welcomed to the Symposium by the ATODA CEO, Carrie Fowlie. Presenters on the day included:

- Amanda Bode—Project Manager ATODA—overview of the ACT AOD DFV Project and reflections on the AOD sector’s experiences with undertaking transformational change
- Sione Crawford and Eleanor Morrison—Community Representatives and Symposium Discussants—how violence is experienced by people who use AOD and reflections on the day from a community perspective
- Marcia Williams—Chair, Domestic Violence Prevention Council & CEO, Women’s Centre for Health Matters—overview of policy and service delivery context of DFV in the ACT
- Dr Anna Olsen—Senior Lecturer, Research School of Population Health ANU—evidence for the links between AOD and DFV
- Anke van der Sterren—Researcher, ATODA—understanding the AOD sector and people who access AOD services
- Dr Nicole Lee—Director, 360Edge & Adjunct Associate Professor, National Drug Institute, Curtin University—considerations for working with women who have experienced DFV
- Dr Stefan Gruenert—CEO, Odyssey House Victoria—approaches to working with men who have used or are at risk of using DFV
- Trevor King—Director of Programs, UnitingCare ReGen Alcohol and Drug Service—a specialist AOD service’s reflections on better responding to DFV

A survey of the AOD workforce regarding understanding of and responses to DFV was

undertaken with attendees of the Symposium.

## **Project Advisory Group**

The Project is guided by an Advisory Group whose primary function is to provide high level advice, strategic guidance and governance to the Project. This includes:

- Supporting transparent and inclusive processes for the development and implementation of the Project
- Providing input into development of Project materials
- Identifying appropriate stakeholders to participate in Project consultative mechanisms
- Contributing information on interrelated activities relevant to AOD / DFV including policy, service delivery and governance
- Identifying and communicating barriers, challenges and successes regarding the implementation of the Project.
- Supporting communication about the Project within networks and interrelated activities, including ensuring information about the Project is available to specialist AOD services.

## **Environmental scan**

A process to identify and document existing resources that could help inform the project development occurred, and identified information related to:

- DFV capacity building projects with the AOD Sector (Australia and overseas).
- DFV capacity building projects with other health settings (Australia and overseas).
- DFV service delivery in the ACT.
- Policy initiatives related to DFV in the ACT and other Australian jurisdictions.
- Researchers with expertise in AOD and or DFV.
- Tools related to DFV assessment, screening, referrals, and service policies.

## **Engagement of expertise**

In addition to the engagement of 360edge as clinical consultants, ATODA staff met with over 30 stakeholders from the AOD and DFV sectors, policy makers and consumer organisations including:

- AOD Policy Unit, ACT Health
- Consumer representatives
- Domestic Violence Crisis Service (DVCS)
- Domestic Violence Prevention Council
- Institute of Child Protection Studies, Australian Catholic University
- National Centre for Epidemiology and Population Health, Australian National University
- National Drug and Alcohol Research Centre, University of New South Wales
- Odyssey House Victoria
- Office for the Coordinator General of Family Safety
- ReGen
- Research School of Population Health, Australian National University
- Social Research and Evaluation
- Specialist AOD Treatment and Support Services
- State and Territory AOD Peak Bodies (including NADA and WANADA)
- Toora Women Inc
- Womens Centre for Health Matters
- Womens Services Network

These meetings have provided invaluable insights and advice to the early development of the project approach and deliverables. Stakeholders will continue to be engaged throughout the co-design process.

## Developing terms of reference and project plans for project deliverables

Significant investment was made in undertaking collaborative project planning and refinement (including terms of reference for project deliverables). This includes four substantial pieces of work / deliverables:

- Development of a Domestic and Family Violence Capability Assessment Tool (DFVCAT): a fidelity instrument for utilisation by AOD services to measure capacity for responses to DFV. An example of such a measure being utilised by ACT AOD services before is the Dual Diagnosis Capability in Addiction Treatment Index Tool.
- Scope of Practice: documentation of the roles and responsibilities of AOD services when working with consumers with DFV issues (based on presentation, severity of issues etc)

- Development of a design for a pilot project: description / report of the pilot design elements and recommended approaches for utilising the AOD Safer Families resourcing from 2018 onwards
- An Evaluation Framework for the Multi-year Pilot Project.

Note: Subsequent to this annual reporting period, an additional deliverable to develop clinical guidelines / evidence based practice framework has been added to the project.

## Co-design workshops and consultations

In advance of the co-design process, ATODA provided an initial briefing to specialist ACT AOD services through the Drug Services Forum. An engagement strategy outlining a series of sector forums, clinical roundtables and other consultation mechanisms that will underpin the co-design approach has been developed. In the second half of 2017, at least 8 consultations or forums will be held.

### This activity progresses ATODA's Strategic Plan's:

- **outcomes** of evidence-informed practice and cohesive specialist sector
- **priorities** of supporting the development of the workforce and services and improve policy, practice, participation and research collaborations

Supported by



# By mobilising the community to prevent alcohol, tobacco & other drugs related harms



## Impact Alcohol Project

The *Impact Alcohol* project aims to reduce alcohol-related harms and ill health in the ACT. The project is supported by a website ([www.impactalcohol.org.au](http://www.impactalcohol.org.au)) and provides a range of resources and information related to alcohol, health, young adults and the community.

The ACT Department of Education, ACT Council of Parents and Citizens Associations, The Association of Independent Schools of the ACT and the Association of Parents and Friends of ACT Schools were supported by ATODA to access evidence-based ATOD information and training expertise. Activities included non-government and government school partnerships; ACT-wide coordination; and a series of free alcohol information forums for parents, teachers and various community groups at different sites across Canberra.

The community information forums aimed to increase knowledge about alcohol use among parents and the secondary school community about the risk of harms; as well as provide information about the role of parents, carers

and community members in reducing harms. These informative sessions were well received and provided attendees with evidence-based information on how to prevent alcohol related harms.

*Impact Alcohol* is a partnership between ATODA, ACT Health and the Western Australian Government.

## Culturally and Linguistically Diverse Communities

Companion House was supported by ATODA to access evidence-based ATOD information and training expertise to build the capacity and health outcomes of people in refugee and asylum seeker communities. Activities included enabling ATOD Peer Education training tailored for young people and focused on providing information and education on alcohol, tobacco and other drugs (ATOD) and on how to stay safe and look after others in the community with young people from various cultural background, including South Sudan, Somalia, Iran, Iraq, Pakistan, Afghanistan, Vietnam and Burma, attending this training.



**COMPANION HOUSE**  
Assisting Survivors of Torture and Trauma

### This activity progresses ATODA's Strategic Plan's:

- **outcomes** of evidence-informed practice
- **priority** of positive deployment of specialist ATOD expertise



# Supporting high quality specialist ATOD services

by further strengthening our competent, evidence-based and professional workforce

## Qualification Strategy

The ACT Alcohol, Tobacco and Other Drug Qualification Strategy aims to ensure the development and maintenance of a competent and professional specialist workforce in the ACT. It also aims to ensure that all ATOD workers in the ACT have a shared minimum knowledge and skill base.

The three main components of the Strategy are: the AOD Skill Set (AOD specialised units of the Certificate IV in Alcohol and Other Drugs), the Remaining Units (non ATOD content of the Certificate IV in AOD) and First Aid Training.

The Strategy has maintained a focus on the provision of education and training through AOD specialist industry providers. A Policy review process was undertaken in consultation with stakeholders and supported by ACT Health, which led to streamlining and updating particularly in response to changes to the training package for the Certificate IV in AOD. A total of 35 scholarships were provided in this financial year including 15 participants who completed training for the AOD Skill Set and 20 for First Aid.

Following the completion of the training, participants are receiving a nationally recognised Statement of Attainment. All of the training is coordinated by ATODA and fully subsidised for participating ATOD workers.

### This activity progresses ATODA's Strategic Plan's:

- **outcome** of high quality services, evidence-informed practice and a cohesive specialist sector
- **priorities** of developing the workforce and services



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# ACT electronic Alcohol, Smoking and Substance Involvement Screening Test (ACT eASSIST) - [www.act-eassist.org.au](http://www.act-eassist.org.au)

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ATODA  
Alcohol Tobacco & Other Drug  
Association ACT

ACT electronic Alcohol, Smoking & Substance  
Involvement Screening Test [ACT eASSIST]

Access ACT  
eASSIST online

Download  
ACT eASSIST

The Australian Capital Territory (ACT) eASSIST provides a questionnaire which screens for all levels of problem or risky substance use. The ACT eASSIST provides an evidence based structured and consistent way for health, community and other workers to:

ATODA has continued to implement a range of activities to strengthen evidence-based and consistent alcohol, tobacco and other drug (ATOD) screening and brief interventions across health and community services in the ACT. This includes work that supports health and community workers to identify ATOD issues, match treatment and support needs, communicate services and referral pathways, and provide ATOD information, including that with a harm reduction focus. 897 people visited the ACT eASSIST website to download or use the ACT eASSIST.

The ACT eASSIST was developed through a partnership with the World Health Organization Collaborating Centre at the Drug and Alcohol Services South Australia (DASSA) and is an electronic version of the Alcohol, Smoking and Substance Involvement Screening Test (ASSIST), designed by the World Health Organization.

## Support to Implement the ACT eASSIST

ATODA continued to support a range of health and community services who are implementing the ACT eASSIST as part of their practice. These services work across a range of sectors including ATOD, youth, mental health, womens health and justice. As part of this work, training was provided to a range of stakeholders.

This year, the WHO Collaborating Centre released an ASSIST on Ice instructional video and manual, that provides information on how to administer the ASSIST with people who use methamphetamines. ATODA supported the development of these resources and hosted a pre-launch screening of the instructional videos for sector workers.

### This activity progresses ATODA's Strategic Plan's:

- **outcome** of high quality services and evidence-informed practice
- **priorities** of developing the workforce and services, improving policy, practice, participation and research collaborations and positively deploying specialist ATOD expertise.

*ATODA gratefully acknowledges the work of Jennifer Harland through this initiative*



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# Tailored & expert training

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## **Alcohol, Tobacco and Other Drug Information and Harm Reduction Training**

ATODA provided subsidised alcohol, tobacco and other drugs (ATOD) and harm reduction training. It presented information about ATOD in the ACT and Australia – who is using and what; and introduced participants to harm reduction approaches to use with clients, as well as information about specialist ATOD services in the ACT including how to refer into services.

These specialised training sessions were delivered to mental health and domestic and family violence workers in collaboration with the Mental Health Community Coalition ACT (MHCCACT), Toora Women Inc and Domestic Violence Crisis Service (DVCS). Training sessions were tailored to meet the needs of its specific target audience.

58 workers participated including 26 mental health workers, 11 workers from DVCS and 21 domestic and family violence workers from the AOD service Toora Women Inc.

Positive feedback on the training was received, participants reported improving their knowledge of ATOD in Australia and of harm reduction strategies as well as their confidence in responding to people with ATOD issues.

## **Quitting Cannabis training for ATOD and Police Court Drug Diversion workers**

ATODA partnered with the National Cannabis Prevention and Information Centre (now <https://cannabissupport.com.au/>) to provide training to eight workers from specialist AOD services and three workers from Police Court Drug Diversion Services in the ACT.

The training Quitting Cannabis: 1-6 Sessions was provided specifically for clinicians who treat people with cannabis use problems. It covered a comprehensive, evidence-based intervention most specific to treatment seekers enabling attendees to implement an evidence-based structured CBT intervention with their own client population.

## **Amphetamine-Type Stimulant training**

ATODA partnered with Odyssey House Victoria to deliver the nationally recognised accredited course: '10524NAT Course In Working with Clients with Amphetamine-Type Stimulant Issues' with workers from specialist ATOD services in the ACT.

20 workers from ACT drug treatment and support services completed the training.

This course equipped AOD workers with an understanding of the forms of Amphetamine-Type Stimulants (ATS) used, patterns and prevalence of misuse, pharmacology, signs and symptoms of ATS use, withdrawal and toxicity.

The course also covered mental health and ATS, harm reduction and easy-to-use screening tools based on a Motivational Interviewing framework.

Through this course, participants learned:

- How amphetamine-type stimulants are used, including how much and how often
- How amphetamine-type stimulants affect the brain and the body
- The risks and harms of amphetamine use and how can they be reduced
- ATS toxicity—first aid measures
- ATS withdrawal—patterns, preparation and support
- ATS and mental health—how it relates to anxiety, depression and psychosis
- ATS crisis presentations - how you should respond
- Risk assessment identification and response
- Opportunistic brief interventions—Motivational Interviewing skills using a screening tool specific to ATS

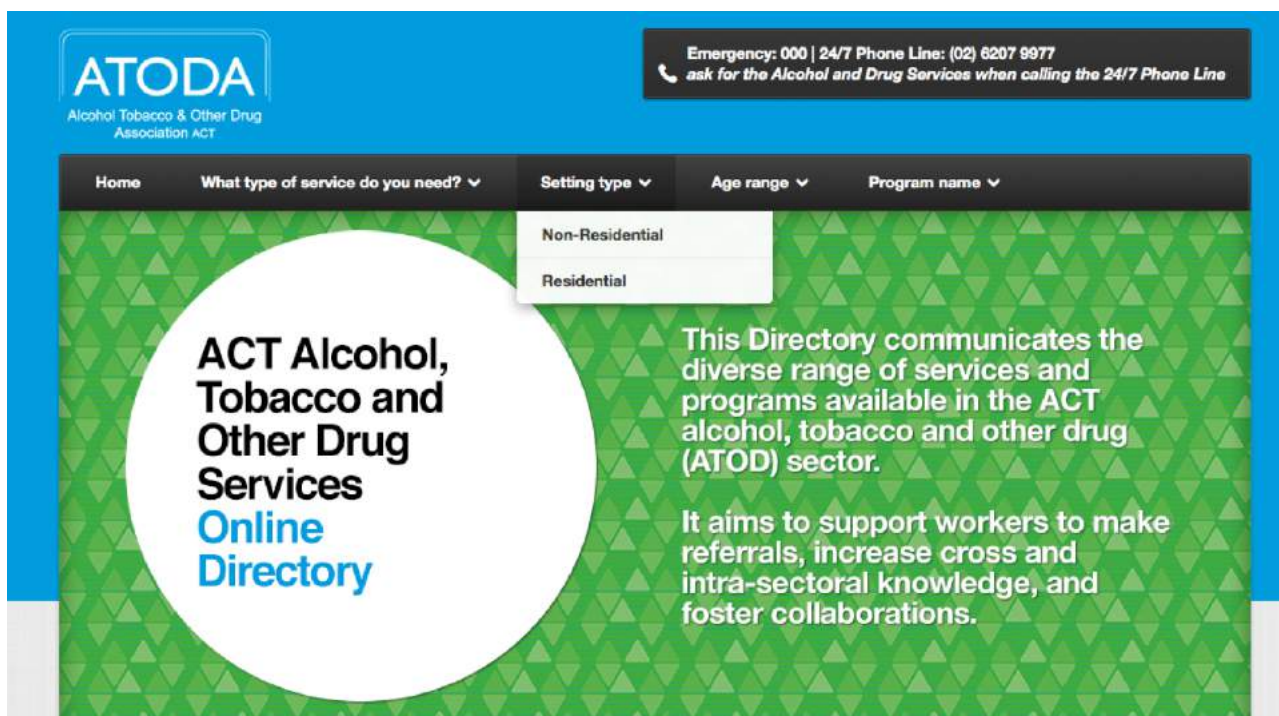
Pre and post testing of participants showed their confidence and skills increased in relation to: identification and understanding of methamphetamine related issues; providing support and treatment strategies; and conducting education and assessment.

**This activity progresses ATODA's Strategic Plan's:**

- **outcomes** of high quality services and evidence-informed practice
- **priorities** of developing the workforce and services and positive deployment of specialist ATOD expertise



# By improving communication & awareness of, and referral to, specialist ATOD services in the ACT



## Services Directory [www.directory.atoda.org.au](http://www.directory.atoda.org.au)

The ACT Alcohol, Tobacco and Other Drug Services Directory communicates the diverse range of services and programs available in the sector. It aims to support workers to make referrals, increase cross and intra-sectoral knowledge, and foster collaborations.

The Directory was developed in response to the identified need of the ATOD sector, and has been produced as a partnership between ATODA and all ACT Health funded and delivered specialist ATOD services, and implemented through the Workers Group.

Version 14 was launched in October 2016 and it included:

- 34 detailed program profiles
- A full Directory and quick reference guides by service name and service types
- An interactive map of service locations
- Additional program profiles from the allied sectors

The website is an effective mechanism for the sector to access information and for ATODA to communicate about ATOD services and programs available in the ACT. In the last year, the online Directory had over 8,235 visitors with 16,681 pages viewed.

**This activity progresses our *strategic outcomes* of high quality services and a cohesive specialist sector from the ATODA Strategic Plan.**



# By promoting cross-sectoral training and professional development opportunities

**Training and Professional Development Calendar**  
**October – November 2016**  
 Produced by the Youth Coalition of the ACT  
 In partnership with the Alcohol Tobacco and Other Drug Association ACT and the Mental Health Community Coalition ACT

**OCTOBER**

- 5 Law for Non-Lawyers - 'Discrimination' 9.30 - 11.30am  
 Contact: Carol Benda 02 6243 3463 or carol.benda@legalaidact.org.au  
 Cost: Free
- 11- National Youth Settlement Framework Training  
 12 Contact: Rebecca Cuzzillo 02 6247 3540 or rebecca@youthcoalition.net  
 Cost: \$110
- 19 Law for Non-Lawyers - 'Housing' 9.30 - 11.30am  
 Contact: Carol Benda 02 6243 3463 or carol.benda@legalaidact.org.au  
 Cost: Free
- 19 Introduction to Developing a Social Enterprise  
 Contact: 02 6202 7200 or email actcooss@actcooss.org.au  
 Cost: Free
- 16- Accidental Counsellor Training  
 20 Contact: Susana Silva 02 6171 6307 or Alisha Tarrant 02 6171 6306 or training@act.lifeline.org.au  
 Cost: NFPs \$450 / \$500
- 20 Emerging Leaders Program: Productivity, Planning and Time Management  
 Contact: 02 6202 7200 or email actcooss@actcooss.org.au  
 Cost: ACTCOSS Members \$90 / Non-members \$125 / Government/Corporate \$150
- 20 Youth Worker Practice Network 9.30 - 11.30am  
 Reflections from our youth work practice  
 Contact: Hannah Watts 02 6247 3540 or hannah@youthcoalition.net  
 Cost: Free (all frontline youth workers welcome)
- 21 Looking after the helper: Preventing vicarious traumatisation and burnout

**NOVEMBER**

- 31 Working with Men's Responses to Conflict and Domestic Violence Workshop  
 Contact: Andrew King 0437 546 560 or info@groupworksolutions.com.au  
 Cost: Early Bird \$242 / \$297
- 1 Youth Housing & Homelessness Forum 9.30 - 10.30am  
 Contact: Rebecca Cuzzillo 02 6247 3540 or rebecca@youthcoalition.net
- 1 Core Value Therapy Workshop  
 Contact: Andrew King 0437 546 560 or info@groupworksolutions.com.au  
 Cost: Early Bird \$242 Early Bird / \$267
- 1 Teaching Respectful Ed  
 2 Contact: 02 6175 9900 or respect@ywc-canberra.org.au  
 Cost: \$900 for two people
- 2- Applied Suicide Intervention Skills Training  
 3 Contact: Susana Silva 02 6171 6307 or Alisha Tarrant 02 6171 6306 or training@act.lifeline.org.au  
 Cost: Concession/NFPs \$350 / \$400
- 7 Dealing with People in Difficult Situations  
 Contact: Susana Silva 02 6171 6307 or Alisha Tarrant 02 6171 6306 or training@act.lifeline.org.au  
 Cost: NFP \$120 / \$150
- 7- Non-Violent Resistance: Foundation Level  
 10 Contact: cyfsp.training@act.gov.au  
 Cost: Free for CYFSP Staff / \$900  
 Additional 6 days Advanced Level also available.
- 8 Emerging Leaders Program: Facilitation Skills  
 Contact: 02 6202 7200 or email actcooss@actcooss.org.au
- 10-DIY Ethical Compliance Framework Workshop  
 11 Contact: Andrew King 0437 546 560 or info@groupworksolutions.com.au  
 Cost: Early Bird \$242 / \$297 Standard
- 11 Aboriginal Cultural Awareness Training  
 Contact: 02 6202 7200 or email actcooss@actcooss.org.au  
 Cost: ACTCOSS Members \$270 / Non-members \$300 / Government/Corporate \$330
- 14 Change Management Fundamentals Workshop  
 Contact: Paola Cerreto 6126 4755 or Paola.Cerreto@communityservices1.org  
 Cost: \$250
- 14-Accidental Counsellor Training  
 Contact: Susana Silva 02 6171 6307 or Alisha Tarrant 02 6171 6306 or training@act.lifeline.org.au  
 Cost: \$500 or \$450 for non-profits
- 16 Responding to Disclosure of Sexual Assault 10am - noon  
 Contact: Canberra Rape Crisis Centre  
 education@crcc.org.au  
 Cost: \$45 per person, \$120 for group of 3 or more.
- 17 Great Debate 'The Future of Youth Work in the ACT' 9.30am - 11.00am  
 Contact: Hannah Watts 02 6247 3540 or hannah@youthcoalition.net
- 17- Tuning in to Teens Workshop  
 18 Contact: 02 6298 0300 or info@naadpaquewanbeyan.org.au  
 Cost: \$745
- 23 Building Better Boards: The ACTCOSS Governance Workshop Program  
 Contact: 02 6202 7200 or email actcooss@actcooss.org.au  
 Cost: ACTCOSS Members \$165 / Non-members \$235

**About the Training & Professional Development Calendar**  
 This Training and Professional Development Calendar is produced bi-monthly by the Youth Coalition of the ACT in partnership with the Alcohol Tobacco and Other Drug Association ACT (ATODA) and the Mental Health Community Coalition ACT (MHCC ACT). The purpose of the calendar is to raise awareness of training and professional development opportunities available to workers from the youth, alcohol, tobacco and other drug, mental health, family support, housing and homelessness and community sectors in the ACT and surrounding regions. For more information, to receive hard copies of the calendar, or to include your training in the next calendar (October - November) contact the Youth Coalition of the ACT on 02 6247 3540 or taylor@youthcoalition.net

**Alcohol Tobacco and Other Drug Association ACT**  
 The Alcohol Tobacco and Other Drug Association ACT (ATODA) is the peak body representing the alcohol, tobacco and other drug sector in the ACT. ATODA provides leadership, representation, information, policy, research, and development activities to prevent and reduce the harms associated with alcohol, tobacco and other drugs. For more information visit [www.atoda.org.au](http://www.atoda.org.au) or contact ATODA on 02 6255 4070 or info@atoda.org.au

**Mental Health Community Coalition ACT**  
 The Mental Health Community Coalition ACT (MHCC ACT) is the peak body representing the not for profit Community Mental Health sector in the ACT. Founded in 2004 the organisation promotes a diverse range of community agencies and local consumer and carer groups that support people recovering from a mental illness in the community. MHCC ACT works inclusively with all stakeholders to support the development of new community based services and promotes the interests of consumers, carers and not for profit community organisations.

## Training and Professional Development Calendar

The Training and Professional Development Calendar is produced bi-monthly as a partnership between three peak bodies - ATODA, the Youth Coalition of the ACT, and the Mental Health Community Coalition ACT.

The Calendar promotes training and professional development opportunities available to ATOD, youth, mental health, family support, community and government sectors.

The calendar is a resource to support ATOD workers, managers and Executive Directors to plan professional development opportunities in their service. It also provides a resource to advertise relevant training and professional development opportunities to the ATOD and allied sectors, with an average distribution of over 400 in the ACT and surrounding region.

In the last year, the calendar partners have produced five bi-monthly calendars that were distributed to agencies both in hard and electronic copies and promoted through each ATODA monthly eBulletins and available online at <http://www.atoda.org.au/activities/tpdc>

This activity progresses our *strategic priority* of developing the workforce and services.

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# By increasing the capacity of frontline workers to support people experiencing co-occurring ATOD & mental health problems

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## Comorbidity Bus Tours

The Comorbidity Bus Tours are a cross-sectoral development activity that aims to increase the capacity of frontline workers to support people experiencing co-occurring ATOD and mental health issues (comorbidity).

The Comorbidity Bus Tour visits a variety of services in the ACT from the ATOD, mental health and youth sectors on three separate tours that operate on

a rotating basis fortnightly or once a month. 28 programs collaborate to provide service visits on the tours.

The Comorbidity Bus Tours are a partnership between ATODA, the Youth Coalition of the ACT (youth sector peak body) and the Mental Health Community Coalition ACT (mental health sector peak body). Feedback is collated from the participants and remains positive year after year.

**This activity progresses ATODA's Strategic Plan's:**

- **outcome** of high quality services
- **priorities** of developing the workforce and services



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# Supporting the availability & sharing of information about & for the ACT ATOD sector



by providing a central point for information

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

The ATODA website provides current and detailed information on the organisation, activities, projects, policy, publications about, and for, the ACT ATOD sector and allied stakeholders. The website is regularly updated and thus presents the latest news and events happening in the sector.

The website remains an essential communication mechanism for ATODA and the sector more broadly and is a key tool by which stakeholders can engage with ATODA's work. The value of the website is demonstrated through its constant popularity with over an average of almost 1,000 monthly visits and nearly 2,000 pages viewed every month.

**This activity progresses our *strategic outcomes* of high quality services and a cohesive specialist sector from the ATODA Strategic Plan.**

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# By informing & educating members & stakeholders

## eBulletins and eList

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### ACT ATOD Sector eBulletin

The regular ACT ATOD Sector eBulletin is a concise summary of information, important developments, events, report on ATODA's projects, resources, conferences, funding opportunities and other information relevant to ATOD and allied workers in the ACT. The ACT ATOD Sector eBulletin has over 650 subscribers reaching a diverse range of people involved in the sector from workers, to researchers and policy makers.

The eBulletin is a valuable source of information for anyone who wants to know about everything happening in the ACT ATOD sector.

### Research eBulletin

The monthly Research eBulletin features newly published research findings and other research activities of particular relevance to ATOD and allied workers in the ACT. It aims to highlight research developments specific to the ACT ATOD sector.

The Research eBulletin's evidence summaries are compiled by Mr David McDonald — National Alcohol and Drug Awards Honor Roll Inductee, Outstanding Contributions Award Recipient; Director of Social Research and Evaluation; Visiting Fellow at The Australian National University; and consultant to ATODA.

Each Research eBulletin includes an ACT Research Spotlight to highlight research undertaken locally or information that has a particular local relevance. Those that were promoted in the last 12 months include:

- National Wastewater Drug Monitoring Program and analyses in the ACT and elsewhere
- Updated and expanded statistical data from ACT Health and ACT Policing
- Overview of available data on smoking in pregnancy in the ACT
- Participation of ACT-based researchers and workers at the 2016 APSAD Conference
- Report from a Deakin University-led study calling for a minimum unit price per standard alcohol drink
- Release of the 2014-15 Illicit Drug Data Report and increase in drug consumer arrests in the ACT
- ACT Sentencing Patterns for Drug Possession
- Driving risk behaviour trends associated with alcohol and illicit drug use among the ACT's 2015 IDRS & EDRS participants

*ATODA gratefully acknowledges David McDonald, consultant to ATODA, for his contributions to the Research eBulletin.*

### Alert eBulletin

In addition to the monthly ebulletin, special alert ebulletins were also disseminated, these included:

- Employment opportunities with Directions Health Services, CatholicCare, Karralika
- Qualification Strategy Training opportunities & Policy Review and Consultation
- Keeping Young Canberrans Safe: Minimising the risk of ACT drug-related deaths and illness through information dissemination about drug toxicity and availability

- Australian Government announcement: NGOTGP and SMSDGF
- Vale Major Scott Warrington
- Submission to the ACT Budget 2017 - 2018 Consultation
- Service Users' Satisfaction and Outcomes Survey Report
- Call for contributions to ATODA's submission to the 2017-2018 ACT Budget
- Career Opportunities with ATODA
- 2016 ACT Election Priorities Statement

The Lists help subscribers stay informed of what is happening in the alcohol and other drugs sector, including keeping up to date with current events, research, news, job vacancies, publications and announcements. The Lists also facilitate contact between those working in the sector and provide a forum in which people can seek information from a wide range of knowledge and expertise.

With over 790 subscribers the Lists represent an essential communication mechanism of the Australian ATOD sector.

## ***Update and Drug Talk*** **Mailing Lists**

Since the defunding of the national peak, the Australian Drug Council of Australia (ADCA), ATODA has been in-kind monitoring and managing the *Update* and *Drugtalk* mailing lists. Over 790 people are subscribed to the lists.

### **This activity progresses ATODA's Strategic Plan's:**

- ***outcome*** of evidence-informed practice and a cohesive specialist sector
- ***priority*** of of improving policy, practice, participation and research collaborations



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# Supporting workers involvement in sector governance, capacity building activities & policy development

Coordination and collaboration across the ACT's ATOD services

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## Workers Group

The Workers Group is involved in the development, implementation, coordination, evaluation and promotion of key sector support activities for the alcohol, tobacco and other drug sector in the ACT. The group identifies and seeks to respond to a range of issues relevant to frontline workers. The group continues to function as an essential component of the sector's governance and acts as a key advisory structure to ATODA.

The group implemented a workplan of diverse activities over the last 12 months with secretariat support provided by ATODA. Some priorities included:

- Informing ATODA's capacity building and policy activities
- Coordinating the implementation of the ACT ATOD Workforce Profile
- Undertaking an update of the ACT ATOD Services Directory
- Appointing and supporting a group member to participate on the ATODA Board.

Workers Group members are:

- Alcohol and Drug Services, ACT Health
- Alcohol Tobacco and Other Drug Association ACT
- AOD Policy Unit, ACT Health
- AOD Program, Gugan Gulwan Youth Aboriginal Corporation
- AOD Program, Toora Women Inc.
- AOD Program, Winnunga Nimmitjiah Aboriginal Health Service
- Canberra Alliance for Harm Minimisation and Advocacy
- Canberra Recovery Services, The Salvation Army
- Directions Health Services
- Hepatitis ACT
- Karralika Programs Inc.
- Sobering Up Shelter, CatholicCare Canberra and Goulburn
- Solaris Program, ACT Corrective Services
- Ted Noffs Foundation

### This activity progresses ATODA's Strategic Plan's:

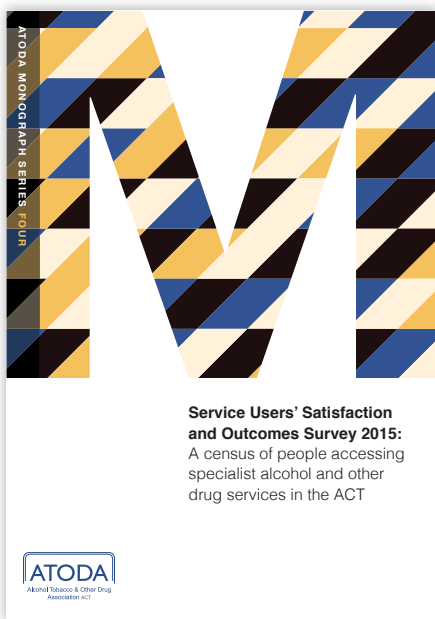
- **outcome** of high quality services and a cohesive specialist sector
- **priorities** of developing the workforce and services

*ATODA gratefully acknowledges the input and support of members of the Workers Group, including Rebecca Wood and Mellissa Doran who were the Workers Group nominees to the ATODA Board.*

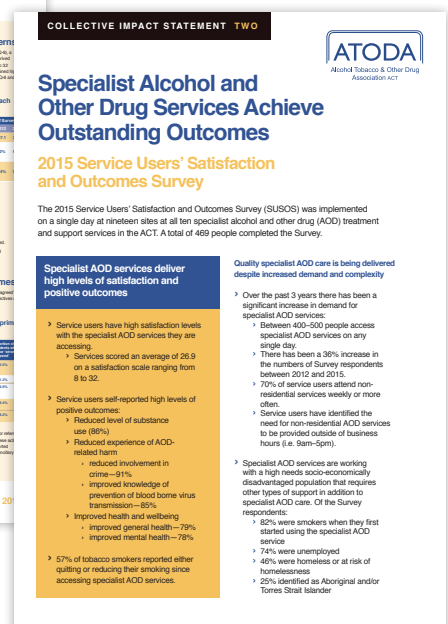


# Contributing to the evidence base & collective impact

by working collaboratively across ACT ATOD services to enhance outcomes and satisfaction for AOD services users



**Service Users' Satisfaction and Outcomes Survey 2015:**  
A census of people accessing specialist alcohol and other drug services in the ACT



## Service Users' Satisfaction and Outcomes Survey – 2015

The report of the 2015 Service Users' Satisfaction and Outcomes Survey (SUSOS) was completed in the second half of 2016, and launched on 9 December 2016 by ACT Minister for Health Meegan Fitzharris. A Collective Impact Statement that summarised the results of the survey and the high satisfaction and positive outcomes achieved was also launched.



The 2015 SUSOS was conducted on a single day in December 2015 at nineteen sites at all ten specialist AOD treatment and support services in the ACT. A total of 469 people completed the Survey.

Survey results show that specialist AOD services are currently maintaining high levels of service user satisfaction and positive outcomes despite higher demand, longer waiting times, increased complexity, and poly drug use. More specifically, the SUSOS found that:

- There has been a 36% increase in demand for specialist AOD services over the past 3 years, with between 400 – 500 people accessing specialist AOD services on any single day
- Specialist AOD services are working with a high needs socio-economically disadvantaged population that requires other types of support in addition to specialist AOD care (e.g. 74% were unemployed and 46% were homeless or at risk of homelessness)
- Service users have high satisfaction levels with the specialist AOD services they are accessing— services scored an average of 26.9 on a satisfaction scale ranging from 8 to 32
- Service users self-reported high levels of positive outcomes, including:
  - o reduced level of substance use (86%)
  - o reduced experiences of AOD-related harm (e.g. reduced involvement in crime—91%)
  - o improved general health (79%) and improved mental health (78%)

- 82% of service users indicated that they were smokers when they first started using the specialist AOD service, and 57% of these reported either quitting or reducing their smoking since accessing specialist AOD services.

Results from the SUSOS were reported back to ATOD services through a poster that was also presented at the 2016 Australasian Professional Society on Alcohol and other Drugs (APSAD) Conference.

The SUSOS report (#4 in the ATODA Monograph Series), collective impact statement and poster are available at:

<http://www.atoda.org.au/projects/susos-2/>

**This activity progresses ATODA's Strategic Plan's:**

- **outcome** of evidence-informed practice
- **priorities** of improving the quality of service consumer participation and positive deployment of specialist ATOD expertise

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# Ngunnawal Bush Healing Farm Establishment Project



## Summary

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In 2016, ACT Health undertook a procurement process to appoint the Alcohol Tobacco and Other Drug Association ACT (ATODA) to undertake three separate pieces of work relating to the establishment of the Ngunnawal Bush Healing Farm (NBHF) Aboriginal and Torres Strait Islander Alcohol and Other Drug (AOD) Residential Rehabilitation Service (the Establishment Project). The following pieces of work were implemented by ATODA, in consultation and collaboration with relevant stakeholders:

### **Activity 1:**

*Phase 1* - exploring the possibility of a principle partnership for service delivery, comprising an identified ACT-based Aboriginal Community Controlled Health Organisation lead agency and an ACT-based adult specialist residential AOD rehabilitation service, for the NBHF Aboriginal and Torres Strait Islander AOD Residential Rehabilitation Service.

*Phase 2* - supporting the development of a response from the lead and primary partner organisations to a formal ACT Government Request for Quotation for service provision of the NBHF, including developing the final Model of Care for service provision.

**Activity 2:** developing the NBHF evaluation and monitoring framework with independent

researchers/evaluators and the above-mentioned stakeholders.

**Activity 3:** supporting the implementation of a 'review and re-design of drug and alcohol withdrawal management services in the ACT', including specific consideration of treatment pathways for those seeking to access the NBHF.

### **Activity 1: outcomes**

In April 2016 the lead agency, Winnunga Nimmityjah Aboriginal Health Service (Winnunga), identified Karralika Programs Inc. (Karralika) as its preferred possible partner organisation for service delivery at the NBHF.

The NBHF Working Committee (comprising Winnunga, Karralika and ATODA) went on to develop the response to the Request for Quotation, including the final Model of Care, ultimately reflecting the shared position that the NBHF AOD Residential Rehabilitation Service should be a Winnunga led and delivered program, with all staff under the one clinical governance framework and one employer.

The response to the Request for Quotation was submitted to ACT Health on 28 October 2016 in accordance with contractual requirements.

### **Activity 2: outcomes**

The NBHF will have a Monitoring, Evaluation and Research Framework (the Framework) which will be implemented as part of its operating procedures. ATODA was engaged to provide advice to support

the implementation of an initial process by ACT Health, which would inform next steps – including:

- parameters for a Monitoring and Evaluation tender for the NBHF; and
- advice on who in Australia has the required skills to develop and deliver the Framework for the NBHF.

The advice provided by ATODA to ACT Health will facilitate discussions between the operator of the facility (Winnunga) and its funding body (ACT Health), about the nature of the final Framework to be developed and implemented.

The Monitoring, Evaluation and Research Framework was also submitted on 28 October 2016 in accordance with contractual requirements.

### **Activity 3: outcomes**

ATODA supported the implementation of an independent review and re-design of drug and alcohol withdrawal management services in the ACT. The final report included specific

consideration of treatment pathways for those seeking to access the NBHF.

The final report was submitted to ACT Health in December 2016 in accordance with contractual requirements.

#### **This activity progresses ATODA's Strategic Plan's:**

- **outcome** of evidence-informed practice and cohesive specialist sector
- **priority** of development of the workforce and services, positive deployment of specialist ATOD expertise



# Improving national advocacy, collaboration & coordination

by working collaboratively with the Australian AOD Peaks

## Australian Network of AOD State and Territory Peaks

ATODA continued to work closely with our sister peaks across Australia. The Network of peaks represent:

- 435 organisations (primarily non-government), which includes 80% of organisations funded to provide AOD services by the Commonwealth;
- All specialist treatment types (counselling, withdrawal, residential and non-residential rehabilitation, opiate replacement therapy) and harm reduction services;
- \$377,905,578 of State, Territory and Commonwealth AOD services funding investment; and
- 80,000 Australians who receive an episode of care annually.

In addition to the rotating co-chairing of networks and working groups (on a fortnightly and monthly basis) with a focus on capacity building, policy and strategic planning, the Network maintained a focus on positively influencing national policy.

## Peaks Capacity Building Network

In addition to the policy activities highlighted above, the State and Territory AOD peaks continue to participate in monthly network meetings with a specific focus on capacity building. This has included:

- Participating in a joint planning activity to provide advice on the scope and priorities for the peaks roles in capacity building of the AOD sector from July 2017 onwards (and documenting this for submission to the Department of Health). This included defining the program theory for national AOD capacity building.
- Progressing a repository of capacity building resources developed by the peaks and undertaking a gap analysis.

### This activity progresses ATODA's Strategic Plan's:

- **outcome** of evidence-informed practice and cohesive specialist sector
- **priority** of development of the workforce and services





**ATODA**  
Alcohol Tobacco & Other Drug  
Association ACT

**Phone:** (02) 6249 6358

**Fax:** (02) 6230 0919

**Web:** [www.atoda.org.au](http://www.atoda.org.au)  
[www.directory.atoda.org.au](http://www.directory.atoda.org.au)  
[www.act-eassist.org.au](http://www.act-eassist.org.au)

**Email:** [info@atoda.org.au](mailto:info@atoda.org.au)

**Location:** 11 Rutherford Crescent, Ainslie ACT 2602

**Mail Address:** PO Box 7187, Watson, ACT 2602