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Submitted by:
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Dear Rebecca,

Re. Submission to the *Healthy Prison Review of Alexander Maconochie Centre 2025*

The Alcohol, Tobacco and Other Drug Association ACT (ATODA) represents the Alcohol Tobacco and Other Drug (ATOD) sector in the ACT. Members include specialist alcohol and other drug treatment organisations, distinguished drug experts with deep knowledge of the legal and custodial systems and population health; and the peer-based organisation for people with lived experience of drug use in the ACT.

ATODA welcomes this third Healthy Prison Review of the Alexander Maconochie Centre (AMC). ATODA also welcomes two of the spotlight focus areas, both the focus on 'rehabilitation and preparation for release', and 'drugs and harm minimisation'. Our submission will focus on these two spotlight areas due to our focus on advocating for health as a human right, particularly for people who use alcohol, tobacco and other drugs. Guaranteeing health as a human right necessarily includes the equitable provision and access to ATOD treatment options and harm reduction measures.

Use of alcohol, tobacco and other drugs can occur over the continuum of a person's journey through the AMC, including prior to, during, and following their time spent in custody. Approximately 45 per cent of people in custody in Australia have reported that their ATOD use contributed to their current detention and notably, close relationships continue to exist between illicit and injecting drug use and imprisonment.[1] ATOD use and its relevance to the AMC therefore cannot be ignored, and a range of measures to support people at each point along this continuum need to be improved and implemented. This submission will make recommendations accordingly.

ATODA appreciates the opportunity to provide a submission into this review and we welcome the opportunity to provide any additional information that may be required.

Yours sincerely,

Anita Mills
Chief Executive Officer
Alcohol Tobacco and Other Drug Association ACT (ATODA)

Initial remarks

ATODA notes the important role that the skilled specialist ATOD sector in the ACT can play in supporting the AMC to meet the Standards. Specialist ATOD services deal directly with ATOD assessment, treatments, prevention, referrals and education. These services meet the required accreditation standards and have the necessary infrastructure and networks within the broader health system to most effectively support their clients. The specialist ATOD workers in these services are highly qualified in their fields of expertise and are committed to positive therapeutic outcomes for service users.

Additionally, ATODA is aware that the health standards within the AMC are guided by the *ACT Detainee Health and Wellbeing Strategy 2023-28*. As stated in the strategy, the AMC operates under the 'Nelson Mandela Rules' that guide prison management to ensure safe and humane treatment.[2] In particular, the strategy notes the importance of the rule that ensures people in custody "enjoy the same standards of health care that are available in the community".[2] This submission will be upholding this standard as a barometer for which the AMC should be aspiring to achieve for ATOD-related healthcare.

The ACT Standards for Adult Correctional services are thorough and comprehensive, and therefore a significant proportion of them impact on issues related to ATOD treatment and harms.[3] In this submission ATODA focuses on the most relevant standards, particularly Standards 62, 63, 65, 78, 81, and 93, as referred to throughout the submission.

1. Admission and Induction to the AMC

> "STANDARD 62: *Conditions in detention promote the health and wellbeing of detainees. The health care service evaluates, promotes, protects, and improves the physical and mental health of detainees, paying particular attention to detainees with special health care needs or with health issues that hamper their rehabilitation. The standard of health care is equivalent to that available to other people in the ACT in the public health system"*
>
> *"*STANDARD 63: *Individual health care plans are prepared, implemented, monitored and reviewed for each detainee requiring physical or mental health care of a significant or on-going nature as soon as practicable after their initial health care assessment is performed."*

The admission and induction processes for people entering the AMC should ensure that a person-centred and health-based approach is taken towards the welfare of people who use ATOD or have utilised ATOD services. It is important that people entering the AMC who use ATOD are addressed appropriately and responsively such that their health and human rights are not compromised for the efficiency of admission processes.

For instance, the 2022 Review Report found that people entering the AMC may be going through ATOD withdrawal and are highly stressed, and consequently have trouble accessing and retaining information. However, no recommendation was made to amend this issue in 2022. It is recommended that people that are highly stressed and coping with ATOD withdrawal at admission are given follow-up care to ensure that introductory accessibility information is made clear. In particular, if people experiencing ATOD withdrawal are placed in solitary confinement upon admission, then best-practice and responsive care by healthcare professionals trained in ATOD management is necessary to their wellbeing. People entering AMC who are coping with ATOD withdrawals deserve to have access to appropriate medical and psychosocial supports when being admitted and inducted, and deserve to have any relevant information repeated to them where necessary.

ATODA is additionally aware of a human rights and health-related issue concerning opioid maintenance therapy (OMT) upon admission and induction. There have been reports of people receiving OMT as daily sublingual buprenorphine not receiving their treatment for up to four days after admission and consequently being given the long-acting injectable buprenorphine (LAIB), which can make them considerably unwell if they are unfamiliar with it. People requiring OMT who enter the AMC must have their appropriate medication given to them from their first day in custody. ATODA recommends that to maintain the standards outlined in the *ACT Detainee Health and Wellbeing Strategy* and to uphold Standard 62, that the required medication for each individual is administered.

Where rehabilitation and preparation for release are the goals for the AMC and for this Review, appropriate rehabilitative care should begin at admission for people who use ATOD, to follow Standards 62 and 63.

2. Life at the AMC

It has been demonstrated that punishment alone is not an effective tool in reducing recidivism.[4] The ATOD sector has provided many examples of the effectiveness of treatment and its correlations with reductions in reoffending.[5]

ATODA notes that opportunities for reform were identified in the 2022 Review and commends ACT Corrective Services for the actions taken to date.[6] Outstanding issues of particular concern for ATODA and the broader ATOD sector are detailed below, noting that this is not an exhaustive list.

Comprehensive drug strategy

> "STANDARD 81: *Correctional centre systems have a comprehensive and integrated drug strategy that seeks to prevent the supply of drugs into the correctional centre, reduce the demand for drugs and minimise the harm arising from drug use in correctional centres through education, treatment and enforcement."*

A significant overarching concern is the lack of a publicly available "comprehensive and integrated drug strategy" as detailed in Standard 81, since the expiry of the last relevant strategy in 2017. The 2019 Review Report noted the lack of this Strategy and the 2022 Review Report did not specifically address the lack of this Strategy despite the acknowledgement of Standard 81. It was disappointing that there was again no specific recommendation to develop such a strategy to address the issues noted in the 2022 Report.[6] Particularly as the 2022 Review Report covered the many ways in which AOD use is a part of life in AMC, where increased drug use is referenced as a direct consequence of unstructured days and a lack of purposeful activity, for instance,[6] it is pertinent to address ATOD use with a comprehensive drug strategy in the AMC. Although the AMC is guided by the *ACT Detainee Health and Wellbeing Strategy 2023-28*, ATODA recommends that a specific drug strategy is still developed, particularly due to this strategy's lack of specific detail around ATOD use and harm reduction measures available in ACT custodial settings.[2] There is an urgent need for a comprehensive strategy aligning with the harm minimisation approach, that clearly articulates AMC's goals regarding reducing the supply of drugs, reducing the demand and reducing harms, in *equal* measure.

ATODA would welcome the opportunity to be consulted or involved with the AMC in the development and publication of this strategy, in particular the balance between treatment and harm reduction measures. Both the

development of a strategy and ATODA's involvement in this process would help to increase the transparency of the harm reduction measures delivered and the access to ATOD treatment in the AMC.

Equitable access to treatment services

> "STANDARD 65: *Where detainees require urgent, emergency or specialised health services they can access the required services in a timely way."*
>
> "STANDARD 78: *As far as practicable, the correctional centre provides and promotes a smoke-free environment on public health grounds, with appropriate intervention and support provided to detainees to assist with abstinence and withdrawal."*
>
> "STANDARD 93: *Based on an individual risk and needs assessment, detainees are provided access to a range of evidence-based programs (for sentenced detainees) and transitional/pre-release programs that match detainee needs"*

Both alcohol and other drugs are identified in the AMC frequently, with the rates of finds for alcoholic brews and other drug/suspected drugs increasing in 2021 from 2018.[6] As the use of ATOD is frequently identified in the AMC, equitable access to responsive treatment and harm reduction services, as appropriate, need to be available to all detainees, as per Standard 93, and in a timely manner, as per Standard 65. Detainees seeking treatment should have access to the same treatment options that are available in the broader community and freedom of choice over what treatment options best meet their needs.

ATODA is aware of ATOD treatment currently being delivered at the AMC through a range of providers, including Canberra Health Services, Winnunga Nimmityjah Aboriginal Health and Community Services, and limited number of non-government organisations' programs. While ATODA notes there are some programs that exist, it is of significant concern that the 2022 AMC Detainee Survey reported over 62 percent disagree or strongly disagree that they are aware of programs available to them at the AMC, and similarly over 83 percent report that they do not have access to programs that meet individual needs.[6] There is clearly a need for better promoted treatment programs that meet individual needs. ATODA proposes that individuals in custody at the AMC should have adequate access to all treatment options, on an equal basis to the available of treatment options in the broader community, in line with Standard 62. There should also be a review into whether the existing suite of ATOD programs available meets the needs of the current detainee cohort.

Standard 62 is not being met for particular populations in the AMC. For instance, ATODA is aware that for people who are not sentenced or on remand in the AMC, there is a lack of access to ATOD programs as a whole, noting that remand can go on for years for some detainees. This is inappropriate and is not consistent with the availability of ATOD treatment options in the community. Furthermore, there is inequitable access to ATOD programs to men and women in the AMC. Male detainees at the AMC with an ATOD dependency have access to well-regarded Solaris Therapeutic Community Program.[7] ATODA notes the need for an appropriately designed program for women, such as the Solaris program, at the AMC with an ATOD dependency that meets their specific needs. The previous 2022 Review Report even acknowledged the necessity of a program for women,[6] but ATODA is aware that this has not been made available. As the focus of this review has a focus on drugs and harm minimisation as well as rehabilitation and preparation for release, it is essential to address the inequitable access to ATOD programs for women in the AMC, even if there is believed to be minimal interest. This is a pertinent issue as the 2022 Review identified that

higher rates of women than men in custody reported using illicit drugs in the 12 months prior to custody and emphasises that women in particular need robust and evidence-based programs in custody.[6] It is paramount that both women and men have equitable access to ATOD programs throughout their time at AMC, particularly as it contributes to improving the prospects of people leaving the AMC and for reducing rates of recidivism overall.[5]

The provision of opioid maintenance therapy (OMT) is another example where people do not have access to the same treatment in the AMC as they do in the community. ATODA is aware of concerns regarding the availability of daily sublingual versus LAIB for the treatment of opioid use disorder. Detainees should have access to the same availability of OMT as they do in community to best meet individual needs, as should be the case with all medication. The availability of treatment options should be reviewed to ensure equitable access, in line with Standard 62 in particular. Given this, ATODA recommends that to ensure Standard 62 is met, and that the AMC reviews existing ATOD treatment availability and access, in consultation with specialist ATOD services.

The provision of nicotine replacement therapy is an important aspect of the ATOD treatment landscape within the community, as should be the case in the AMC. People who enter custodial settings smoke at a higher rate than the general population, where almost 2 in 3 people entering custodial settings reported daily tobacco smoking.[8] Following the announcement that the AMC was going smoke-free, ATODA understands that nicotine replacement therapy patches and lozenges are made available at no charge, as well as access to diversionary activities.[9] It is important to implement equitable access to NRT due to the 2022 Detainee Survey reporting that 59 percent of respondents identified themselves as current smokers, and to align with Standard 78, that requires appropriate supports to be provided in a smoke-free environment. Even though the AMC is now a smoke-free environment, ATODA understands that there are a portion detainees that still smoke. ATODA would like to re-emphasise and recommend the 2022 Review's findings that detainee knowledge of NRT needs to be improved and adequately supported, and that there needs to be a greater variety of NRT options due to the potential side effects of some types of NRT such as patches. These measures are particularly pertinent given that the 2022 Detainee Survey identified a large proportion of detainees who smoked and would consider giving up smoking with free and appropriate support.[6]

ATODA recommends that the AMC engage with specialist ATOD services and other stakeholders through an inclusive process to design a comprehensive suite of ATOD and related programs to meet specific needs.

Equitable access to harm reduction measures

The use of alcohol, tobacco and other drugs (ATOD) still occurs in the AMC despite its status as contraband, and as such, harm reduction measures to reduce the harms of ATOD use need to better implemented. Harm reduction is a key aspect of the harm minimisation approach to ATOD use, and there is a currently an over-emphasis on the supply reduction and demand reduction pillars of the approach. ATODA highly recommends a greater focus on harm reduction measures should this review seek to improve the safety, respect, and rehabilitation for people who use ATOD in the AMC.

ATODA is aware that the AMC is starting to engage more actively, for example, through educating Corrective Services staff about Naloxone overdose treatment and provide Naloxone in First Aid kits,[6] and commends these activities. However, a comprehensive harm reduction strategy would provide the AMC an opportunity to extend its efforts to bring its current measures into line with the ACT Government's commitments regarding harm reduction within the broader community.

For example, needle and syringe programs (NSPs) are available in the community but currently not at the AMC, as noted in both of ATODA's previous submissions to this Review. While the provision of clean needles and syringes at the AMC could be complex, they are a beneficial opportunity to remove many of the harms associated with injecting drug use,[5] which already occur at the AMC. Harms from a lack of clean needles and syringes include increased risk of blood-borne viral transmission, increased risk and rates of Hepatitis C transmission, and increased risk of bacterial infection and sepsis.[10] NSPs reduce the rate of BBV transmission among detainees who inject drugs and improve referral to appropriate ATOD treatment. NSPs in custodial settings have not resulted in serious, unintended consequences, despite concerns.[5] Access to harm reduction supports, such as peer-led services and ATOD education, would benefit the AMC detainees' ATOD-related health issues as well.

In 2023, the ACT saw the *Drugs of Dependence (Personal Use) Amendment Act* 2022 implemented, which ensured that the ACT police force was trained in the appropriate health-based and person-centred approaches to people who use ATOD. Therefore, across the ACT, the police now take a harm reduction approach to ATOD use. Although this legislation is not applicable to people staying in the AMC, they still deserve the right to this health-based approach to their ATOD use and to have Corrective Officers trained in an appropriate response, as police officers are in the community. A punitive response to ATOD use has proven to be ineffective. Even where ATOD-related security incidents occur, people responsible for these incidents should be offered appropriate health-related supports in all cases, such that they can reduce any possible harms from their ATOD use.

Harm reduction programs and activities could go a long way to preventing future harm inside and while exiting custodial settings such as the AMC. Ensuring the equity and adequacy of access to harm reduction measures in custodial settings is an important and necessary step for ATOD harm minimisation. ATODA welcomes any opportunity to work with the AMC and other ATOD service organisations in the ACT for implementing the appropriate provision of harm reduction measures to people in the AMC.

<u>Conditions for successful health outcomes</u>

Appropriately trained staff

> "STANDARD 38: *Staff are appropriately qualified, skilled and experienced for function to be performed effectively, have appropriate management, mentoring and supervision, and behave with integrity"*
>
> "STANDARD 39: *The learning and development needs of staff are regularly assessed and addressed so that all staff are fully equipped to perform their duties."*

The realisation of the standards noted throughout this submission depends upon appropriately trained and supported staff to ensure reduced stigma and successful treatment outcomes for detainees at the AMC experiencing an ATOD issue. Notably, ATOD issues themselves should be treated by a specialist ATOD provider, but all staff should have some knowledge of ATOD-related health concerns. In addition, specific standards (standards 38 and 39) detail the requirements for appropriately qualified and skilled staff.

The 2022 Review found that just 21 percent of staff in 2022 felt adequately trained in the management of 'detainees with drug issues', down from an already low 30 percent of staff in the AMC in 2019. There was also decreased understanding from staff of 'detainee case management' and 'detainees with mental health issues' in 2022 compared to 2019 staff survey results.[6] ATODA recommends that it becomes a high priority to improve staff understanding of drug issues, as well as the inter-related mental health and case management. It is significant that staff in the AMC are

trained in the most appropriate responses to detainees who use ATOD and that each response focuses on the individual and their health, not a punitive response, even if staff are simply refer to a colleague with more ATOD-related expertise. The AMC should investigate how staff at the AMC can be informed of more holistic understandings of health issues such as ATOD use and be trained to some extent in trauma-informed care.

This is particularly necessary for detainees who are placed in the crisis support unit (CSU), due to its isolation from all other people and a deprivation of a person's human rights. It becomes of particular concern where detainees are going through ATOD withdrawal and/or mental and physical health concerns. Staff need to be trained in best-practice responses to people who use ATOD for the detainees placed in this difficult setting.

Overcrowding

> "STANDARD 45: *Every effort is made to ensure that cells, accommodation units and places of detention overall, do not exceed design capacity ("overcrowding"). However, if overcrowding occurs detainees are not disadvantaged in respect of their rights of privileges."*

As stated in standard 45, overcrowding in cells should be avoided where possible, and if capacity is reached, detainees should not be disadvantaged such that they should have adequate access to support, programs, visits, services, activities, time out of cells and any other relevant rights and privileges. ATODA notes that for successful and continued treatment, overcrowding should be kept to a minimum where possible, to ensure detainees have adequate access to ATOD treatment, support, activities, emergency treatment and other services.

Communication from within the AMC

> "STANDARD 97: *Detainees are encouraged, and as far as practicable, adequate opportunities must be provided, for detainees to be able to remain in contact with family members, friends, associates, community leaders and others by telephone calls, mail, email and visits."*

ATODA has been made aware of various communication issues for detainees attempting to get in contact with friends, family, and ATOD service providers outside of the AMC. People in the AMC are entitled to communication and expression, as per Standard 97, but this is not always adequately supported by the systems in place. It is important for the detainees' time in the AMC and for life after the AMC that ATOD services are able to reliably get in contact with detainees. There are quite a few examples of issues with this, and ATODA recommends a few improvements are required. These include but are not limited to: ensuring that ATOD services have access to meetings or communications with people in AMC through audio-visual links (AVLs); ensuring that an AVL can go ahead as scheduled and with minimal technological issues; ensuring case workers can contact people in the AMC through their emailing system; booking a suitable room or area in the AMC that is conducive to ATOD counselling; allowing for communication between AMC and service providers; ATOD counsellors being able to access the AMC; and ensuring that detainees are adequately informed of their counselling sessions. ATODA notes that ATOD services with access to the AMC have identified challenges with detainee motivation and engagement, especially since they cannot ascertain their willingness to participate through frequent communication.

3. Preparation for release and life after the AMC

> "STANDARD 114: F*rom the beginning of a detainee's sentence, consideration is given to their future after release and they are encouraged and assisted with maintaining or establishing relations with persons or agencies outside the correctional centre which promote their reintegration and the best interests of the detainee's family"*

> "STANDARD 115: *Prior to completion of their sentence, necessary steps are taken to ensure the detainee's graduated return to life in society. This may be achieved, depending on the case, by a pre-release regime"*

> *"*STANDARD 116: *Upon release, detainees are provided with all the necessary and appropriate documentation, clothing and other required items."*

ATODA acknowledges the current programs that assist people to return to community following life at the AMC, however noting that there is still significant room for improvement. The 2022 AMC Detainee Survey found that 81 percent of detainees disagreed that programs at the AMC helped to prepare them for their release.[6] As such, people exiting the AMC would significantly benefit from additional through-care and referrals not only into all ATOD treatment services, but also into harm reduction services, peer-led supports, and to other relevant health and social supports following discharge from the AMC. The latter may include referral into to mental health services, primary health services, housing services, legal services, and employment support, on a case-by-case basis. Support for people who smoke or previously smoked should continue to be available upon discharge from the AMC too. Even where custodial settings are smoke-free, 29 percent of people who have been discharged from 'smoke-free' custody reported that they were current smokers.[8] Successful outcomes for life after AMC are highly influenced by access to all of these support services as it assists people leaving AMC to return to community, thus reducing the likelihood of recidivism, including for people who use ATOD.[5]

For people referred from AMC directly into ATOD treatment through the drug and alcohol sentencing list (DASL), service providers note that people discharged need to have relevant documentation on hand, as per Standard 116, and need to be more directly transferred to the care of organisations or services that can help them with health and other wellbeing concerns. ATOD service providers also note that there are no opportunities to prepare people exiting the AMC for the ATOD treatment they may receive upon discharge, including, for instance, prior to their attendance at residential rehabilitation treatment.

Beyond arrangements made as part of the DASL, it is necessary that efforts towards rehabilitation of people who use or have used drugs includes through-care into the appropriate ATOD settings as much as possible, to align with Standards 114 and 115. As such, ATODA recommends that there is a need for greater in-reach and through-care support with people close to release from the AMC. It would be beneficial for a coordinator from an ATOD service to be able to identify and match the appropriate ACT ATOD treatment or harm reduction service to a person exiting the AMC, and operate a care coordinated facility immediately upon exit from AMC for those wishing to engage in ATOD services. Such a coordinator would allow for collaboration with AMC staff to provide assessment, and for preparatory group work with participants who would be accessing community treatment to take place, ensuring they understand the service and expectations. If this were to occur, through-care should also be provided by meeting people exiting the AMC at the gates on release to take them to their designated service and maintain contact for the first two weeks following discharge.

There are harm reduction measures that could be implemented for people exiting in the AMC as well. For instance, peer-led support workers and groups have seen positive and productive outcomes in the ACT community so far.[11] Increased referrals on to peer-led and peer support services would also serve to add value to the rehabilitation and lives of people leaving the AMC, by assisting people who use ATOD to navigate community services such as GP appointments, housing service navigation, and employment opportunities.

ATODA also recognises the stigma faced by people involved with custodial system, and the problem it poses finding employment after time in custody. This stigma and discrimination may be exacerbated for people who experience ATOD issues. Reports from people exiting AMC stated the difficultly of securing a suitable occupation, with the qualifications gained whilst in custody, as they were not high enough qualifications to be meaningful outside of prison.[12] Ensuring that people with ATOD issues are appropriately supported to access employment opportunities pre-release will assist in reducing recidivism. Previously detained people have also noted the impact of ATOD issues on their employment prospects upon exist from prison.[12] People exiting prison should be made aware of the range of ATOD treatments available to support them outside of treatment if their offending was related to an ATOD issue and/or if ATOD issues are likely to impact upon their employment prospects.[5]

It is important that engagement with all people in AMC using ATOD occurs at the earliest possible opportunity to ensure that they are receiving the best care and outcomes. This needs to continue throughout their transition from detention to rejoining in the community, to ensure continuity of care and successful treatment outcomes.

Summary of recommendations

- ATODA recommends that people entering the AMC who use ATOD are addressed appropriately and responsively at admission, according to Standards 62 and 63.
- ATODA recommends that a specific drug strategy is developed, particularly due to the lack of specific detail around ATOD use and harm reduction measures available in ACT custodial settings in existing strategy plans, as per Standard 81.
- ATODA recommends that the AMC reviews and amends any existing inequitable ATOD treatment availability and access, in consultation with specialist ATOD services, to align with treatment availability offered in community and with Standards 62, 65, 78, and 93.
- ATODA recommends a greater focus on the equitable access and provision harm reduction measures to improve the safety, respect, and rehabilitation for people who use ATOD in the AMC to align with harm reduction measures offered in community.
- ATODA recommends that conditions for successful health outcomes are of high priority and improved in the AMC for people who use or have used ATOD, as per Standards 28, 39, 45, and 97.
- ATODA recommends that appropriate referrals into ATOD treatment and harm reduction services are ensured for people discharged from AMC, on a case-by-case basis, as well as to other relevant supports such as mental health, primary health, housing, legal and employment services.

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