
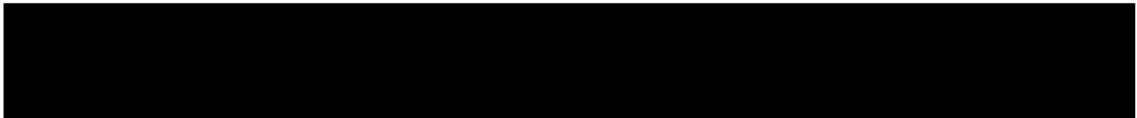


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Confusion concerning intent and purpose

27. Much of the confusion concerning the purposes of the NBHF stem from the failure of RFP process in 2015 to produce responses.
28. The failure of the general tender process enabled direct negotiation with consultants and potential service providers. As this is a service that has not been delivered in the Territory before, and is only delivered in a small number of other sites around the country, ACT Health sought advice on an appropriate model of service to be implemented.
29. In 2016 ACT Health directly negotiated with Winnunga Nimmityjah, Alcohol Tobacco and Other Drug Association ACT (ATODA), and Karralika Programs to carry out work to assist in preparing the service over the six months to December 2016, this included the further development of a MOC.
30. 
31. 
32. The NBHF site is zoned as NUZ2, which is a rural zoning. While this zoning prohibits the use of the site as a "health facility it does allow the use of the site for a *Group or Organised Camp*. This allows the site to be used for the purpose of providing: *short term share accommodation and recreation facilities by a body of persons associated together for the physical, cultural, spiritual or intellectual welfare of the community*. This aligns with the original purposes and intents of the NBHF.
33. ACT Health always understood the characteristics of zoning of the site and the original intent of the NBHF and was discussed at the NBHF Advisory Board many times, including the 22 November 2013 meeting, when the Advisory Board was seeking to provide a submission to the ACAT hearing concerning the Development Application (DA) referenced above.
34. ACT Health, however, did fail to communicate clearly and early enough with contract partners concerning the purpose of the NBHF and the zoning limitations.
35. The Minister for Health and Wellbeing acknowledged this in the Legislative Assembly in June 2017, stating:

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In relation to the confusion over the zoning of the bush healing farm and its consequence, it is important to be clear as to the precise nature of what occurred. The issue at the centre of this matter is not a failure on behalf of ACT Health to understand the zoning, rather, ACT Health did not adequately communicate to the organisations which were contracted in 2016 the precise nature of this zoning.

This unfortunately resulted in Winnunga, ATODA and others developing a model of care that was not compatible with the site and created an inaccurate view as to the purpose of the Ngunnawal Bush Healing Farm. These consequences are not the fault of any external individual or organisation. ACT Health has acknowledged this in forums and in correspondence.

I acknowledged it in the media yesterday and again in my amendments to the motion today.

36. In order to avoid continued confusion in regards to whether or not the NBHF would provide clinical AOD services, the Project Team for the NBHF in 2017 began to limit this use of clinical terminology in document for the NBHF.
37. This included for example referring to service models as opposed to models of care to highlight the clear distinction in approaches.

Staged Approach to opening and first program

38. Given the failures to finalise an agreement with suitable partner organisations and the confusion and concerns regarding purposes and intent, a workshop was convened of key stakeholders on 8 May 2017.
39. This meeting was used to clarify the intent of the NBHF, the zoning, and activities that could be conducted at the NBHF.
40. The forum resulted in agreement to reconvene the NBHF Advisory Board and that ACT Health would directly manage the NBHF until a suitable provider could be found. ACT Health committed to opening the NBHF late in 2018 with a staged approach to the commencement of services.
41. The purpose was to build confidence in the "Healing" philosophy of the NBHF, and to create capacity in the service sector to support the NBHF in its goals.
42. Following this meeting, Policy and Stakeholder Relations Branch (PSR) created a NBHF project team to develop the NBHF first program and engage the necessary services to open the NBHF in the second half of 2017.
43. Following consultation with the NBHF Advisory Board and the finalisation of a service model, the project team identified five key components to be delivered as part of the first NBHF program. These are:

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- A foundational skills program;
 - Reconnection to country and culture;
 - A nutrition program;
 - A relapse prevention program; and
 - Trauma support.
44. Given the short time available to establish the service, ACT Health sought to engage with providers with existing relationships to the ACT Government and with programs and services which have close alignment with the healing and therapeutic community concept of the NBHF.
45. To this end, the project team met with a number of potential providers and others to seek programs and to develop partnership. This included meetings with:
- The Healing Foundation;
 - The Australian Indigenous Leadership Council;
 - The Chief Magistrate of the ACT;
 - Relationships Australia;
 - Oz Harvest;
 - Nutrition Australia;
 - CIT; and
 - Outward Bound
46. In addition, two meetings were convened in May 2018 by the Chief Minister's Treasury and Economic Development Directorate (CMTEDD) to discuss potential programs that existed across directorates which could contribute to the first program.
47. As a result of these meetings, ACT Health began more detailed conversations with the Parks and Conservation Service (PCS) of the Environment, Planning and Sustainable Development Directorate (EPSDD) in relation to the *Health Country Program*.
48. ACT Health also had numerous conversations with Justice and Community Safety (JACS) officers in relation to entry pathways into the NBHF.
49. From these meetings and discussions, ACT Health engaged:
- Nutrition Australia, for a cooking and food skills program
 - CIT for a foundation skills programs
 - Parks and Conversation Services, to deliver the *Healthy Country Program*.
50. ACT Health staff from Mental Health, Justice Health, Alcohol and Drugs Services (MHJHADS) were deployed to provide relapse prevention services.
51. ACT Health also developed a critical friend relationship with the *Healing Foundation*.

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52. Relationships Australia was engaged to provide trauma support services, but withdrew from service delivery prior to the commencement of the program.
53. All service providers presented their proposed program to the NBHF Advisory Board for discussion and endorsement.
54. In keeping with the staged approach, ACT Health continues to develop and expand the program. The program now includes:
- Nutritional and food preparation;
 - Horticulture and bush tucker;
 - Blacksmithing and toolmaking;
 - Physical fitness and wellbeing;
 - Music therapy;
 - Cultural walks and talks;
 - Horse therapy;
 - Relapse Prevention;
 - Leadership and self-empowerment training;
 - Outdoor Education; and
 - Cartoon therapy.
55. ACT Health continues to develop plans for a residential service to action the commitment made during the 2017 ACT Health annual reports hearings and at the recent Aboriginal and Torres Strait Islander Elected Body (ATSIEB) Hearings to tender a residential program by early 2019. This work is dependent on the outcomes of the NBHF Healing Framework.

Are we currently utilising full capacity?

Philosophy of Healing

56. There has also been criticism of the healing and therapeutic approach of the NBHF and its effectiveness as a methodology. This is to be expected given the limited Australian experience in the concepts of "Healing" and the use of traditional concepts to address health issues.
57. The concept of Healing was first made most clear to the broader public in the *Bringing Them Home* report in 1997. Since then there has been growing recognition of the need for a holistic approach to tackle the root causes, rather than just the symptoms, of Aboriginal and Torres Strait Islander peoples' suffering and disadvantage.
58. The concept is based on the idea that there is more to a person's health than the strict medical treatment of disease. The NBHF Model seeks to use Aboriginal and Torres Strait Islander culture to improve the social determinants of health for Aboriginal and Torres Strait Islander peoples.
59. While the concept is well accepted and has proven effective in countries such as Canada, in Australia it still remains on the fringes.

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60. While ACT Health has focused on those recovering from alcohol and drug addiction, the healing approach at the core of the NBHF has application across a range of domains and examples in Australia, including uses in health prevention, care and protection, justice, primary care, education, community development, and healing trauma associated with the Stolen Generations.
61. To continue to develop the NBHF model and build confidence in the approach in the ACT, ACT Health engage the Healing Foundation to continue to develop the NBHF concept and build confidence in its approach.
62. The Healing Foundation is a national Aboriginal and Torres Strait Islander organisation which partners with communities to address the ongoing trauma caused by actions like the forced removal of children from their families. The Foundation also conducts research into the validity and effectiveness of healing approaches.
63. Their evidence to date has demonstrated that *“effective healing programs show positive impacts on individuals, families and communities in terms of self-worth and identity and have had a positive impact on health status and health disparities. There are also positive impacts in terms of knowledge and skills acquisition by community members and the development of individual, family and community capacity”*.
64. ACT Health has commissioned the *Healing Foundation* to conduct consultation with the local Aboriginal and Torres Strait Islander community with the aim of identifying the “Healing” needs of the community, and to codify the underlying philosophy of Healing in relation to the NBHF.
65. While primarily focused on guiding the work of the NBHF, there is potential that this work could have broader application for the services and approach of ACT Health and the ACT Government.

Financial Implications

66. The NBHF has a recurrent indexed budget first appropriated in 2008.
67. Total recurrent funding for the NBHF was \$2,170,000 for the 2017-18 financial year.
68. The 2017-18 budget supports the following items:
 - Programs;
 - Staffing and administration;
 - Minor assets;
 - Depreciation;
 - Fleet vehicles;
 - ICT support;
 - Governance;
 - Facilities management;
 - Land management; and
 - Security.

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69. At YTD May 2018, NBHF expenditure was \$1,326,950, which is a favourable variance to budget of \$345,826. Budget favourability is due to lower than planned repairs and maintenance, and lower than anticipated program costs offset by an overspend on security services.

ConsultationInternal

70. Not applicable.

Cross Directorate

71. Not applicable.

External

72. Not applicable.

Work Health and Safety

73. There are no Work Health and Safety issues pertinent to this brief.

Signatory Name: Patrick Henry, Executive Director, Policy and Stakeholder Relations Branch Phone: 79143

Action Officer: Marc Emerson, A/g Manager, Office of the Executive Director and Strategic Support Phone: 50693

Attachments

Attachment	Title
Attachment A	Timeline of Key Events with dates
Attachment B	Final Draft Model of Care Phase Two
Attachment C	Ngunnawal Bush Healing Farm Q&A

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Ngunnawal Bush Healing Farm – Timeline of events – 2008 to present

Year	Event
2008	<p>Funding: 2008-09 budget appropriation – capital funding. Commonwealth grant received. 2007-08 Budget – recurrent funding provided.</p> <p>August</p> <ul style="list-style-type: none"> • 29 August – Settlement of sale for ‘Miowera’ property. <p>September</p> <ul style="list-style-type: none"> • 29 September Ngunnawal Bush Healing Farm (NBHF) Advisory Board established. <p>October</p> <ul style="list-style-type: none"> • 5 October - Phase One of the Model of Care (MoC) developed and endorsed. <p>October</p> <ul style="list-style-type: none"> • 10 October - Principal Consultant engaged. <p>May</p> <ul style="list-style-type: none"> • 25 May – Ministerial Press conference to commence community consultation. <p>June</p> <ul style="list-style-type: none"> • 15 June - Final Sketch Plans (FSP) approved. <p>May</p> <ul style="list-style-type: none"> • 9 May - Crown Lease Variation Development Application approved. <p>June</p> <ul style="list-style-type: none"> • 13 June - ACT Civil and Administrative Tribunal (ACAT) advised that applications for a review of the Crown Lease Variation DA decision had been received. <p>November</p> <ul style="list-style-type: none"> • 26 November - Site remediation plans approved by the Independent Auditor.
2010	<p>October</p> <ul style="list-style-type: none"> • 8 October-Minister Gentleman exercises ‘call in’ powers to approve construction of NBHF.
2011	<p>March</p> <ul style="list-style-type: none"> • 30 March -Traditional Smoking Ceremony held on site. <p>April</p> <ul style="list-style-type: none"> • 16 April - St. Hilliers Property Pty Ltd engaged as Head Contractor. <p>May</p> <ul style="list-style-type: none"> • 6 May - Site remediation works commenced and early works construction commence.
2012	<p>April</p> <ul style="list-style-type: none"> • 16 April - Decision by ACAT - ACT Rural Landholders Assoc Inc &ORS v ACT Planning and Land Authority (Administrative Review). <p>July</p> <ul style="list-style-type: none"> • 1 July - Land Management Agreement completed. • 14 July - Variation to Crown lease registered with land titles office. • 23 July - Procurement process for Head Contractor undertaken. <p>October</p>
2013	<p>March</p> <ul style="list-style-type: none"> • 8 October-Minister Gentleman exercises ‘call in’ powers to approve construction of NBHF.
2014	<p>March</p> <ul style="list-style-type: none"> • 30 March -Traditional Smoking Ceremony held on site. <p>April</p> <ul style="list-style-type: none"> • 16 April - St. Hilliers Property Pty Ltd engaged as Head Contractor. <p>May</p> <ul style="list-style-type: none"> • 6 May - Site remediation works commenced and early works construction commence.
2015	<p>April</p> <ul style="list-style-type: none"> • 16 April - Decision by ACAT - ACT Rural Landholders Assoc Inc &ORS v ACT Planning and Land Authority (Administrative Review). <p>July</p> <ul style="list-style-type: none"> • 1 July - Land Management Agreement completed. • 14 July - Variation to Crown lease registered with land titles office. • 23 July - Procurement process for Head Contractor undertaken. <p>October</p>
2015	<p>March</p> <ul style="list-style-type: none"> • 8 October-Minister Gentleman exercises ‘call in’ powers to approve construction of NBHF.

Year	Event
	<p>October</p> <ul style="list-style-type: none"> • 19 October -Request for Proposal (RFP) for a service provider to run the service released, with no tenders received. <p>December</p> <ul style="list-style-type: none"> • 2 December-ACT Health Information session held at the Aboriginal and Torres Strait Islander Cultural Centre, Yarramundi Reach.
2016	<p>January</p> <ul style="list-style-type: none"> • Continued consultation with potential service providers. <p>June</p> <ul style="list-style-type: none"> • Continuing development of proposed final MoC <p>November</p> <ul style="list-style-type: none"> • 9 November - EPA endorse site audit statement with all requirements of remediation met. <p>December</p> <ul style="list-style-type: none"> • 9 December - Facility contract handover to ACT Health. 24/7 security arrangements commenced. • 14 December - Aboriginal and Torres Strait Islander Elected Body members tour of facility.
2017	<ul style="list-style-type: none"> • January to June - Minor construction work being completed, including enhancement of internet services and completion of upgrade works to an all weather secondary emergency access track (access track is a requirement of site emergency management plan and requires completion prior to facility opening). • May- Workshop to discuss way forward on the NBHF. Agreement to reconvene a reconstituted Advisory Board • September-Minister for Health and Wellbeing officially opens the NBHF. Client intake commences • November-Programs commence at the NBHF

NBHF Estimates Q&A

When will the NBHF provide residential programs and when in 2018 will ACT Health go out to tender for a suitable provider?

- In the short term, ACT Health will deliver programs, services and activities at the NBHF under the direct management of ACT Health staff. The NBHF staff continue to offer both cultural, social, and emotional support, along with advocacy and some levels of case management to clients.
- ACT Health continues to develop plans for a residential service to action the commitment made during the 2017 ACT Health annual reports hearings and at the recent Aboriginal and Torres Strait Islander Elected Body (ATSIEB) Hearings to tender a residential program by early 2019. This work is dependent on the outcomes of the NBHF Healing Framework.
- Towards this ACT Health has recently contracted with the Aboriginal and Torres Strait Islander Healing Foundation to consult with ACT Aboriginal and Torres Strait Islander communities and to develop this framework. The NBHF Healing Framework proposal will identify ACT Aboriginal and Torres Strait Islander community healing priorities and aspirations.

Does the NBHF have any cultural healers/community elders/community leaders and role models factored into the current program? If so, what is their role and responsibility? How did you attract them to the program? Are they paid/unpaid volunteers? If not, please explain why. What strategies do you envision for the future?

- ACT Health has established an Elders Visiting Program where Elders and other role models will be invited to provide strong cultural leadership for clients on their healing journey. The NBHF Program Director will invite the United Ngunnawal Elders Council (UNEC) to participate.
- UNEC will also be invited to participate in development of the NBHF Healing Framework. A knowledge circle will be convened with the Ngunnawal Elders and community members to understand their healing priorities, listen and learn from their stories and find opportunities to be inclusive of Ngunnawal Elders and community members at the NBHF.
- In addition, the NBHF Healing Framework will identify future roles for local elders and leaders etc. through the Knowledge Circles which will inform any local Aboriginal and/or Torres Strait Islander cultural practices occurring in the ACT.

What cultural elements exist within the current program? Please share some examples of how they relate to Indigenous healing.

- ACT Health engaged with service providers who have a close alignment with the healing and therapeutic community concept of the NBHF.
- Six of the programs will be facilitated by Aboriginal people. These programs include:
 - **ACT Health Alcohol and Drug Services** – SMART Recovery;
 - **Yurbay** – Horticultural Program;
 - **Tharwa Forge** – Blacksmithing and Toolmaking;
 - **Thriving Life** – Self-empowerment program;
 - **ACT Government Parks and Conservation Service** – Healthy Country Program; and
 - **Johnny Huckle** – Music Therapy.
- All employees working at the NBHF identify as Aboriginal and will actively engage with clients throughout the program implementation phase.

Does the current program include any farming activities? If so, what activities do they undertake? and Does the Directorate have any future plans to introduce farming activities? If so, what is the Directorate's plans?

No. The NBHF team are currently working on procurement of resources and a range of Standard Operation Procedures to develop a farm safety induction package. Once developed clients will be offered the opportunity to participate in a range of activities including:

- fencing;
- native plant, identification, seed collection, planting and propagation;
- animal husbandry;
- revegetation, conservation and beautification;
- creation of indigenous food/medicinal gardens (Women's business);
- grounds maintenance;
- small motor maintenance; and
- creation of a number of walking tracks to significant areas on the property.

Since the pilot program in 2017, have you distributed any community newsletters around the ACT and surrounding region? If not, what communication methods has staff used to engage and update the community?

- ACT Health is preparing a community update on what's happened since the pilot program and the current program since commencing in June 2018.

Does the Directorate have a communication strategy in place for the NBHF and what strategies does NBHF staff have in place to actively engage local neighbouring owners?

- ACT Health is finalising the development of a Communication and Engagement Strategy (the Strategy) for the NBHF to support communication with potential clients, GPs and other health professionals. The Strategy will inform relevant stakeholders on activities at the NBHF on a regular basis.
- The current NBHF Service Manager is well known in the Tharwa community and has a good rapport with neighbouring owners. Future strategies will be developed to improve ongoing communications with neighbouring owners.

Where does ACT Health obtain cultural advice on Indigenous healing concepts?

- The Aboriginal and Torres Strait Islander Healing Foundation has agreed to be a critical friend and advisor to us as we establish the NBHF. They have experience in establishing many of these centres and I would encourage members to examine the Healing Foundation website to read some of their work in this space.
- ACT Health will engage further with the ACT Aboriginal and Torres Strait Islander Elected Body in relation to input on NBHF from the local Aboriginal and Torres Strait Islander communities.

What systems do you have in place to capture performance data at the NBHF? How do you evaluate and measure the success of a client's journey?

- As part of the NBHF program implementation, all client data is currently collected by service providers to evaluate their programs and NBHF staff to monitor client progress against their individual development plans that will address a range of issues including goal setting, participation in programs and establishing links to other services as necessary.
- At the end of each program cycle, the Directorate will evaluate the success of the programs using data collected by service providers, NBHF staff and client feedback.
- The Directorate will also monitor performance data through the contracts engaged with all service providers. Future strategies will be implemented as the Directorate continues to learn about the client journey at NBHF.

- Success for clients can be measured in many ways through:
 - attendance;
 - social and emotional wellbeing;
 - improved mood;
 - improvement in mental health;
 - involvement in activities; and
 - noticeable demeanour changes.

What governance structures do you have in place for the NBHF? Does this governance structure include the United Ngunnawal Elders Council? If not, please explain why? Where do you obtain your cultural advice for the NBHF?

- The service delivery continues to be managed by ACT Health with operational governance provided internally within ACT Health which is consistent with other services operated by the Directorate.
- If a non-government organisation is appointed in the future to manage NBHF service delivery, governance can be reviewed at that point.
- ACT Health will engage further with the ACT Aboriginal and Torres Strait Islander Elected Body in relation to input on NBHF from the local Aboriginal and Torres Strait Islander communities.

Does any of the service providers (employees) identify as Aboriginal and/or Torres Strait Islander peoples?

- Yes. Six of the NBHF programs will be facilitated by Aboriginal people.

What strategies does the NBHF staff have in place to support Aboriginal and/or Torres Strait Islander clients back into the community?

- The NBHF staffing profile includes an Aboriginal and Torres Strait Islander Liaison Officer (Liaison Officer) position. This role is to support NBHF clients back into the community.
- The Liaison Officer will assist clients with any Centrelink, housing, medical and reporting issues that may arise. The Liaison Officer will also act as an advocacy conduit between the NBHF, clients and other key stakeholders.

Does the NBHF have treatment pathways in place with Winnunga Nimmityjah Aboriginal Health and Community Service (Winnunga) and Gugan Gulwan Youth Aboriginal Corporation (Gugan Gulwan)? If not, please explain why? and Has the Directorate made any effort to improve communication with Winnunga and Gugan Gulwan?

- NBHF staff have provided a number of opportunities to continue to strengthen links and partnerships with organisations and with members of the Aboriginal and Torres Strait Islander community.
- This has included a number of school visits as well as service visits from government agencies and non-government organisation partners, including Gugan Gulwan Youth Aboriginal Corporation.
- Winnunga has at this stage chosen not to engage with the NBHF, however ACT Health remains open to potential partnerships and service arrangements with them at any time.

How do you support Winnunga and Gugan Gulwan clients who are seeking treatment pathways to NBHF?

- Potential clients who are seeking entry into the NBHF will need to comply with the NBHF client referral processes.

How do you evaluate the programs to ensure it meets the client's needs? How do you collect regular feedback from clients?

- Prior to the current program commencing in June 2018, all service providers and NBHF staff came together to discuss a proposed program schedule up to 15 weeks.
- This discussion provided service providers and NBHF staff the opportunity to work collaboratively on a proposed program schedule that would ideally meet the client's needs.
- As part of the NBHF program implementation, all client data is currently collected by service providers to evaluate their programs and NBHF staff to monitor client progress against their individual development plans that will address a range of issues including goal setting, participation in programs and establishing links to other services as necessary.
- At the end of each program cycle, the Directorate will evaluate the success of the programs using data collected by service providers, NBHF staff and client feedback.

What formal processes do you have in place to assess a client's cultural readiness?

- In 2017, ACT Health developed an *Interim Operations Manual* to guide the operations of the Ngunnawal Bush Healing Farm (NBHF) through its initial pilot program. The *Interim Operations Manual* governs the intake and assessment procedures of the NBHF as well as guide staff in managing clients on site.
- In line with the *Interim Operations Manual*, ACT Health established two Evaluation Panels for the NBHF Client Intake Process. The two Evaluation Panels consists of a Cultural Evaluation Panel and the Health and Social Inclusion Panel.
- Since the pilot program ceased, the Cultural Evaluation Panel has been disestablished and the cultural readiness is now managed through the Health and Social Inclusion Panel.

What is the current staffing profile at NBHF, including the number of FTE, classification levels, title of positions and whether staff are on temporary contract?

- A total of seven full time equivalent staff are employed at the NBHF. All staff identify as Aboriginal. The staffing profile includes:
 - 1 FTE – SOG C Service Manager;
 - 3 FTE – AS06 Support Workers;
 - 1 FTE – AS06 Aboriginal and Torres Strait Islander Liaison Officer;
 - 1 FTE – HS08 Transport Officer; and
 - 1 FTE – AS03 Administrative Support Officer.

What is a therapeutic community?

- A 'therapeutic community' is one in which the residential community itself, through self-help, targeted services and mutual support, is the principal means for promoting personal change.

Does this happen anywhere else in the country?

- Currently there are no similar facilities available to the local Aboriginal and Torres Strait Islander communities in the ACT.
- However, there is growing evidence both within Australia, as well as internationally, that different approaches like the NBHF are successful in breaking the cycles that lead to individuals recovering from the underlying trauma and social problems.
- As additional information, the former Director-General of Corrective Services in Queensland Keith Hamburger endorsed this approach as a way to reduce jail sentences and related drug issues amongst Queensland Aboriginal and Torres Strait Islander peoples.

Is it true that the NBHF can't be a health service?

- Yes, the zoning precludes the delivery of health services

Is the ACT Government going to rezone the site to allow clinical AOD services?

- No, the site is not appropriate for the delivery of clinical alcohol and other drug services. The isolation of the site makes the sight less than ideal for the delivery of such services in a safe way.
- The site was selected in line with the original purpose to deliver a therapeutic community in line with the model of care we are developing for the NBHF.

When did ACT Health realise that the NBHF can't be a health service? Did it notify stakeholders? When did it tell Winnunga?

- The Zoning of the NBHF has always been known. It was never the intention for the NBHF to be a "Health service" in the traditional or clinical sense of that word.
- In terms of stakeholders, the zoning was never withheld from the community, indeed I understand it was discussed at a meeting of the NBHF Advisory Board on 22 November 2013 when the Advisory Board was seeking to provide a submission to the ACAT hearing concerning the lease variation DA.
- In the end Ms Roslyn Brown who is a Ngunnawal Elder, provided a submission on behalf of the advisory board.
- In the submission Ms Brown stated the NBHF would be:

"a holistic centre in rural ACT to work with our youth, especially those 18-25 years old, away from the temptations of the city ... it will not be a place to detoxify or provide medical treatment for drug and alcohol addiction ... we will be working towards healing the mind, body and soul and opening a new world view for our youth ... there will be a strong focus on Aboriginal spirituality, culture and principles through recreational pursuits"

- I think this shows the Advisory Board was aware of the zoning matters.
- In term of Winnunga specifically, I understand that Winnunga Nimmityjah has been a member of the Advisory board for many years including for that meeting in 2013.

- That said however I agree ACT Health should have been more pro-active in stressing the importance of the zoning in its contracting processes and not simply have assumed everyone was across the details.

Does ACT Health take any responsibility for the misunderstanding that Winnunga's MOC is based on?

- I think the Minister has covered this in the Assembly and I can only reiterate her words. We made an assumption about what was understood concerning the zoning of the site. We did not communicate clearly enough or quickly enough about these issues.
- With that said, we are delivering a service addresses the root cause issues that underlie so many of the poor health outcomes for Aboriginal and Torres Strait Islander peoples.



MINISTERIAL BRIEF

Health Directorate

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Minister -
Suggest we are more thoroughly consulted on the interventions listed on pages 3+4.
CJ

To: Acting Minister for Health and Wellbeing

From: Michael De'Ath, Interim Director General

Subject: Last Drinks - Driving Change: using Alcohol-related Harm (Canberra Hospital)

Critical Date: Not applicable

Critical Reason: Not applicable

- DG *29/6/18* *[Signature]*
- DDG *.../.../...*

RETURN FOR FURTHER ACTION
DUE EC 25/7/18

Purpose

To provide updated information and highlight key areas for noting regarding the Last Drinks Research Study of which the Emergency Department (ED), Canberra Hospital and Health Services (CHHS) is a participant.

Recommendation

That you note the information contained in this brief.

Noted / Please Discuss

Shane Rattenbury MLA *[Signature]* *14/7/18*

Minister's Office Feedback

Please ensure the Minister is briefed and consulted on the listed interventions prior to their first release in Aug 19.

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MINISTERIAL BRIEF

Health Directorate

UNCLASSIFIED

To: Acting Minister for Health and Wellbeing

Tracking No.: MIN18/1043

29 JUN 2018

From: Michael De'Ath, Interim Director General

Subject: Last Drinks - Driving Change: using Emergency Department Data to Reduce Alcohol-related Harm (Canberra Hospital)

Critical Date: Not applicable

Critical Reason: Not applicable

- DG 29/6/18
- DDG .../.../...

RETURN FOR FURTHER

ACTION

DUE EC 25/7/18

Purpose

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Recommendation

That you note the information contained in this brief.

Noted / Please Discuss

Shane Rattenbury MLA

14/7/18

Minister's Office Feedback

Please ensure the Minister is briefed and consulted on the listed interventions prior to their first release in Aug 19.

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Background

1. Last Drinks – Driving Change: Using Emergency Department data to reduce alcohol-related harm is an Australian multisite national study conducted by Deakin University.
2. Last Drinks is based on a study initially conducted in the United Kingdom (The Cardiff Model). Last Drinks focuses on reducing alcohol-related harm in communities by using data collected in ED's to target the sources of the most alcohol-related harm incidents.
3. The World Health Organization actively promotes the use of ED data as a major component in public health approaches to prevent injuries. A pilot study in Australia has found that alcohol accounted for 36.1 per cent of all injury presentations within high-alcohol-hours (2000 hours Friday to 0600 hours Saturday and 2000 hours Saturday to 0600 hours Sunday). During these high-alcohol-hours 41.7 per cent of alcohol related attendances identified consuming their last drinks at specific hotels, bars, nightclubs or restaurants, or identifiable public areas/events.
4. Last Drinks received a National Health and Medical Research Council (NRMRC) Partnership Project Grant in 2015 and obtained National Human Research and Ethics Committee (HREC) approval in 2017. Calvary Public Hospital Bruce (Calvary) is one of the six original institutions involved in the study. Calvary's Principal Investigator (PI) is [REDACTED]
[REDACTED] Calvary's participation within the study is ongoing.
5. With CHHS joining the study there is the potential to capture 100 per cent of the alcohol-related harm hospital presentations within the Territory and facilitate the greatest opportunity for accurate data and public health intervention.
6. CHHS was added to the National HREC approval on 23 April 2018. Local ACT Health site governance has been submitted on 14 May 2018 and is pending final approval. Dr Michael Hall, CHHS Emergency Department Senior Staff Specialist, is the PI for CHHS and is supported by the Critical Care Research and Service Development Unit.
7. Last Drinks will run over five years, with data collected over a three year period. The proposed commencement date for data collection at CHHS is August 2018. Attendees over 18 years presenting with an injury will be asked a series of questions related to alcohol consumption during the 12 hours prior to presentation. Those patients deemed as drinking at an "at risk" level will be given a brief clinical intervention in the form of a pamphlet (see Attachment A).
8. Data collected during the study will be de-identified, collated and result in informing the public health interventions. These interventions will commence approximately 12 months after initial data collection is initiated. Five of the nine sites will have implemented the public health interventions by 1 July 2018. Public health interventions undertaken will be randomly assigned by Deakin University and collated intervention material will be distributed via The Australian College of Emergency Medicine (ACEM) (see Attachment B).

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Issues

9. Last Drinks has been rigorously assessed legally at both National and ACT level and in relation to previous studies internationally. No legal action to date has been reported against participating sites from interested parties such as alcohol industry groups or venues. Legal coverage and standpoints has been examined by the ACT Insurance Authority, the ACT Health Insurance and Legal Liaison Unit and Shine Lawyers. ACT Government Insurance and Legal Liaison Unit Manager Simon Fenton, in consultation with the ACT Insurance Authority, has stated that there is incredibly low risk of legal action against CHHS and participating research staff and researchers would be covered under ACT Health's insurance arrangements.
10. Ongoing collaboration and communication will be required between CHHS and Calvary Hospital to work to address key areas during the study. These key areas include differences in data collection methods due to Emergency Department operating systems, the option to include questioning regarding illicit drug use (Calvary Hospital has expressed interest in inclusion), the randomisation to intervention, and potential differing media interest at each site due to venue proximity.

Financial Implications

11. Not applicable.

ConsultationInternal

12. Below staff have been briefed and provided updates of CHHS involvement in the Last Drinks Study:
 - a. Chief Health Officer – Dr. Paul Kelly
 - b. Director Government and Communication – Elizabeth Tobler
 - c. Senior Media Advisor, Media and Strategic Communications – Tracey Pulli
 - d. Director Alcohol and Drug Services – Jill Hughes

Cross Directorate

13. Calvary Hospital Emergency Department PI – [REDACTED]

External

14. Deakin University.
15. Royal Australian College of Surgeons.
16. Liquor Advisory Board via meeting on 1 May 2018.

Benefits/Sensitivities

17. Data extracted during the Last Drinks study will be collated quarterly, with sites being randomly allocated by Deakin University, and used to support three forms of public health intervention. CHHS will not be commencing interventions prior to August 2019:
 - a. Intervention 1 - Quarterly letters from clinicians and research team to licensed venues;

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- b. Intervention 2 – Anonymised monthly sharing of data regarding alcohol-related harm location to local authorities;
 - c. Intervention 3 – Quarterly published public reports ranking venues in local area.
18. The PI may elect to opt out of individual study interventions. Such decisions will require further discussion with key parties including the Calvary Hospital PI due to the proximity of geographical location to ensure an appropriate balance between interventions and desirable public health outcomes whilst maintaining positive partnerships with the community. This is especially relevant for Intervention 3 – Public ranking of venues. Similar programs with public data sharing are already being conducted within other states including the Violent Venues Scheme in New South Wales.
19. There is a high level of interest from all sectors of the ACT community related to both data collection and public health interventions.

Media Implications

20. Last Drinks has the potential to attract media attention due to the wide reaching effects of alcohol-related harm in the community and the interest of community stakeholders such as alcohol industry groups.
21. It is believed that the expected media attention will not pose a reputational risk to ACEM or partner organisations such as CHHS. Staff from participating sites have been directed to not provide additional data or statistics outside those generated as intervention materials for the project and will be advised to strictly avoid discussion of specific venues (see Attachment C).

Signatory Name: Narelle Boyd, A/g Executive Phone: 6244 5801
 Director - Division of Critical
 Care

Action Officer: Samantha Adam, Research and Phone: 6244 2552
 Data Co-ordinator - Critical
 Care Research and Service
 Development Unit

Attachment	Title
Attachment A	Brief Intervention Pamphlet
Attachment B	Project Proposal
Attachment C	Project Governance Model

UNCLASSIFIED

ADVISORY NOTE

Acting Minister for Health and Wellbeing

TRIM Ref: MIN18/710	Request - Outcomes of ATODA Forum
Critical Date	Not applicable
Interim Director-General	Michael De'Ath 19/6/18

Minister's questions:

1. The ACT Alcohol Tobacco and Other Drug (ATOD) Strategy Evaluation Group – can ACT Health bring this group/similarly constructed group together quickly (given this matter keeps coming up).
2. Drug and Alcohol Court (DAC) co-design process - Can ACT Health update the Minister on the agreed way forward (what, how and when) when the ATOD sector and the facilitator have got together.

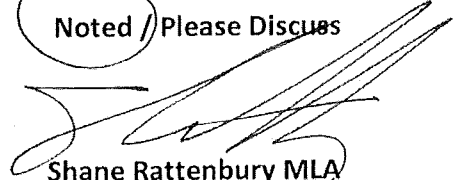
ACT Health's response:

1. ACT Health have convened a meeting of all members of the former ACT ATOD Strategy Evaluation Group and some additional key stakeholders for 20 June 2018. The main discussion points at this meeting will be the revised draft Drug Strategy Action Plan and ongoing stakeholder engagement processes.
2. ACT Health is hosting a series of workshops with the alcohol and other drug sector in relation to the mapping and co-design of health treatment models of care associated with the DAC. The initial workshop was conducted on 13 June 2018 and the second workshop is scheduled for 5 July 2018. The facilitator for the workshops is Steve Allsop, a nationally recognised expert in alcohol and drug policy and practice with experience in working within jurisdictions where DACs are in operation. The objectives of the workshops are to:
 - Foster a shared understanding of progress to date regarding the DAC, and the nature of the ACT Diversion service system.
 - Discuss the proposed judicial model for the DAC, and potential impacts on the ACT AOD service system.
 - Focus on the client journey through the service system.
 - Map the treatment services required to support DAC participants and determine how they can best be delivered.

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- Identify potential gaps in existing service offerings, and whether we might need to expand services or create new ones.
3. The first workshop was very successful with strong participation and commitment to ongoing co-design from all stakeholders.

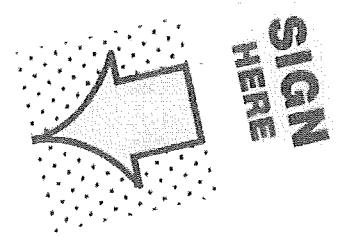
Noted // Please Discuss



Shane Rattenbury MLA
Acting Minister for Health and Wellbeing
14/7/18

Signatory Name: Emily Harper

Phone: x78634





Australian Institute of Health and Welfare Reports

MEDIA IMPLICATIONS SUMMARY

For: Acting Minister for Health and Wellbeing

Subject	Overlap between youth justice supervision and alcohol and other drug treatment services 1 July 2012 to 30 June 2016 (web report)
Date for Release:	Friday 13 July 2018
What is the Report about?	<p>This report looks at the level of overlap of young people who receive services for alcohol and other drug issues, and those that have youth justice supervision.</p> <p>The report presents information on young people aged 10-17 years who were under youth justice supervision (both in the community, and in detention) and / or received an alcohol and other drug (AOD) treatment service between 1 July 2012 and 30 June 2016 (study period).</p> <p>The report findings and the accompanying supplementary tables are reported at a national level only.</p> <p>Youth justice supervision data in this report are from the Juvenile Justice National Minimum Data Set. This data set contains information on the demographics of young people who are supervised by youth justice departments, as well as the details of their un-sentenced and sentenced supervision.</p> <p>Alcohol and other drug treatment services data in this report are from the Alcohol and Other Drug Treatment Services National Minimum Data Set. This data set contains information on the demographics of people who had a publicly funded alcohol and other drug treatment service (ceased treatment service). It includes information on the type of treatment, referral source, and principal drug for which the treatment was received. Only clients who received treatment for their own drug use are included in this report.</p> <p>This report has been made possible via data linkage. To link the alcohol and drug treatment services and youth justice supervision data collections, linkage keys were formed using data items available in both collections (selected letters of name, date of birth, sex, indigenous status, and postcode).</p> <p>The minimum age for youth justice supervision and alcohol and drug treatment services in Australia is 10 years. The maximum age for treatment as a young person under the youth justice system is 17 years in most states and territories.</p> <p>A copy of the report: <i>Overlap between youth justice supervision and alcohol and other drug treatment services 1 July 2012 to 30 June 2016</i> is provided at Attachment A.</p>



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<p>Is there any ACT funding (or Programs) in this area/subject?</p>	<p>YES: <input checked="" type="checkbox"/> NO <input type="checkbox"/></p> <p>The following ACT publicly funded (government and non-government) specialist drug treatment and support services contribute data for the annual Alcohol and Other Drug Treatment Services National Minimum Data Set (AODTS NMDS):</p> <ul style="list-style-type: none"> • ACT Health's Alcohol and Drug Services (Mental Health, Justice Health and Alcohol and Drug Services) • Directions Health Services • Karralika Programs Inc • Ted Noffs Foundation (ACT programs) • Toora Women Inc • The Salvation Army - Canberra Recovery Service • Canberra Alliance for Harm Minimisation and Advocacy
<p>Is there any ACT specific data in the Report?</p>	<p>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>
<p>Is Media Interest likely?</p>	<p>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p> <p>An AIHW media release is not expected.</p>
<p>What are the key positive elements contained in the Report?</p>	<p>This is the first time data is available about the level of overlap of young people who receive services for alcohol and other drug issues, and those that have youth justice supervision. However, data limitations have been noted in the report.</p>
<p>What are the negative elements contained in the Report?</p>	<ul style="list-style-type: none"> • The level of overlap reported is likely an underestimate of the extent to which youth justice clients access alcohol and drug treatment services • The data in the report relates to all states and territories except the Northern Territory • The exclusion of alcohol and drug treatment services provided in prisons, correctional facilities and detention centres, and by Indigenous-specific services reduces the number of services analysed in this report for young people under youth justice supervision and young indigenous Australians. <p>Notes:</p> <ul style="list-style-type: none"> • Juvenile Justice National Minimum Data Set contains data from all states and territories, except the Northern Territory • Alcohol and drug treatment provided in prisons, correctional facilities and detention centres are not in scope for the Alcohol and Other Drug Treatment Services National Minimum Data Set (AODTS NMDS). • Although Australian Government-funded primary health-care services and substance-use services aimed at Aboriginal and Torres Strait Islander people are in scope of the AODTS NMDS, most do not contribute data to the collection, because they provide data to the



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	<p>Online Services Report (OSR) collection. As data provided to the OSR collection is in aggregated format, it cannot be linked to other data collections.</p>
<p>Subject</p>	<p>National Data (Relates to all states and territories except the Northern Territory)</p>
<p>Overview of the study cohort</p>	<p>During the 4-year study period 1 July 2012 to 30 June 2016):</p> <ul style="list-style-type: none"> • 17,262 young Australians aged 10 – 17 had a closed alcohol and drug (AOD) treatment episode and/or spent time under youth justice supervision <p>And of those:</p> <ul style="list-style-type: none"> • 55% received an AOD treatment service only • 31% spent time under youth justice supervision only • 15% had both an AOD treatment service and youth justice supervision (dual service cohort) <p>Of the young people who received an AOD treatment service:</p> <ul style="list-style-type: none"> • 21% also had a youth justice supervision at some point during the same 4-year period <p>Of the young people who were under youth justice supervision:</p> <ul style="list-style-type: none"> • 33% received an alcohol and drug treatment service at some point during the same 4-year period <p>Young Indigenous Australians were 14 times as likely as non-Indigenous Australians to have received both services:</p> <ul style="list-style-type: none"> • 2% of young Indigenous Australians had contact with both services during the 4-year study period, compared to 0.1% of the non-Indigenous young people <p>Young Australians under youth justice supervision were 30 times as likely as the young Australian population to receive an AOD Treatment Service:</p> <ul style="list-style-type: none"> • 1 in 4 (23%) received treatment for a principal drug on concern (PDC) of cannabis • 1 in 12 (8%) received treatment for PDC alcohol • 1 in 20 (5%) received treatment for PDC amphetamines <p>Less than 1% of young people in the general Australian population of the same age received an alcohol and drug treatment service for these PDC. This demonstrates a high level of interaction between alcohol and drug treatment services and youth justice supervision.</p> <p>The most common treatment type for the dual service cohort was:</p> <ul style="list-style-type: none"> • 52% counselling • 25% support and case management



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- 22% assessment only

Young Indigenous Australians and males were over-represented in the study cohort. Of the young people who received an AOD treatment service or youth justice supervision:

- 30% were Aboriginal and Torres Strait Islander
- 68% were male

Response:

- The ACT publicly funded government and non-government drug treatment services offer a wide range of drug treatment and support services for people with problematic drug use. Assistance is also provided to support the family and friends of the people who use drugs.
- ACT Health invests over \$20 million in drug treatment and support services in the ACT.
- This investment includes funding for Gugan Gulwan Youth Aboriginal Corporation (Gugan) and Winnunga Nimmityjah Aboriginal Health and Community Service (Winnunga) to deliver AOD treatment services. However Gugan and Winnunga do not contribute data to the ACT AODTS NMDS collection.
- The ACT Police and Court Drug Diversion Service aims to divert alcohol and other drug offenders away from the criminal justice system into education, or assessment and treatment. This service is managed by ACT Health's Alcohol and Drug Services (Mental Health, Justice Health and Alcohol and Drug Services).
- The three police drug diversion programs and one court drug diversion program operating in the ACT include:
 - Simple Cannabis Offence Notice (\$100 fine for possessing up to 50 grams of cannabis or not more than 2 non-hydroponic plants)
 - Youth Alcohol Diversion (Diversion to education for people under 18 intoxicated or in possession of or consuming alcohol in a public place)
 - Illicit Drug Diversion (Diversion to education for possession of a small amount of illicit drug or illicit possession of illicit drug for personal use)
 - Court Alcohol and Drug Assessment Scheme (Court-ordered alcohol and other drug assessment and treatment)
- The ACT Police and Court Drug Diversion Service has a dedicated Aboriginal and Torres Strait Islander Liaison Officer who provides additional support for the Aboriginal and Torres Strait Islander people who have been diverted into education, or assessment and treatment through the ACT drug diversion programs, and to clients of the Galambany Circle Sentencing Court.
- ACT Health has a Memorandum of Understanding with the Australian Federal Police (AFP) to formalise the working relationship between the AFP and ACT Health regarding the planning and delivery of the police drug diversion programs.

MEDIA TALKING POINTS – not required

- This is the first time data is available about the level of overlap of young people who receive services for alcohol and other drug issues, and those that have youth justice supervision.



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- ACT Government invests over \$20 million in drug treatment and support services in the ACT.
- The ACT publicly funded government and non-government drug treatment services offer a wide range of drug treatment and support for people with problematic drug use.
- Assistance is also provided to support the family and friends of the people who use drugs.
- The \$20 million investment includes funding for:
 - ACT Health's Alcohol and Drug Services (Mental Health, Justice Health and Alcohol and Drug Services)
 - Directions Health Services
 - Karralika Programs Inc
 - Ted Noffs Foundation (ACT programs)
 - Toora Women Inc
 - The Salvation Army - Canberra Recovery Service
 - Canberra Alliance for Harm Minimisation and Advocacy
 - Gugan Gulwan Youth Aboriginal Corporation (Gugan)
 - Winnunga Nimmityjah Aboriginal Health and Community Service (Winnunga).
 - Catholic Care Canberra and Goulburn
- These services deliver AOD treatment.
- ACT Health has a Memorandum of Understanding with the Australian Federal Police (AFP) to formalise the working relationship between the AFP and ACT Health regarding the planning and delivery of the police drug diversion programs.
- These programs aim to divert alcohol and other drug offenders away from the criminal justice system into education assessment and treatment.

BACKGROUND (if required):

- The ACT AODTS NMDS cannot collect data for Winnunga. Instead, Winnunga provide data to the Online Services Report (OSR) collection in a combined format and that is why, it cannot be linked to other data collections.



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Recommendation

That you note the information contained in this summary.

Noted / Please Discuss

Shane Rattenbury MLA.....

12,7,18

Signatory Name:	Dr Paul Kelly	Phone:	52108
Title:	Chief Health Officer and Deputy Director-General, Population Health Protection and Prevention		
Action Officer:	Emily Harper	Phone:	52245

QUESTION TIME BRIEF

GBC18/408

Portfolio/s: Health & Wellbeing**ISSUE: PILL TESTING****Talking points:**

- Australia's first trial of a pill testing service went ahead at Groovin the Moo Canberra on 29 April 2018.
- The service was provided by the Safety Testing and Advisory Service at Festivals and Events (STA-SAFE) and was supported by the ACT Government, the festival promoters (Cattleyard Promotions) and the University of Canberra, where the festival was held.
- STA-SAFE have submitted their report on the trial, which is currently being reviewed by the ACT Government. The report indicates that potentially lethal substances were identified in two of the 85 samples submitted for testing. Following testing, a number of patrons utilised the amnesty bins to discard their pills instead of consuming them.
- The ACT Government has received a proposal from STA-SAFE to conduct a pill testing service at the Spilt Milk festival in Commonwealth Park on 17 November 2018. This proposal will be subject to the same cross-government review process undertaken prior to Groovin the Moo.
- Pill testing is a harm minimisation intervention that includes the chemical analysis of drugs surrendered by festival patrons, and the provision of relevant drug information and counselling by qualified personnel.
- The ACT Government reinforces that it is illegal to manufacture, possess, distribute and sell illicit drugs in the ACT. The ACT Government does not approve or condone illicit drug use. It is risky and dangerous to consume illicit drugs.

Cleared as complete and accurate:	11/07/2018	
Cleared by:	Executive Director	Ext: 52245
Information Officer name:	Emily Harper	
Contact Officer name:	Emily Harper	Ext: 52245
Lead Directorate:	Health	

QUESTION TIME BRIEF

- The ACT Government is committed to harm minimisation, in line with the National Drug Strategy. The Government considers that pill testing as a component of harm reduction measures is a sensible approach to limiting the dangers of illicit drug use at ACT music festivals. This position is in no way softening the Government's stance on illegal drugs.

Cleared as complete and accurate: 11/07/2018
Cleared by: Executive Director Ext: 52245
Information Officer name: Emily Harper
Contact Officer name: Emily Harper Ext: 52245
Lead Directorate: Health

**Select Committee on Estimates
2018 – 2019 Budget**

June 2018

76. HEA E29: Better healthcare for a growing community – early planning to expand alcohol and drug services

(Budget Statement C, Page 18)

	2018-19	2019-20	2020-21	2021-22	Total
	\$'000	\$'000	\$'000	\$'000	\$'000
Capital	0	0	0	0	0
Net Capital	0	0	0	0	0
Depreciation	0	0	0	0	0
Associated Expenses	250	0	0	0	250
Net Expenses	250	0	0	0	250

Key points

- The Government will draw on the expertise of the specialist alcohol and other drug sector in the ACT and nationally to develop options for future service models for alcohol and drug withdrawal and early intervention to increase service delivery, as well as link to the development of the ACT Drug and Alcohol Court.
- In order to develop options, the Government will work with the AOD sector to:
 - undertake an examination of the AOD treatment system on the ACT, with a focus on withdrawal services and how they fit into the wider system;
 - identify learnings from systems in other jurisdictions;
 - identify options to improve data collection; and
 - gain a better understanding of unmet need and specific service gaps.

Background

- This work will build upon a previous review into ACT AOD withdrawal services (conducted in 2016) and aligns with several Government Commitments and priorities (including the Territory-Wide Health Services Framework 2017-2027 and the implementation of a Drug and Alcohol Court).
- The previous review looked on the ACT treatment system with a specific focus on withdrawal services but did not examine systems in other jurisdictions, look at operating models in detail, or consider withdrawal services in the context of the whole treatment system.
- The ACT is the only Australian jurisdiction that does not have a formalised outpatient withdrawal service. This is widely acknowledged to be a significant gap in service.
- At present information on service utilisation is available, but data relating to unmet need is largely anecdotal and not validated. The proposal will lead to more robust data collection in relation to unmet need.

CONTACT: Emily Harper
 Executive Director
 Health Improvement Branch

PHONE: x52245



Australian Institute of Health and Welfare Reports

MEDIA IMPLICATIONS SUMMARY

For: Minister for Health and Wellbeing

Subject	Alcohol and other drug treatment services in Australia 2016-17
Date for Release:	Friday 22 June 2018 (web report release)
What is the Report about?	<p>This Stage 2 release of the Alcohol and Other Drug Treatments Services National Minimum Data Set (AODTS NMDS) 2016-17 presents information about publicly funded alcohol and other drug treatment service agencies, the people they treat, and the treatment provided. Publicly funded treatment services agencies include those that are also funded by the Primary Health Networks through Commonwealth government funds.</p> <p>This AIHW release also includes the following supplementary web reports:</p> <ul style="list-style-type: none"> • <i>Alcohol and other drug treatment services in Australia 2016-17: state and territory summaries; and</i> • <i>Alcohol and other drug treatment services in Australia 2016-17: Primary Health Network (PHN) analysis</i> (Data visualisations presenting information at the PHN level) <p>The AODTS NMDS includes information about treatment episodes that were closed. A treatment episode is closed when:</p> <ul style="list-style-type: none"> • the treatment is completed or has ceased; • there has been no contact between the client and treatment provider for three months; or • there has been a change in the main treatment type, principal drug of concern or treatment delivery setting. <p>In April 2018, the Australian Institute of Health and Welfare (AIHW) released a Stage 1 key findings report (aggregated AODTS NMDS 2016-17 closed episode data at a national level) along with interactive data cubes and detailed supplementary tables.</p> <p>A copy of the Stage 2 report: <i>Alcohol and other drug treatment services in Australia 2016-17</i> is provided at Attachment A.</p>
Is there any ACT funding (or Programs) in this area/subject?	<p>YES: <input checked="" type="checkbox"/> NO <input type="checkbox"/></p> <p>ACT publicly funded (government and non-government) specialist drug treatment and support services contribute data for the annual AODTS NMDS collection. This includes:</p> <ul style="list-style-type: none"> • ACT Health's Alcohol and Drug Services • Directions Health Services • Karralika Programs Inc • Ted Noffs Foundation (ACT programs)



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	<ul style="list-style-type: none"> • Toora Women Inc • The Salvation Army - Canberra Recovery Service • Canberra Alliance for Harm Minimisation and Advocacy
Is there any ACT specific data in the Report?	YES: <input checked="" type="checkbox"/> NO <input type="checkbox"/>
Is Media Interest likely?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> This Stage 2 release will not be accompanied by an AIHW media release.
What are the key positive elements contained in the Report?	<ul style="list-style-type: none"> • At the national level the number of publicly funded agencies reporting (863 agencies in 2016-17) to the AODTS NMDS increased from the previous year's total of 796. <p>This is largely due to improved reporting for some agencies via new systems and funding variations in a few jurisdictions.</p> <p>The number of agencies reporting in the ACT remains unchanged from the previous year.</p>
What are the negative elements contained in the Report?	<ul style="list-style-type: none"> • At the national level, reported episodes of treatment with amphetamines as the principal drug of concern continue to increase.

Subject	ACT Relevant Data	National Data
Agencies	<ul style="list-style-type: none"> • 15 publicly funded AOD treatment agencies (treatment outlets) reported to the NMDS in 2016-17 • The number of agencies reporting remains unchanged from the previous year • 87% of AOD treatment agencies were non-government • 6,389 closed treatment episodes were provided by the reporting treatment agencies (an average of 1.6 episodes per client) 	<ul style="list-style-type: none"> • 836 publicly funded AOD treatment agencies (treatment outlets) reported to the NMDS in 2016-17 • The number of agencies reporting increased from the previous year's total of 796 agencies • 58% of AOD treatment agencies were non-government • 200,751 closed treatment episodes were provided by the reporting treatment agencies (an average of 1.6 episodes per client)
Clients	<ul style="list-style-type: none"> • Around 3,949 clients received treatment • 96% of clients were receiving treatment for their own drug use • 65% of clients receiving treatment were male 	<ul style="list-style-type: none"> • Around 127,404 clients received treatment • 96% of clients were receiving treatment for their own drug use • 66% of clients receiving treatment were male

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	<ul style="list-style-type: none"> • 1 in 10 clients (12%) were Aboriginal and Torres Strait Islander • 52% of clients receiving treatment were aged 20-39 years • 6% of clients received treatment in the 2 most recent collection years (2015-16 and 2016-17) • 23% of clients received treatment in 2016-17 only and 16% of clients received treatment in 2015-16 only 	<ul style="list-style-type: none"> • 1 in 7 clients (15%) were Aboriginal and Torres Strait Islander • 55% of clients receiving treatment were aged 20-39 years • 5% of clients received treatment in the 2 most recent collection years (2015-16 and 2016-17) • 21% of clients received treatment in 2016-17 only and 20% of clients received treatment in 2015-16 only
Principal drug of Concern (for own drug use)	<ul style="list-style-type: none"> • The most common principal drug of concern that led clients to seek treatment was: alcohol (43% of treatment episodes); amphetamines (25% of treatment episodes); cannabis (14% of treatment episodes); and heroin (8% of treatment episodes) • The proportion of closed treatment episodes where clients were receiving treatment for amphetamines has increased over the last 10 years, from 11% of treatment episodes in 2007-08 to 25% in 2016-17 • Over the past 5 years the proportion of treatment episodes where alcohol, cannabis and heroin was the principal drug of concern have all steadily declined (48% to 43%, 18% to 14%, and 16% to 18%, respectively) 	<ul style="list-style-type: none"> • The most common principal drug of concern that led clients to seek treatment was: alcohol (32% of treatment episodes); amphetamines (26% of treatment episodes); cannabis (22% of treatment episodes); and heroin (5% of treatment episodes) • The proportion of closed treatment episodes where clients were receiving treatment for amphetamines has increased over the last 10 years, from 11% of treatment episodes in 2007-08 to 27% in 2016-17 • Over the past 5 years the proportion of cannabis episodes increased by 15%, the proportion of heroin episodes fell by 22% and the proportion of alcohol treatment episodes fell by 2%
Treatment	<ul style="list-style-type: none"> • Information and education only was the most common treatment type, comprising 30% of closed treatment episodes • Assessment only was the second most common main treatment type (21.41%), followed by counselling (21.30%) 	<ul style="list-style-type: none"> • Counselling was the most common treatment type, comprising 40% of closed treatment episodes • Assessment only was the second most common main treatment type (16%) followed by support and case management (14%) and withdrawal management (12%)



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Response:

- Publicly funded government and non-government drug treatment services in the ACT offer a wide range of drug treatment and support services for people with problematic drug use. Assistance is also provided to support the family and friends of the people who use drugs.
- ACT Health invests over \$20 million annually in drug treatment and support services in the ACT.
- Counselling was identified as a priority in the ACT for new funding announced by the Commonwealth Government in 2016 for drug treatment. National Ice Action Strategy funding for counselling flowed to ACT services in August 2017, via the Capital Health Network. This funding has not yet resulted in new services being reported in the NMDS.

Only if required

MEDIA TALKING POINTS:

- Publicly funded government and non-government drug treatment services in the ACT offer a wide range of drug treatment and support services for people with problematic drug use. Assistance is also provided to support the family and friends of the people who use drugs.
- The range of drug treatment and support services funded by ACT Health includes the following:
 - withdrawal
 - counselling
 - rehabilitation
 - support and case management
 - information and education
 - pharmacotherapy
 - sobering up facility where people intoxicated with alcohol and/or other drugs can sober up in a safe environment.
- ACT Health invests over \$20 million annually in drug treatment and support services in the ACT.

ACT Drug Strategy Action Plan

- Delivering a new ACT Drug Strategy Action Plan (the Action Plan) is a key priority for the ACT Government.
- This will re-affirm our commitment to the National Drug Strategy 2017-2026.
- An updated draft Action Plan has been circulated to ACT Government Directorates for comment. The Plan is proposed to be released for public consultation at the end of June.
- An expert Advisory Group will be established to provide input and advice on the implementation of the Action Plan. The Advisory Group will include representatives from relevant community and consumer organisations.
- The new Action Plan will align closely with the Government's preventive health agenda and relevant clinical service plans.



Australian Institute of Health and Welfare Reports

Recommendation

That you note the information contained in this summary.

Noted / Please Discuss

Meegan Fitzharris MLA..... /...../.....

Noted by Advisers (Policy + Medical).

Signatory Name:	Emily Harper	Phone:	52245
Title:	Executive Director Health Improvement Branch		
Action Officer:	Kathy Dennis	Phone:	75700



MINISTERIAL BRIEF

Health Directorate

FOR OFFICIAL USE ONLY

To: Minister for Health and Wellbeing

Tracking No.: MIN18/973

18 JUN 2018

CC: Attorney-General, Minister for Mental Health

From: Michael De'Ath, Interim Director-General ACT Health

Subject: Public consultation on the draft *ACT Drug Strategy Action Plan 2018-2021*

Critical Date: 20 June 2018

Critical Reason: It is intended to release the draft *Drug Strategy Action Plan 2018-2021* for public consultation at the end of June

- DG 18.../6/18 
- DDG .../.../...

Purpose

To seek your agreement to release the updated draft *ACT Drug Strategy Action Plan 2018-2021* for public consultation.

Recommendations

That you:

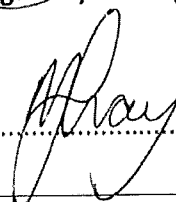
1. Note the information contained in this brief; and

Noted / Please Discuss

2. Agree to release the updated draft *ACT Drug Strategy Action Plan 2018-2021* at Attachment A on the ACT Government's YourSay website for public consultation for a period of six weeks.

Agreed / Not Agreed / Please Discuss

Meegan Fitzharris MLA



19/6/2018

Minister's Office Feedback

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Background

1. ACT Health has developed the draft *ACT Drug Strategy Action Plan 2018-2021* (DSAP) at [Attachment A](#).
2. It is intended that the DSAP will replace the previous ACT Alcohol, Tobacco and Other Drug (ATOD) Strategy which expired in 2014. It is aligned to the three pillars of harm minimisation detailed in the *National Drug Strategy 2017-2026*, as agreed by all States and Territories.
3. The DSAP has been developed in consultation with ACT Government directorates and with input from key stakeholders from across the ATOD sector.

Issues

4. In March 2018, the draft DSAP was provided to key sector stakeholder groups to seek initial feedback. ACT Health received eleven submissions in total.
5. The key themes that emerged from the round of targeted consultation were that:
 - The plan's Actions should be more concrete, specific and evidence-based.
 - The Actions to address alcohol should be expanded and strengthened.
 - The plan's Objectives should be more specific, and the Actions should be clearly aligned to these.
 - Alignment to the *National Drug Strategy 2017-2026* and other ACT strategies/ plans should be clarified.
 - Detailed local data and analysis should be provided.
 - The Advisory Group should be convened before the Action Plan is finalised.
6. These issues have been addressed in the updated draft DSAP. However, only limited additional local data and analysis have been included because the DSAP is intended to be a succinct document that can communicate to a general audience as well as a specialised readership.
7. A more fulsome summary of the stakeholder feedback is at [Attachment B](#) for your information.
8. A meeting of the key stakeholders will be convened on 20 June 2018. These stakeholders include members of the former ACT Alcohol Tobacco and Other Drug Strategy Evaluation Group and other key stakeholders who provided feedback on the DSAP in March. This meeting will be an opportunity to summarise the feedback received to date and how it has been incorporated into the DSAP and discuss the engagement process moving forward. Any further feedback will be considered alongside the public consultation process.
9. It is proposed that this group be reconvened once the public consultation has closed to consider the final version of the DSAP.
10. Your approval is now sought to release the updated draft DSAP for public consultation.
11. It is proposed that an invitation for public submissions be extended for a period of 6 weeks from the end of June.
12. The draft DSAP will be released for consultation on the ACT Government's YourSay website. A copy of the proposed website content is at [Attachment C](#).

FOR OFFICIAL USE ONLY

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Financial Implications

13. There are no budgetary implications associated with this brief. Any new or additional initiatives proposed as part of the DSAP would be subject to Cabinet approval as part of the Budget process.

ConsultationInternal

14. The draft DSAP was circulated across ACT Health for comment.

Cross Directorate

15. All ACT Government Directorates were provided with the draft DSAP for comment.

External

16. Targeted consultation with key industry stakeholders occurred in March 2018. ACT Health received eleven submissions in total. The organisations that provided submissions were:

- Alcohol, Tobacco and Other Drug Association ACT (ATODA)
- Canberra Alliance for Harm Minimisation and Advocacy (CAHMA)
- CatholicCare Canberra Goulburn
- Capital Health Network
- Foundation for Alcohol Research and Education
- Family and Friends for Drug Law Reform
- Health Care Consumers Association
- Mental Health Coordinating Council
- Ministerial Council for Women
- Public Health Association Australia, and
- Winnunga Nimmityjah Aboriginal Health Service.

Benefits/Sensitivities

17. Public consultation provides a valuable opportunity to engage the community beyond key stakeholders to incorporate a broad range of community views.

Media Implications

18. There is a high degree of media interest in ATOD matters. A draft media Release is at Attachment D.

Signatory Name:	Paul Kelly, Chief Health Officer & Deputy Director-General, Population Health, Protection and Prevention	Phone:	X 50883
Action Officer:	Emily Harper, Executive Director, Population Health, Protection and Prevention	Phone:	X 78634

Attachments

Attachment	Title
Attachment A	Draft ACT Drug Strategy Action Plan 2018-2021
Attachment B	Summary of stakeholder feedback
Attachment C	Your Say website content
Attachment D	Media Release

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Attachment B.

Summary of stakeholder feedback on the Draft Drug Strategy Action Plan 2018-2021 and responses

Comprehensive feedback was received from stakeholders across a wide range of issues. This feedback has been grouped into key themes and issues and is summarised below.

General Issues raised in feedback

Issue	Response
<ul style="list-style-type: none"> Feedback recommended better articulation of the links between Objectives and Actions, and alignment with other plans and strategies. 	<ul style="list-style-type: none"> Addressed by adding Objectives in introductory material, and three columns in the Table of Actions indicating alignment with these objectives, local strategic documents and national strategic documents.
<ul style="list-style-type: none"> More local data and analysis should be included to justify the Actions chosen and their local relevance. 	<ul style="list-style-type: none"> The DSAP's Actions have also been further developed and expanded with a more targeted approach to fit the local context. The Actions have been developed with consultation from key internal and external stakeholder groups, and will be subject to further consultation. A concise Action Plan is preferred over the format of the previous Alcohol, Tobacco and Other Drug Strategy document The Table in the Action Plan indicates alignment to national and locally plans and strategies.
<ul style="list-style-type: none"> The circulated draft Action Plan was insufficiently evidence based and excluded some of the most effective, cost effective and high priority approaches. 	<ul style="list-style-type: none"> The evidence base for all Actions has been reviewed. Actions have also been considered and included based on feasibility and available resources. The plan has been amended to respond to NGO feedback where possible, e.g. emphasising response to opioid issues.
<ul style="list-style-type: none"> The Action Plan is too brief and does not include sufficient explanation of the reasons for choosing the priorities. An approach similar to the previous strategy was preferred by several stakeholders, including ATODA. 	<ul style="list-style-type: none"> A background paper will be circulated during public consultation explaining the format and purpose of the Action Plan. The Action Plan has been adjusted to explain that consultation has been undertaken and to accommodate NGO feedback where possible.

Issue	Response
<ul style="list-style-type: none"> The ACT Government will expose itself to risk of criticism if the Action Plan does not clearly articulate the governments intentions. 	<ul style="list-style-type: none"> However, a more succinct Action Plan aligned to the framework - provided by the National Drug Strategy 2018-2026 is preferred.
<ul style="list-style-type: none"> Insufficient new Actions as opposed to existing commitments. 	<ul style="list-style-type: none"> Additional new Actions have been added.
<ul style="list-style-type: none"> Actions need to be more precise and include timelines. 	<ul style="list-style-type: none"> This has been addressed where possible. The Action cannot pre-empt Government consideration of Actions that are not yet agreed priorities. Details of implementation and evaluation will be developed in consultation with the expert Advisory Group.
<ul style="list-style-type: none"> More detail should be given on outcomes. 	<ul style="list-style-type: none"> An evaluation framework will be developed in consultation with the Advisory Group. Additional detail has been added to the Action Plan objectives.
<ul style="list-style-type: none"> Concern that the Advisory Group was not to be convened before implementation of the Action Plan. 	<ul style="list-style-type: none"> A meeting of key stakeholders will now be convened before the public consultation, and again before the plan is finalised.
<ul style="list-style-type: none"> Concerns were expressed about funding of alcohol and other drug services, including infrastructure funding. 	<ul style="list-style-type: none"> Reference has been strengthened to planning work under the territory-wide framework to respond to a growing population
<ul style="list-style-type: none"> Concerns were expressed that Government funding to address illicit drug use is too weighted towards law enforcement. 	<ul style="list-style-type: none"> This is acknowledged to be important consideration in a higher-level policy context but cannot be addressed in the Action Plan. The Action Plan identifies many Actions in relation to illicit drugs driven from a health perspective.
<ul style="list-style-type: none"> Additional mention should be made of partnerships, consumer and family involvement. 	<ul style="list-style-type: none"> Additional references have been added.

Issue	Response
<ul style="list-style-type: none"> • Three-year review of the Action Plan was supported in general but ongoing monitoring was also recommended. 	<ul style="list-style-type: none"> • Agreed. Monitoring and evaluation measures will be developed in consultation with the expert Advisory Group.
<ul style="list-style-type: none"> • The 'measures of success' in the previous draft are impractical and 'setting oneself up for failure' 	<ul style="list-style-type: none"> • The Action Plan now indicates that a monitoring and evaluation framework will be developed in consultation with the Advisory Group. • Specific measures are not indicated at this time as careful consideration is needed to ensure measures are appropriate for short, medium and long-term evaluation, and suitable to the ACT.
<ul style="list-style-type: none"> • Additional mention needs to be made of specific issues including social determinants of health, equity, and mental health comorbidity. 	<ul style="list-style-type: none"> • Additional mention of these issues has been added.
<ul style="list-style-type: none"> • Clarification is needed of the definition of the term 'drug', which the community understand differently to stakeholders. 	<ul style="list-style-type: none"> • This has been clarified, consistent with the National Drug Strategy, as including alcohol, tobacco, illicit drugs and non-medically used pharmaceuticals.

Specific issues raised by feedback.

Issue	Response
<ul style="list-style-type: none"> • Winnunga Nimmityjah Aboriginal Health Service made a submission requesting an Aboriginal community-controlled AOD residential rehabilitation centre should be the highest priority. 	<ul style="list-style-type: none"> • This issue will be considered as part of Action 23.
<ul style="list-style-type: none"> • Several stakeholders indicated that greater reference should be given to the role of Capital Health Network and the Australian Government, and of the need for coordination of funding and activities with ACT Health. 	<ul style="list-style-type: none"> • Reference has been strengthened to coordination with Capital Health Network and the Australian Government.

Issue	Response
<ul style="list-style-type: none"> Feedback from several stakeholders, including Public Health Association Australia, Foundation for Alcohol Research and Education and ATODA, suggested more Actions should address alcohol, its availability, drink driving, and marketing and promotion. 	<ul style="list-style-type: none"> A stronger emphasis has been placed on alcohol throughout the DSAP including clearer Objectives aligned to preventive health objectives. Several Actions have been added to the Alcohol section to address this feedback.
<ul style="list-style-type: none"> Foundation for Alcohol Research and Education noted that alcohol legislation is ineffective if not enforced and recommended that Access Canberra be included as a key partner. 	<ul style="list-style-type: none"> Reference has been added to researching the impact of enforcement of legislation.
<ul style="list-style-type: none"> The plan should include mention of responding to emerging issues, and to development of an early warning system for alcohol, tobacco and other drug issues. 	<ul style="list-style-type: none"> The Action Plan now includes section in the Actions table on 'emerging issues' and indicates consideration will be given to findings of inter-state pilots of early warning approaches.
<ul style="list-style-type: none"> ATODA has called for expansion of specialist AOD services including the establishment of an outpatient withdrawal program, and for embedding alcohol and drug service provision in new community health centres. 	<ul style="list-style-type: none"> Action 23 addresses this issue.
<ul style="list-style-type: none"> The current draft Territory-Wide Health Services Framework is hospital-centric and doesn't take non-government alcohol and other drug services sufficiently into account. 	<ul style="list-style-type: none"> The Action Plan cannot address this directly but the feedback has been referred to the Territory-wide planning process.

Issue	Response
<ul style="list-style-type: none"> Heroin/hydromorphone assisted opioid maintenance treatment 	<ul style="list-style-type: none"> Heroin or hydromorphone-assisted treatments are not being considered by ACT Health at this time. Such approaches could potentially be better addressed as a stage two option following introduction of a supervised injecting facility into the ACT. The Action Plan identifies that the ACT is currently monitoring interstate developments in this area which will inform any action moving forward.
<ul style="list-style-type: none"> Feedback was supportive of real-time prescription monitoring. 	<ul style="list-style-type: none"> Currently ACT Health is working towards implementing a prescription medication monitoring program.
<ul style="list-style-type: none"> Public Health Association Australia supports moves to fixed site pill testing, and this will be further investigated by ACT Health (Action 25). 	<ul style="list-style-type: none"> This is supported by an Action in the plan and will be further investigated by ACT Health
<ul style="list-style-type: none"> Health Care Consumers Association has identified a need for AOD training and support for GPs and mental health professionals through the PHN needs assessment. 	<ul style="list-style-type: none"> An Action to increase capacity of GPs to provide screening, assessment, brief interventions and treatment has been included.
<ul style="list-style-type: none"> ATODA requested establishment of an innovation fund. 	<ul style="list-style-type: none"> Innovation funding is already available under the innovation grants fund.
<ul style="list-style-type: none"> ATODA requested development of a Strategy to respond to opioid overdose, including pharmaceutical overdose. 	<ul style="list-style-type: none"> An Action has been included regarding strengthening responses to opioid overdose, including opioid maintenance treatment and naloxone provision
<ul style="list-style-type: none"> Several stakeholders called for establishment of a needle and syringe program at the Alexander Maconochie Centre (ACT adult prison). 	<ul style="list-style-type: none"> The Actions now include mention of development of a plan to address alcohol, tobacco and other drug issues in the AMC.

Issue	Response
<ul style="list-style-type: none"> Several stakeholders supported expansion of diversion options for offenders, including adaption of the Simple Cannabis Offence Notice (on-the-spot fine) to other illicit drugs. 	<ul style="list-style-type: none"> Development of options for expanding diversion is now included in the Actions.
<ul style="list-style-type: none"> ATODA called for increased intensity of random breath testing for alcohol. 	<ul style="list-style-type: none"> Reference has been added to researching this option.
<ul style="list-style-type: none"> Public Health Association Australian suggested that reference to hepatitis C treatment should be strengthened. 	<ul style="list-style-type: none"> An Action to address hepatitis in AOD treatment settings has been included.
<ul style="list-style-type: none"> ATODA requested establishment of a new needle and syringe exchange in the north of Canberra to respond to the growing population in this area. 	<ul style="list-style-type: none"> Reference has been made to expanding needle and syringe programs without committing to a specific option at this stage.
<ul style="list-style-type: none"> ATODA suggested school alcohol and drug prevention programs should be reviewed to ensure they are evidence based. 	<ul style="list-style-type: none"> Reference is made in the Action Plan to enhancing prevention programs, including school programs.
<ul style="list-style-type: none"> ATODA requested a strategic framework for AOD health care services. 	<ul style="list-style-type: none"> This has been noted but, given resource constraints, has not been included in the Action Plan at this time.
<ul style="list-style-type: none"> Public Health Association Australia was supportive of real-time prescription monitoring. 	<ul style="list-style-type: none"> Noted.

TAB 1: HOME**How you will have YourSay:**

The draft *ACT Drug Strategy Action Plan 2018-2021* (Action Plan) is now open for public consultation. The ACT Government is inviting any interested member of the community to provide feedback.

We invite your comment and feedback on the draft ACT Drug Strategy Action Plan 2018–2026 by 17 August 2018 by email to AODpolicy@act.gov.au.

We are looking at:

The ACT Government is inviting any interested member of the community to provide feedback on the draft *ACT Drug Strategy Action Plan 2018-2021* (Action Plan).

The draft Action Plan has been developed by ACT Health with input from other ACT Government Directorates and from key external bodies that provide advocacy, support and services relevant to alcohol, tobacco and other drugs problems.

The Action Plan summarises the ACT Government's priority actions over the next three years.

How we will use your views:

After all feedback has been received, the Action Plan will be revised and considered by a group of key Government and community stakeholders and then finalised. A monitoring and evaluation framework will be developed to track and report progress.

TAB 2: SCOPE OF THE ACTION PLAN

The ACT's Drug Strategy Action Plan is aligned to the *National Drug Strategy 2017-2026* (NDS) which all Australian State and Territory Governments have agreed to and helped shape. Consistent with the NDS, the Action Plan aims to build safe, healthy and resilient communities through preventing and minimising alcohol, tobacco and other drug-related health, social, cultural and economic harms among individuals, families and communities.¹

Consistent with the national strategy ACT Government will take a 'harm minimisation' approach. Harm minimisation has three 'pillars':

- 1) Demand reduction – to prevent uptake and delay in first use, reduce harmful use and support people to recover.
- 2) Supply reduction – to restrict availability and access to alcohol, tobacco and other drugs to prevent and reduce problems.
- 3) Harm reduction – to encourage safer behaviours and reduce preventable risk factors.

In line with this approach, each State and Territory is responsible for coordinating priority local actions to deliver outcomes.

The Drug Strategy Action Plan is not intended to replicate the previous *ACT Alcohol, Tobacco and Other Drug Strategy 2010-2014*. It is focused on the ACT's action plan for the next three years and is

¹ *National Drug Strategy 2017-2026*, Commonwealth of Australia, available at [http://www.health.gov.au/internet/main/publishing.nsf/Content/55E4796388E9E9E5CA25808F00035035/\\$File/National-Drug-Strategy-2017-2026.pdf](http://www.health.gov.au/internet/main/publishing.nsf/Content/55E4796388E9E9E5CA25808F00035035/$File/National-Drug-Strategy-2017-2026.pdf)

designed to be easily read and understood. The Action Plan aims to communicate government priorities both to the alcohol and other drug sector and to the community more broadly.

To keep the Action Plan to a manageable length, extensive background data is not provided. However, the actions included in the plan draw on consultation between ACT government directorates and also with non-government key stakeholders in the alcohol, tobacco and other drug field.

The Action Plan includes information on government commitments, current activities that are in their early stages and future intentions. It does not attempt to capture all routinely delivered services and activities such as continuing provision of key treatment services.

While the NDS is a ten-year plan, the ACT's Drug Strategy Action Plan Drug Strategy Action Plan will guide the actions of ACT Health and other government directorates on alcohol, tobacco and other drugs over the next three years. This will allow flexibility to adapt beyond this timeframe. ACT Health is busy planning for the next decade and beyond, guided by the *ACT Health Territory-wide Health Services Framework 2017-2027* and the *ACT Health Quality Strategy 2018-2028* to address challenges associated with an ageing and growing population.

An Advisory Group comprised of key stakeholders will be formed. This Group will play an important role in supporting collective action under the DSAP and facilitate the generation of new approaches to reduce the harmful use of alcohol, tobacco and other drugs in our community. The Advisory Group will be co-chaired by ACT Health and the Justice and Community Safety Directorate and include representatives from relevant community and consumer organisations. The Advisory Group will be established following the finalisation of the DSAP.

In the broader context, there are several other important national pieces of work currently under development under the NDS which will be finalised during the life of the current Drug Strategy Action Plan. These include the:

- National Alcohol Strategy 2018-2026
- National Tobacco Strategy beyond 2018
- National Treatment Framework for the drug and alcohol treatment system
- National Quality Framework for Drug and Alcohol Treatment Services.

The new ACT Drug Strategy Action Plan, and ensuing action plans will adapt to these developments. The Action Plan will be reviewed and redeveloped again in 2020-2021 to ensure it remains relevant.

ACT Health remains committed to investing in evidence-based responses to alcohol, tobacco and other drugs, and has a track record for innovating in this area as shown by the successful introduction of Australia's first pill testing trial.



Media release

MEEGAN FITZHARRIS MLA

Minister for Health and Wellbeing
 Minister for Transport and City Services
 Minister for Higher Education, Training and Research
 Member for Yerrabi

29 June 2018

Consultation now open on the ACT Drug Strategy Action Plan

ACT Minister for Health and Wellbeing, Meegan Fitzharris MLA, is encouraging the community to have their say on the new ACT Drug Strategy Action Plan 2018-2026 which is now out for consultation.

“Through this consultation, the Government is seeking feedback from interested parties on the ACT Drug Strategy Action Plan, which summaries the ACT Government’s priority actions over the new three years in relation to the harmful effects of alcohol, tobacco and other drugs” Minister Fitzharris said.

“This Plan closely aligns with the ACT Government’s focus on preventive health, with tobacco smoking and risky alcohol consumption being two of the key risk factors which contribute significantly to the burden of chronic disease in our community.

“The ACT Government remains committed to investing in evidence-based responses to alcohol, tobacco and other drugs, and has a track record for innovating in this area as shown by the successful introduction of Australia’s first pill testing trial.

“ACT’s Drug Strategy Action Plan is aligned to the *National Drug Strategy 2017-2026* and aims to build safe, healthy and resilient communities through preventing and minimising alcohol, tobacco and other drug-related health, social, cultural and economic harms among individuals, families and communities.

“In line with the national strategy the ACT Government will take a ‘harm minimisation’ approach with a threefold approach, focussing on demand reduction, supply reduction and harm reduction.

“This approach will look to prevent uptake and delay in first use, reduce harmful use and support people to recover; restrict availability and access to alcohol, tobacco and other drugs to prevent and reduce problems; and encourage safer behaviours and reduce preventable risk factors.

“Feedback to this consultation process will inform the ACT Government’s priority actions over the next three years in relation to the harmful effects of alcohol, tobacco and other drugs. I strongly encourage the community to take part in this consultation.”

The consultation is open until 17 August 2018. Further information and a copy of the Drug Strategy Action Plan is available at <https://yoursay.act.gov.au/>

Statement ends

Media contact/s:

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ACT LEGISLATIVE ASSEMBLY

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MeeganFitzharrisMLA



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ADVISORY NOTE

Minister for Health and Wellbeing

TRIM Ref:	Minister for Health and Wellbeing
Critical Date	7 June 2018
Director-General	Michael De'Ath <i>...6.../...6.../...18... [Signature]</i>

Minister's question/s:

Clarify the ACT Government's position in light of comments received from Vicki Dunne MLA to the Medicines, Poisons and Therapeutic Goods Amendment Bill 2018 (the Bill).

ACT Health's response:

The Executive Director Health Protection Service, the Chief Pharmacist and Ministerial advisory staff from your office met with Mrs Dunne on 4 June 2018 to provide a briefing about the Bill. The Bill is scheduled for debate in the ACT Legislative Assembly on 7 June 2018.

During the meeting, Mrs Dunne and her advisor raised a number of questions about the Bill. ACT Health undertook a commitment to provide information to Mrs Dunne in relation these questions.

Mrs Dunne's outstanding questions about the Bill and ACT Health's response to these matters are summarised in a draft response to Mrs Dunne at Attachment A.

*Advice from
Me info provided
directly from COS
to Dunne.
8/6/18*

Noted / Please Discuss

Meegan Fitzharris MLA
Minister for Health and Wellbeing

.../.../...

Signatory Name: Dr Paul Kelly, Chief Health Officer and
Deputy Director-General, Population
Health Protection and Prevention

Action Officer: Conrad Barr, Executive Director
Health Protection Service



Meegan Fitzharris MLA

Member for Yerrabi

Minister for Health and Wellbeing
 Minister for Transport and City Services
 Minister for Higher Education, Training and Research

Mrs Vicki Dunne
 Deputy Speaker
 Shadow Minister for Health
 ACT Legislative Assembly
 London Circuit
 CANBERRA ACT 2600

Dear Mrs Dunne

Thank you for meeting with my staff and officers of ACT Health on 4 June 2018 to discuss your comments to the Medicines, Poisons and Therapeutic Goods Amendment Bill 2018 (the Bill).

I understand that you and your office has some outstanding questions regarding several provisions of the Bill. These questions have been provided to me. I would like to take this opportunity to address your questions to ensure that you have confidence in the draft legislation, which is scheduled for debate in the ACT Legislative Assembly on Thursday 7 June 2018.

In line with the meeting outcomes of 4 June 2018, I have attached additional information about the Bill for your consideration.

I hope that this additional information addresses your remaining questions about the Bill. I trust that the ACT Government can rely on your support for the proposed measures outlined in the Bill for the benefit of our local community.

Thank you for raising these matters.

Yours sincerely

Meegan Fitzharris MLA
 Minister for Health and Wellbeing

AUSTRALIAN CAPITAL TERRITORY LEGISLATIVE ASSEMBLY

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Additional information about the Medicines, Poisons and Therapeutic Goods Amendment Bill 2018

1. Re: New section 97D3(b)

What changes are envisaged that the Chief Health Officer (CHO) can make to the monitored medicines database under this provision? What does ‘information to keep the data base accurate mean’, given the previous provision of the Bill enables changes to be made to correct an error or omission?

This provision was included to ensure the monitored medicines database can be kept up to date and as accurate as possible, including making changes that do not concern an error or omission of fact. This may include the listing of aliases, multiple address, legal changes of name, or regulatory notes. Not all of these items are mandatory reporting fields in the database and may not be categorised as an error or omission. Inclusion of new subsection 97D3(b) in the Bill removes any doubt as to the CHO’s authority to keep the database accurate and up to date.

2. How would ACT Health be in breach of the law if DORA was rolled out without the legislation?

The *Health Records (Privacy and Access) Act 1997* prohibits the ACT Government from disclosing health records outside of the ACT, or to a health professional that is outside of a patient’s immediate treatment team. ACT Health received legal advice from the ACT Government Solicitor confirming that the privacy and access controls in the *Health Records (Privacy and Access) Act 1997*, and the *Information Privacy Act 2014*, meant that DORA can only be implemented in the ACT if authorised by law. The Bill seeks to provide this authorising law.

3. How will this legislation align with a national scheme – i.e. will the legislation have to change?

The Bill includes a provision that enables the CHO to enter into arrangements with an approved data source entity regarding the collection, storage, access and use of information on the database. This provision has been adapted from the Victorian model to ensure the ACT can participate with other jurisdictions in any national public health initiative in the future. Under current arrangements, it is not envisaged the ACT will have to undertake further changes to law to participate in any national prescription or supply monitoring initiative.

However; section 97C of the Bill also allows a regulation to prescribe additional purposes for the monitored medicines database. Thus, if there are any additional purposes for the monitored medicines database that are required to be added to maintain national alignment, such purposes can be added.

4. Can section 97E(d) be amended to include the heading after section 97F “Monitored Medicines database – access and use by relevant health practitioners” (i.e. heading missing) (same as in section 97E(d) which mentioned section 97G (Monitored medicines database – access authority).

It is a drafting practice of the Parliamentary Counsel’s Office (PCO) that a title provision referenced in legislation need not be included when that referenced provision is a subsequent clause. The drafting of section 97E(d) is therefore considered appropriate and has no implications on the operation of the Bill.

5. How will the CHO manage who is authorised/de-authorised. i.e. how does the CHO make sure prescribers are authorised? How does the CHO know prescribers are no longer authorised?

Authorising health professionals to access the database will be administered through policy and procedures by delegates of the CHO. The HPS will keep a list of all database users that may be audited to ensure currency of users. All health professional users will be required to undertake an authentication step by submitting their health professional registration details, which can be cross-checked with the Australian Health Practitioner Regulation Agency.

6. Section 97(H) Offences and disciplinary action in the current MPTG Act – how will they work together? If the CHO has discretion about treating an offence as such (and use the penalty units), or move to the Disciplinary action in the MPTG ACT? How/what rules does the CHO have to operate under?

In the event of an alleged breach of the MPTG Act, there are two potential paths for enforcement action – being prosecution or disciplinary action. In considering the public interest, the CHO has discretion about what type of enforcement action (including no action) may be taken. The CHO's discretion in enforcement matters is a stated object of the *Medicines, Poisons and Therapeutic Goods Act 2008* and is not affected by the Bill.

7. Section 97D(4) in that the database 'may' include the following information. What is the significance between these items in the Bill?

Including the terms of 'may' as opposed to 'must' under section 97D of the Bill allows ACT Health to exercise its discretion to not include certain information in the database. This may occur when the information is not appropriate to be listed in the database either because it is ~~where it is not~~ ^{not} consistent with the ACT's framework, or is non-critical information to the end DORA user.

In section 97D, this discretion applies to database information ~~where~~ ^{that} it is received from sources outside the ACT's influence such as other state/territories or approved data source entities. A degree of flexibility is required in these instances to ensure the CHO has control of database information that is independent of other jurisdictions and can uphold privacy concerns and other ACT legislation as appropriate.

8. Regarding section 97G and granting access to database information under an access authority. How is patient privacy protected from research purposes?

The CHO is unable to issue an access authority (to allow non-health professionals) to access the database unless it is consistent with a stated purpose of the database and in the public interest. This provision was inserted to allow for non-health professionals to use database information for related purposes such as ICT professionals (to ensure security of the database), database administrators, and regulatory staff undertaking investigations or audits.

General applications for accessing the database for research purposes would not be in the public interest and therefore unsuccessful. However database information may be provided to researchers if appropriately de-identified to the extent it no longer is considered a health record.



MINISTERIAL BRIEF

Health Directorate

UNCLASSIFIED

To: Minister for Health and Wellbeing Tracking No.: MIN18-610
1/6/18

From: Michael De'Ath, Interim Director-General ACT Health

Subject: Update on the Ngunnawal Bush Healing Farm

Critical Date: Not applicable

Critical Reason: Not applicable

- DG .../.../...

Purpose

To provide you an update on operation of the Ngunnawal Bush Healing Farm and the continued development of the non-residential program.

Recommendation

That you note the information contained in this brief.

Noted / Please Discuss

Meegan Fitzharris, MLA..... 4/6/18

Minister's Office Feedback

Please clarify in QTB when next program will start & how many participants Thanks

UNCLASSIFIED

UNCLASSIFIED

Background

1. On 4 September 2017 you officially opened the Ngunnawal Bush Healing Farm (NBHF) and the commencement of intake for clients to the NBHF's programs. Programs commenced in November 2017.
2. NBHF staff continue to offer both cultural, social and emotional support, in addition to advocacy and case management for NBHF clients who attended the 2017 pilot program. The support work with clients builds on wellbeing strategies promoted through the pilot program that included foundational skills, nutritional program, healthy country program, and a relapse prevention program.
3. In addition to the support which continues to be provided to existing clients, NBHF staff have provided a number of opportunities to continue to strengthen links and partnerships with organisations and with members of the Aboriginal and Torres Strait Islander community. This has included a number of school visits as well as service visits from Government agencies and Non-Government Organisation partners, including Gugan Gulwan Youth Aboriginal Corporation.
4. NBHF staff are also actively collaborating with the Alexander Maconochie Centre, Bimberi Youth Detention Centre, the Adult Mental Health Unit and Dhulwa Mental Health Unit to support a number of Aboriginal and/or Torres Strait Islander peoples experiencing crisis.

Issues

5. NBHF staff have finalised a redesigned group program as part of the continuing improvement of the service. ACT Health is currently in the process of executing contracts with new providers. These group programs are expected to commence on 4 June 2018.
6. Programs to commence in June 2018 include:
 - a. nutritional and food preparation program;
 - b. horticulture and bush tucker;
 - c. blacksmithing;
 - d. physical fitness;
 - e. music therapy;
 - f. health awareness;
 - g. cultural site visits;
 - h. horse therapy;
 - i. SMART recovery; and
 - j. cartoon therapy.

UNCLASSIFIED

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7. ACT Health continues to develop plans for a residential service to action the commitment made during the 2017 ACT Health annual reports hearings and at the recent Aboriginal and Torres Strait Islander Elected Body (ATSIEB) Hearings to tender a residential program by early 2019. This work is dependent on the outcomes of the NBHF Healing Framework.
8. Towards this ACT Health has recently contracted with the Aboriginal and Torres Strait Islander Healing Foundation to consult with ACT Aboriginal and Torres Strait Islander communities and to develop this framework. The NBHF Healing Framework proposal will identify ACT Aboriginal and Torres Strait Islander community healing priorities and aspirations.
9. The NBHF project team is intending to dissolve the current NBHF Advisory Board following the successful opening of the NBHF as it has fulfilled its original remit to develop the facility and service model for commissioning. The membership of the NBHF Advisory Board was selected on the basis of skills and representation to build the NBHF service design and delivery models ahead of opening, and does not have the skills necessary for the governance or running of an operational service.
10. The next phase of the project requires a new management structure to deliver ongoing programs and activities at the NBHF. The facility will be governed within ACT Health Policy Stakeholder Relations Branch and have close stakeholder engagement with the ATSIEB. The long term goal is to establish a NBHF Board, to assist in the transition to an Aboriginal community-controlled organisation and/or non-government organisation.

Financial Implications

11. The NBHF has an indexed recurrent budget of \$2,170,000 including depreciation for the 2017-18 financial year.
12. There also remained \$1.7 million in unspent capital from the construction of the NBHF facility. This funding will go towards a number of capital expenditures to improve the service, including ICT capability.

Consultation

Internal

13. The NBHF operations require collaboration with number of business areas across ACT Health.

Cross Directorate

14. A Cross Directorate meeting was convened on 16 May 2018 for an update and future planning of the NBHF. ACT Health delivered an NBHF presentation. Topics included: client engagement, service providers, next program, staff recruitment, cross government collaboration, options for referrals, policy update, cross government buy-in and residential contracted provider.

UNCLASSIFIED

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External

15. ACT Health continues to engage the United Ngunnawal Elders Council (UNEC), ATSIEB, Winnunga Nimmityjah Aboriginal Health and Community Services, Gugan Gulwan Youth Aboriginal Corporation and other key stakeholders for update and future planning.

Benefits/Sensitivities

16. The dissolution of the NBHF Advisory Board is likely to cause concern with members of the UNEC, given their strong personal connection to the project.
17. You have been previously briefed in relation to the admission of clients who are receiving Opioid Replacement Therapy (ORT). The admission of ORT clients to the NBHF will likely cause concern with Ms Roslyn Brown, co-chair of UNEC.
18. Mr Fred Monaghan, UNEC co-chair continues to champion the establishment of a residential alcohol and drug rehabilitation service for Aboriginal and Torres Strait Islander peoples.
19. Members of the Legislative Assembly continue to maintain a strong interest in the ongoing development of the NBHF, in particular the progress towards a residential program.
20. In addition, ATSIEB also maintains a strong interest in the NBHF, which was a strong focus of their recent hearings.
21. On 21 May 2018, representatives from the UNEC (Roslyn Brown and Fred Monaghan) met with Michael De'Ath, Interim Director-General ACT Health to discuss Ngunnawal Elders concerns and issues relating to the NBHF. In particular, the pace and direction of the NBHF service delivery, future plans to upgrade the shearing shed and the role of UNEC.
22. There is no Aboriginal Controlled Community Organisation with the skill or interest in managing the service in the short term to medium term. ACT Health will therefore continue to operate the service and will work with organisations to develop capacity in the community sector.

Media Implications

23. ACT Health staff are continuing to develop an ongoing communication strategy for the NBHF.
24. NBHF project staff have preparing a community update for dissemination to the public.

Signatory Name: Patrick Henry

Phone: 02 6207 9143

Action Officer: Amber Shuhyta

Phone: 02 6205 3763

UNCLASSIFIED

GBC18/353

Portfolio/s: Health & Wellbeing**ISSUE: DRUG STRATEGY ACTION PLAN****Talking points:**

- ACT Health is currently revising the draft Drug Strategy Action Plan (the Action Plan) following a targeted consultation with key non-government stakeholders which closed on 30 March 2018.
- The Action Plan will be finalised in the second half of 2018 following public consultation.
- An expert Advisory Group, including representation from community and consumer organisations, will be established to provide input and advice on implementation of the Action Plan.
- The Advisory Group will also play an important role in identifying emerging drug use patterns and informing future priorities.

Key Information

- A key priority of the Government is to deliver a new Action Plan which will re-affirm the ACT Government's commitment to the National Drug Strategy 2017-2026 (NDS).
- The Action Plan will replace the now expired ACT Alcohol, Tobacco and Other Drug Strategy, and will align closely with the Government's preventive health agenda and relevant clinical service plans.
- 11 of 27 non-government stakeholders invited to make submissions on the draft Action Plan made submissions. Government stakeholders had been previously consulted.

Background Information – may not be suitable for public disclosure

- The Alcohol, Tobacco and Other Drug Association ACT (ATODA) wrote to the Chief Health Officer on 26 March 2018 requesting that the proposed new expert Advisory Group for the Action Plan is convened before the plan is finalised.
- Several stakeholders, including ATODA, repeated this request in their written submissions on the draft Action Plan.
- ACT Health will be convening a meeting of key stakeholders prior to releasing the draft Action Plan for public consultation.

Cleared as complete and accurate: 22/05/2018
Cleared by: Executive Director Ext: 52245
Information Officer name:
Contact Officer name: Emily Harper Ext: 52245
Lead Directorate: Health

QUESTION TIME BRIEF

- The 11 organisations which made submissions to the recent consultation were: ACT Ministerial Advisory Council on Women; ATODA; Canberra Alliance for Harm Minimisation and Advocacy (CAHMA); Capital Health Network; CatholicCare Canberra and Goulburn; Families and Friends for Drug Law Reform (ACT); Foundation for Alcohol Research and Education (FARE); Health Care Consumers' Association (HCCA); Mental Health Community Coalition (MHCC) ACT; Public Health Association Australia (PHAA); and Winnunga Nimmityjah Aboriginal Health Service.

Cleared as complete and accurate: 22/05/2018
Cleared by: Executive Director Ext: 52245
Information Officer name:
Contact Officer name: Emily Harper Ext: 52245
Lead Directorate: Health

No. 56 - Budget Statement C page 10

Portfolio/s: Health & Wellbeing

ISSUE: Strategic Indicator 15 – Percentage of persons aged 12 to 17 years who smoke regularly

Strategic indicator	2014 ACT rate	2014 national rate	Long term target
Percentage of persons aged 12 to 17 who are current smokers	5.2%	5.1%	≤5%

Sources: Australian Secondary Students' Alcohol and Drug (ASSAD) Survey confidentialised unit record files 2014, ACT Health: Australian secondary school students' use of tobacco, alcohol, and over-the-counter and illicit substances in 2014 report, Centre for Behavioural Research in Cancer, Cancer Council Victoria, October 2016.

Talking points:

- Smoking rates among youth in the ACT have fallen significantly over the past two decades and continue to fall.
- While it is good news that smoking rates among ACT youths has fallen, we can't be complacent. There are still sections of the community with high smoking rates, while electronic cigarettes (e-cigarettes or personal vaporisers) are an emerging public health challenge. Currently, e-cigarettes are being marketed as a method to assist smokers to quit, or as a safer alternative to conventional cigarettes. However there is currently insufficient evidence to support these claims and growing concern about potential toxic effects and long-term health impacts.

Key Information

- The proportion of ACT students aged 12–17 years who stated that they were current smokers in 2014 was 5.2%. This was slightly lower than the 2011 rate (5.8%) and more than half the rate reported in 2002 (15.3%).
- The ACT rate (5.2%) was similar to the national figure for current smoking in youths in 2014 (5.1%).
- Although based on small numbers, the proportion of ACT students aged 12–17 years who stated that they had ever used e-cigarettes in 2014 (11.6%) was similar to that recorded nationally (13.2%).

Cleared as complete and accurate: 21/05/2018
 Cleared by: Deputy Director-General Ext: 50883
 Information Officer name: Dr Paul Kelly
 Contact Officer name: Emily Harper Ext: 52245
 Lead Directorate: Health

Background Information – may not be suitable for public disclosure

- The mean age at which people in the ACT report having had their first cigarette has continued to rise, while a greater number of Canberrans report that they have never smoked. It is thus important to continue to monitor the smoking patterns of younger Canberrans and establish policies that help these positive trends to continue.
- The Australian Secondary Students' Alcohol and Drug Survey (ASSAD) is conducted every three years in the ACT. Data from the latest collection (2017) will be available in July 2018. The survey collects information on the prevalence of alcohol and tobacco use and other health risk factors among secondary school students (aged 12 to 17 years of age).

Cleared as complete and accurate: 21/05/2018
Cleared by: Deputy Director-General Ext: 50883
Information Officer name: Dr Paul Kelly
Contact Officer name: Emily Harper Ext: 52245
Lead Directorate: Health

QUESTION TIME BRIEF

GBC18/353

Portfolio/s: Health & Wellbeing

ISSUE: NGUNNAWAL BUSH HEALING FARM

Talking points:

- The Ngunnawal Bush Healing Farm (NBHF) staff continue to offer both cultural, social and emotional support in addition to advocacy and case management for 2017 pilot program clients and new referrals.
- The second program has commenced, with a full complement (12) of clients beginning their orientation for the NBHF this week (4 June 2018). Clients have been sourced from a range of programs within the ACT and NBHF staff are currently working closely with key stakeholders.
- In addition to the formal program, staff have assisted 30 people by providing culturally appropriate support services.
- NBHF staff have supported a number of Aboriginal and/or Torres Strait Islander peoples experiencing crisis at Dhulwa, Alexander Maconochie Centre, and Adult Mental Health Unit. This support also includes a number of school visits as well as service visits from current and future NGO partners, including Gugan Gulwan.
- Programs to be included through the next program are:
 - Nutritional and food preparation;
 - Horticulture and bush tucker;
 - Blacksmithing and toolmaking;
 - Physical fitness and Wellbeing;
 - Music therapy;
 - Cultural walks and talks;
 - Horse therapy;
 - Relapse Prevention;
 - Leadership and self-empowerment training;
 - Outdoor Education; and
 - Cartoon therapy.

Cleared as complete and accurate:	09/05/2018	
Cleared by:	Executive Director	Ext: 79143
Information Officer name:	Patrick Henry	
Contact Officer name:	Oliver Kickett	Ext: 52672
Lead Directorate:	Health	

QUESTION TIME BRIEF

Key Information

- At this time, ACT Health will continue to oversee the operations of the NBHF. The Government hopes to transition the service to an Aboriginal community controlled organisation or non-government organisation at an appropriate time.
- ACT Health has engaged the Aboriginal and Torres Strait Islander Healing Foundation to deliver a Healing Framework for the Ngunnawal Bush Healing Farm. A series of Knowledge Circles is planned throughout 2018.

Background Information – may not be suitable for public disclosure

- Following the official opening of NBHF on 4 September 2017, ACT Health delivered a pilot program which commenced in November 2017 and ran for a period of five weeks. Programs were offered to male and female clients aged between 18-40 years who identified as an Aboriginal and Torres Strait Islander person and who were free from alcohol and/or other drugs.
- The program at the NBHF included: foundational skills, nutritional program, ACT Parks Healthy country program, and a relapse prevention program. Feedback from clients was overwhelmingly supportive of the programs.
- ACT Health conducted a desktop review of the pilot program which was completed in February 2018. The desktop review of the pilot program highlighted:
 - a strong interest from clients to come back and join the next program;
 - more flexibility required with the program to tailored to the individual needs was critical to clients;
 - clients formed positive relationships with NBHF staff and contracted service providers;
 - clients enjoyed the field trips, learning more about local Aboriginal history and sought further opportunities to learn more about other Aboriginal and/or Torres Strait Islander cultures; and
 - restrictions on the use of a 4WD vehicle during the program made it difficult to visit all areas of the NBHF property.

Cleared as complete and accurate:	09/05/2018	
Cleared by:	Executive Director	Ext: 79143
Information Officer name:	Patrick Henry	
Contact Officer name:	Oliver Kickett	Ext: 52672
Lead Directorate:	Health	



MINISTERIAL BRIEF

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MO

23 APR 2018

UNCLASSIFIED

To: Minister for Mental Health Tracking No.: MIN18/580

CC: Minister for Corrections

From: Michael De'Ath, Interim Director-General

Subject: Coroner Cook's findings and reasons into the death of [REDACTED] handed down on 11 April 2018

Critical Date: Not applicable

Critical Reason: Not applicable

- DG .../.../...
- DDG .../.../...

Purpose

To provide you with a joint brief outlining Coroner Cook's findings and reasons at the conclusion of the Coronial Inquest into the death of [REDACTED]

Recommendation

That you note the information contained in this brief.

Noted / Please Discuss

Shane Rattenbury MLA 28/4/18

Minister's Office Feedback Please discuss issue of 'self prescribing' referenced in Rec 6. Acknowledging the advice that it is not compulsory, I consider it is appropriate that a response be given in the Assembly.

Background

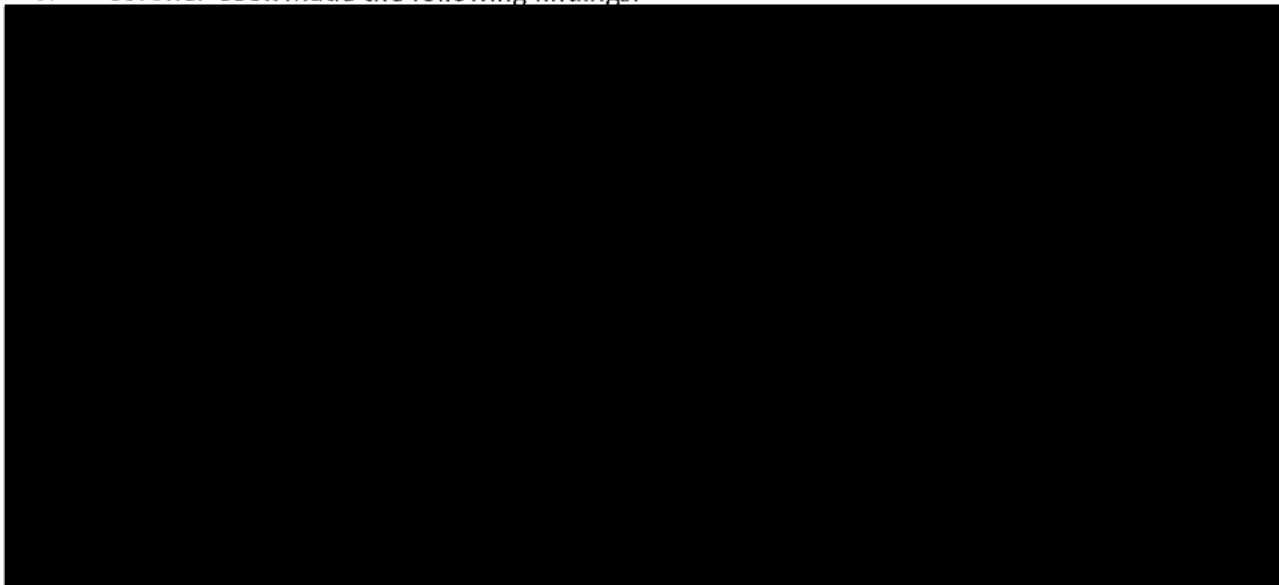
1. You have been previously briefed by ACT Health and Justice and Community Safety Directorate (JACS) on the coronial Inquest into the death of [REDACTED] at Attachment A.

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**Issues**

2. On 11 April 2018, Coroner Cook published his findings and recommendations in the Inquest into the death of [REDACTED]. Coroner Cook read out his findings in relation to the manner and cause of death and a summary of his reasons and recommendations into this matter.
3. Coroner Cook made the following findings:

Recommendation 1

5. The ACT Government should review the then existing practices and to remove inconsistencies in policies and procedures relied upon by correctional officers so as to ensure prisoner safety and welfare checks through musters and headcounts which require eye contact and facial recognition to be complied with. The extent of compliance with those procedures, given their purpose is to ensure the safety and wellbeing of a detainee, should be evaluated and tested periodically to ensure they are effective and practical and minimise compliancy through their routine.

Recommendation 2

6. The ACT Government should consider the viability or effectiveness that a daily structured compulsory physical education and training session might have on a prisoner focusing on the prisoner's well-being and rehabilitation coupled with drug rehabilitation counselling. Any consideration of such course would need, I acknowledge, to be factored into current alcohol and drug support programs within the AMC and the various sentencing period for detainees.

Recommendation 3

7. The ACT Government should ensure that minimising the infiltration of illicit substances into custodial facilities remains at the forefront of screening technology.

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Recommendation 4

8. ACT Health should consider obtaining, either by consent from a prisoner or through reliance on legislation a prisoners medical records and all relevant reports from alcohol and drug perspective created prior to incarceration for incorporation into the detainee's electronic medical file for the purposes of an AMC induction or prior to any assessment for access to pharmacotherapy treatment. Further, for detainees who are placed on pharmacotherapy, such as the Methadone Maintenance Program (MMP), that in the interest of the health and safety of the detainee and his or her wellbeing, information of this type should be shared with ACT Corrective Services conducting prisoner headcounts and musters for the very purpose of determining a detainees' location, safety and wellbeing. Equally, any independent urinalysis results undertaken by ACT Corrective Services should be placed on the detainee's medical record to enable medical staff to have a complete picture of the detainee's use of illicit substances as well as those substances prescribed through the Hume Health Centre.

Recommendation 5

9. The ACT Standard Operating Procedures should be reviewed and the focus should be on prescribing individualised treatment setting out the parameters for commencement doses of methadone for instance by anywhere from 5mg to 20mg with the ability to increase daily on medical review only.

Recommendation 6

10. The ACT Standard Operating Procedure should be reviewed to ensure that those who have only recently commenced on the methadone program not be allowed to self-prescribe increases for a set period of time to ensure they are in a physiological sense, capable of accommodating the increased amount of methadone. Further and in the alternative, the ACT Government should consider whether it is even appropriate to allow such increases to occur for a Schedule 8 drug.

Recommendation 7

11. Justice Health Services to consider whether or not adopting the National Guidelines to replace its ACT Opiate Maintenance Treatment Guidelines and incorporating random urinalysis or blood tests where there is no objective medical history of opioid dependence prior to placement on the MMP.

Next Steps

12. ACT Health and ACT Corrective Services will work collaboratively to provide a response to the Coroner concerning the recommendations.
13. There is no obligation to table a Government Response in the Legislative Assembly. Preliminary advice was based on the assumption Coroner Cook would make findings and recommendations about serious risk to public safety, triggering the requirements of section 57 of the *Coroners Act 1997* (the Coroners Act).

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14. Coroner Cook's recommendations were about public safety more generally and therefore do not require the Ministerial process of presenting a response to the Legislative Assembly.
15. In accordance to section 75 of the Coroners Act, Coroner Cook must report his findings to the Attorney-General, the custodial agency in whose custody the death happened and to the Minister responsible for that agency, among others. The custodial agency for this matter is JACS and you are the Minister responsible as the Minister for Corrections.
16. In accordance with section 76 of the Coroners Act, not later than three months after the receipt of the report JACS must provide you a written response to the findings contained in the Coroner's report. The report must include a statement of action (if any) that has been taken in relation to any aspect of the findings.
17. You must give a copy of the response to the Coroner as soon as practicable after receiving it. The Coroner must give a copy of the response to each person or agency to whom a copy of the Coroner's report was given.
18. While a Government Response is not required under the Coroners Act, you can choose to table one. If you would like to table a Government Response in the Legislative Assembly, JACS can prepare this alongside the report prepared under section 76 of the Coroners Act. ✓

Financial Implications

19. Not applicable.

ConsultationInternal

20. Not applicable.

Cross Directorate

21. Ms Louise Crossman, Senior Manager Policy and Government, ACT Corrective Services provided input on 16 April 2018.

External

22. Not applicable.

Benefits/Sensitivities

23. Not applicable.

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Media Implications

24. The death of [REDACTED] and the coronial inquest has been the subject of media interest and your office has been previously provided with talking points on the findings and reasons of Coroner Cook.

25. There may be media interest in a Government Response. Talking points will be prepared with any Government Response.

Signatory Name: Katrina Bracher

Phone: 51313

Action Officer: Michelle Hemming

Phone: 55142

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ACT
Government
Health

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5 - APR 2018

MINISTERIAL BRIEF

SCANNED

UNCLASSIFIED

To: Minister for Mental Health

Tracking No.: GBC18/228

To: Minister for Corrections

From: Karen Doran, A/g Director-General

14. Da - 31/3

Subject: Finalisation of the Coronial Inquest into the death of [REDACTED]

Critical Date: 11 April 2018

Critical Reason: 11 April 2018 -- anticipated that Coroner Cook will had down his findings into the death of [REDACTED]

- DG .../.../...
- DDG .../.../...

Purpose

To advise that the coronial inquest into the death of [REDACTED] has been listed for 11 April 2018 and it is anticipated that Coroner Cook will hand down his findings in this matter.

Recommendation

That you note the information contained in this brief.

Noted / Please Discuss

Shane Rattenbury MLA

8, 4, 18

Minister's Office Feedback

Background

1. ACT Health has briefed you extensively on this matter, at Attachment A.
2. The coronial inquest into the death of [REDACTED] commenced on 27 February 2017 for six days and was re-convened on 10 August 2017 for a further two days.
3. During the 8 days of hearing, six ACT Government staff gave evidence, from both the Justice and Community Safety Directorate (JACS) (Mr Jason Stockheim and Mr Don Taylor) and ACT Health (Mr Bruno Aloisi, Dr Luke Streitberg, Dr Michael Levy and Ms Tasha Lutz).

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Tracking No.:
GBC18/228

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Issues

9. ACT Health anticipates that Coroner Cook will hand down his findings into the death of [REDACTED] on 11 April 2018. However, the Territory is unable to foreshadow any of the Coroner's recommendation/s (if any).
10. A number of issues arose throughout the Coronial Inquest, including numerous aspects of the methadone program at the AMC, correctional observations of detainees at musters, and correctional observations of detainees following dosing of medication. It is likely that these issues may form the basis of the Coroner's recommendations.
11. Following the public handing down of the findings on 11 April 2018, Coroner Cook may formally provide his findings to the responsible Minister in accordance with section 57(4) of the *Coroners Act 1997*. The timeframe for this is determined by the Coroner.
12. If Coroner Cook provides a formal copy of his findings, section 57(5) of the *Coroners Act 1997* stipulates that the responsible Minister is required to present the report to the Legislative Assembly not later than the first sitting week after the end of six months after the day the responsible Minister receives the report and present a statement of response to the report on the same day.
13. The timeframe for the Government Response to the Legislative Assembly is dependent on the date you receive the Coroner's report. The tabling of the Government Response would be during the October 2018 sitting period at the earliest.
14. ACT Health and JACS will collaborate in the drafting of the Government Response.

Financial Implications

15. Not applicable

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ConsultationInternal

16. Not applicable

Cross Directorate

17. Louise Crossman, Senior Manager Policy and Government, ACT Corrective Services.
23 March 2018. Ph: 02 6205 7184.

External

18. Not applicable

Benefits/Sensitivities

19. Not applicable

Media Implications

20. The handing down of the findings into the death of [REDACTED] on 11 April 2018, will generate significant media interest.
21. The Territory is unable to foreshadow what the findings will be. A media statement and media talking points/question and answer document is being prepared and will be provided to your office separately.

Signatory Name: Katrina Bracher

Phone: 51313

Action Officer: Michelle Hemming

Phone: 55142

Attachments

Attachment	Title
Attachment A	Advice/brief: hearing into the death of [REDACTED] package

UNCLASSIFIED

QUESTION TIME BRIEF

GBC18/279

Portfolio/s: Health & Wellbeing

ISSUE: DRUG STRATEGY ACTION PLAN

Talking points:

- ACT Health is currently revising the draft Drug Strategy Action Plan (the Action Plan) following a targeted consultation with key non-government stakeholders which closed on 30 March 2018.
- The Action Plan will be finalised in the second half of 2018 following public consultation.
- An expert Advisory Group, including representation from community and consumer organisations, will be established to provide input and advice on implementation of the Action Plan.
- The Advisory Group will also play an important role in identifying emerging drug use patterns and informing future priorities.

Key Information

- A key priority of the Government is to deliver a new Action Plan which will re-affirm the ACT Government's commitment to the National Drug Strategy 2017-2026 (NDS).
- The Action Plan will replace the now expired ACT Alcohol, Tobacco and Other Drug Strategy, and will align closely with the Government's preventive health agenda and relevant clinical service plans.
- 11 of 27 non-government stakeholders invited to make submissions on the draft Action Plan made submissions. Government stakeholders had been previously consulted.

Background Information – may not be suitable for public disclosure

- The Alcohol, Tobacco and Other Drug Association ACT (ATODA) wrote to the Chief Health Officer on 26 March 2018 requesting that the proposed new expert Advisory Group for the Action Plan is convened before the plan is finalised.
- Several stakeholders, including ATODA, repeated this request in their written submissions on the draft Action Plan.
- ACT Health does not consider it necessary to convene the Advisory Group before the plan is finalised: organisations represented on the former Drug Strategy Evaluation Group have been contacted directly to provide written comment on draft Action Plan. Stakeholders will have further opportunity for input during the public consultation.

Cleared as complete and accurate: 26/04/2018
Cleared by: Executive Director Ext: 52245
Information Officer name:
Contact Officer name: Emily Harper Ext: 52245
Lead Directorate: Health

QUESTION TIME BRIEF

- The 11 organisations which made submissions to the recent consultation were: ACT Ministerial Advisory Council on Women; ATODA; Canberra Alliance for Harm Minimisation and Advocacy (CAHMA); Capital Health Network; CatholicCare Canberra & Goulburn; Families and Friends for Drug Law Reform (ACT); Foundation for Alcohol Research & Education (FARE); Health Care Consumers' Association (HCCA); Mental Health Community Coalition (MHCC) ACT; Public Health Association Australia (PHAA); and Winnunga Nimmityja.

Cleared as complete and accurate: 26/04/2018
Cleared by: Executive Director Ext: 52245
Information Officer name:
Contact Officer name: Emily Harper Ext: 52245
Lead Directorate: Health



ACT
Government
Health

MINISTERIAL BRIEF
RECEIVED
MO
27 MAR 2018

UNCLASSIFIED

To: Minister for Mental Health

Tracking No.: MIN18/292

From: Karen Doran, Acting Director-General

Subject: New iDose Procedure (regarding manual pumps) and the installation of additional iDose Machines

Critical Date: Not applicable

Critical Reason: Not applicable

- DG .../.../...
- DDG .../.../...

Purpose

To provide you with information regarding the process for the purchasing and installation of additional idose machines into the Alexander Maconochie Centre (AMC) and the development of an idose procedure regarding manual pumps.

Recommendation

That you note the information contained in this brief.

Noted / Please Discuss

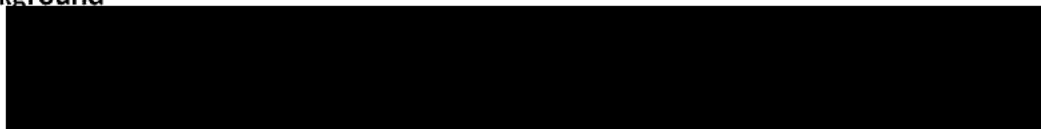
Shane Rattenbury MLA

[Handwritten signature]
1.4.18

Minister's Office Feedback

Background

1.



Issues

2. Following the methadone medical error it was identified by Justice Health Services (JHS) that a specific procedure to support staff in situations where a manual pump system to administer the dose methadone is required.

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3. A draft procedure has been developed *Justice Health Services – Manual Methadone Dispensing Procedure*. This procedure requires consultation more broadly including with CHHS Pharmacy, Alcohol & Drug Services and ACT Corrective Services (ACTCS). This consultation process has been initiated and should be complete in April 2018.
4. Additional iDose locations in AMC have been identified in consultation with ACTCS to assist with iDose being more universally available within AMC to minimise the requirement for the manual pump system to be used.
5. A review of JHS Riskman data has indicated that there has been one incorrect dose of methadone since iDose was implemented on 31 August 2017. That was the methadone medication error that occurred on 10 February 2018. Since the implementation of iDose at the AMC, 870 manually pumped doses of methadone have been administered.
6. iDose will be rolled out in the former Women's Unit at the AMC and a space was made available on 6 March 2018 and discussions have commenced regarding minor works requirements. It has been discussed that minor works should be able to be completed by 30 June 2018.
7. iDose will be rolled out to the Management Unit and a space will need to be purpose built. The works for this are expected to be more complex. Planning and discussions are being undertaken between ACTCS and JHS to ensure the space is fit for purpose.
8. iDose quotes have been requested and based on previous roll-out of iDose a completion date is anticipated to be 4-6 months. Roll-out includes, order and supply of hardware, software updates and licensing, installation of equipment and completion of minor works.

Financial Implications

9. The financial implications are not yet finalised and the requested quotes have not been returned. It is estimated the set up (establishment) cost could be \$60-100K. An application for funding within ACT Health, to include the set up and recurrent costs, will progress on receipt of the quotes.
10. The financial implications will be monitored by the General Manager AMC and Operational Director JHS and will be finalised as the quotes for iDose hardware and licensing and quotes related to minor works at AMC become available.

Consultation

Internal

11. Consultation on the draft *Justice Health Services – Manual Methadone Dispensing Procedure*, has commenced.

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Cross Directorate

12. Ian Robb, General Manager ACTCS and Dannielle Nagle, Operational Director JHS met on 28 February 2018 and are meeting regularly to ensure progress and ongoing communication.

External

13. Not applicable

Benefits/Sensitivities

14. Not applicable.

Media Implications

15. At this time, it is not anticipated that there will be any media attention concerning the purchasing of additional iDose machines at the AMC.

Signatory Name: Bruno Aloisi Phone: 51313

Action Officer: Dannielle Nagle Phone: 51062

Attachments

Attachment	Title
Attachment A	Caveat brief – methadone incident on [REDACTED]

UNCLASSIFIED

GBC18/221

Portfolio/s: Health & Wellbeing**ISSUE: NGUNNAWAL BUSH HEALING FARM****Talking points:**

- The aim of the Ngunnawal Bush Healing Farm (NBHF) was never intended to be a withdrawal program. Intention was for it be a healing process, as envisioned by UNEC Co-chair Ms Ros Brown, who stated that NBHF will be:

“A holistic centre in rural ACT to work with our youth, especially those 18-25 years old, away from the temptations of the city ... it will not be a place to detoxify or provide medical treatment for drug and alcohol addiction ... we will be working towards healing the mind, body and soul and opening a new world view for our youth.”

“It will not be a place to detoxify or provide medical treatment for drug and alcohol addiction ... we will be working towards healing the mind, body and soul and opening a new world view for our youth ... there will be a strong focus on Aboriginal spirituality, culture and principles through recreational pursuits”.

- While there is not a specific Aboriginal and Torres Strait Islander residential service in the ACT, there are residential providers who do provide services to Aboriginal and Torres Strait Islander clients.

Ongoing Service Provision

- The first intake of the pilot program was scoped to take between 10-15 participants. Over 31 individuals expressed interest in attending the pilot program.
- The location of the facility was determined by the United Ngunnawal Elders who also requested small client groups attend the programs.
- Accounting for rigorous criteria, family and caring responsibilities and employment opportunities, a small cohort of less than 10 consumers were accepted and completed the pilot program. Feedback from these consumers was overwhelmingly positive.

Cleared as complete and accurate: 29/03/2018
Cleared by: Deputy Director-General Ext: 51123
Information Officer name: Mary Wood
Contact Officer name: Oliver Kickett Ext: 52672
Lead Directorate: Health

QUESTION TIME BRIEF

- It is anticipated the next intake of clients will commence by April/May 2018. In the meantime NBHF staff are continuing to engage with previous NBHF clients, future clients, referral pathways, service providers and other key stakeholders.
- The next program of the NBHF will potentially include previous service providers from the 2017 pilot program. These include:
 - Nutrition Australia;
 - CIT Reid – Yarauna Centre (Art and Vocational Programs)
 - Smart Recovery;
 - Healthy Country Program (Parks and Conservation ACT); and
 - Mindfulness Program
- The program which builds on the pilot program will provide a complete on country experience for 10-15 clients, where men and women will engage in separate programs and activities that are specific to cultural/ceremonial business and later re-group to unify their strengths when reconnecting to land and culture.
- This will ensure a strong focus on healthy mind, body and spirit, including yarning circles with community elders/cultural healers and respected role models.
- In the short to medium term, ACT Health will continue to manage the NBHF as it works towards transitioning the service to an Aboriginal community controlled organisation or non-government organisation.
- ACT Health is committed to developing a residential service at the NBHF by 2019 and will engage with the market in 2018 to try and identify potential provider(s) to deliver a residential service.
- While the facility is scoped for eight residential places at a time, once residential operating day programs are introduced there will be an opportunity to potentially deliver services to more than eight individuals at a time.

Key Information

Development of a NBHF Healing Framework

- In November 2017, the Healing Foundation provided a detailed proposal for development of an ACT Healing Framework (the Framework).
- The proposal details a plan to identify:

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Information Officer name:	Mary Wood	
Contact Officer name:	Oliver Kickett	Ext: 52672
Lead Directorate:	Health	

QUESTION TIME BRIEF

- ACT Aboriginal and Torres Strait Islander communities healing priorities and aspirations;
 - A means to balance therapeutic support with approaches that strengthen cultural identity and connection for NBHF clients; and
 - Identify and embed principles to guide the practice of NBHF and partner agencies to support healing for NBHF clients.
- A Deed of Grant has been prepared to engage the Healing Foundation and is progressing through ACT Health Senior Executives for review and signature.
 - The Framework supports change in the local community through identifying the healing priorities and establishing methods to enact them. It is expected the Framework will take effect in March 2018.

NBHF Governance

- In September 2008, the NBHF Advisory Board was appointed by ACT Health to guide the establishment of the NBHF service. The last meeting of the NBHF Advisory Board was held on August 2017 and a workshop held in November 2017. A total of eight NBHF Advisory Board meetings and four workshops were held last year.
- The NBHF Advisory Board has not met since late 2017 due to the withdrawal of support by key members of the board.
- The terms of reference and functions of the NBHF Advisory Board are being reviewed in line with the *Governance Principles – Appointments, Boards and committees in the ACT*. A governance structure will be developed and consist of a non-statutory advisory board and cross agency committee.
- The role of the non-statutory advisory board is to provide feedback to ACT Health on the review key performance indicators for NBHF program objectives and outcomes; regular reporting on NBHF program updates and client feedback.
- A cross agency committee is also looking to be established, with the purpose of improving Aboriginal and Torres Strait Islander access to a wide range of services within the ACT.
- In the coming six weeks, ACT Health will look to identify an existing cross agency committee within ACT Government (i.e. Human Services Cluster and/or ACT Health Aboriginal and Torres Strait Islander Health Coordination Group) to align this work, before considering whether a new cross agency committee is necessary.
- ACT Health has employed a NBHF Program Director who governs the operational staff on site and program planning.

Background Information – may not be suitable for public disclosure

- On 4 September 2017, the Ngunnawal Bush Healing Farm (NBHF) was officially opened by the Minister for Health and Wellbeing and representatives of the ACT Aboriginal and Torres Strait Islander Elected Body and the United Ngunnawal Elders Council.
- ACT Health hosted a debrief workshop to discuss the pilot program with contracted

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Lead Directorate: Health

QUESTION TIME BRIEF

service providers and NBHF staff. The workshop included a desktop review of feedback received. This information has been used to inform the ongoing processes at the NBHF.

- The pilot program commenced in November 2017 and ran for a period of five weeks. Due to delays in client intake the program had to be shortened.
- Programs were offered to male and female clients aged 18-40 years who identified as an Aboriginal and Torres Strait Islander person and who were free from alcohol and/or other drugs.
- While the pilot program has completed, staff at the NBHF continue to provide support to clients. Staff visit the Alexander Maconochie Centre, Bimberi Youth Detention Centre, the Adult Mental Health Unit and DHULWA Mental Health Unit.
- Staff also work with the Opioid Treatment Service at Canberra Hospital to highlight the number of potential Aboriginal and Torres Strait Islander clients on Opioid Replacement Therapy (ORT) and how they cope with their individual journeys.
- However the Co-chair of UNEC have expressed a view that clients on the ORT program will not be eligible for the NBHF program.
- The NBHF has also had a range of community and government groups visit in recent months. These include:
 - Koori women's bootcamp;
 - Gundabooka Group;
 - OATSIA delegation;
 - AMC Education;
 - Yurbay (Aboriginal small business);
 - Directors from Education ACT;
 - The Healing Foundation;
 - PCYC;
 - ACT Human Rights Commission; and
 - A delegation from the office of the Director of Allied Health.
- Staff at the NBHF continue to receive requests from government and non-government agencies to hold various activities or events at the facility.

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GBC18/220

Portfolio/s: Mental Health**ISSUE: CORONIAL FINDINGS INTO THE DEATH OF STEVEN FREEMAN****Talking points:**

- Steven Freeman's death in May 2016 was a tragedy. The ACT Government acknowledges the grief, loss and sadness that his family has experienced.
- The Government also acknowledges the significant impact that his death has had on our Aboriginal and Torres Strait Islander community.
- The ACT Government has supported the coronial process and has worked closely with the Coroner to provide all relevant documents and evidence during the Inquest.
- The ACT Government will continue to work with Coroner Cook who is expected to hand down his findings on 11 April 2018.
- Since the death of Mr Freeman, the Government has made significant changes to improve detainee health, care and safety in the Alexander Maconochie Centre, including the commissioning of the Moss Review, which has led to an extensive reform program.

Key Information

- The coronial inquest into the death of Mr Freeman commenced on 27 February 2017 for six days and was re-convened on 10 August 2017 for a further two days.
- ACT Health anticipates that Coroner Cook will hand down his findings into the death of Mr Steven Freeman on 11 April 2018. However, the Territory is unable to foreshadow any of the Coroner's recommendation/s (if any).
- A number of issues were raised during the Inquest, including numerous aspects of the methadone program at the AMC, and correctional observations of detainees at musters and following dosing of medication. It is likely that these issues may form the basis of the Coroner's recommendations.

Cleared as complete and accurate: 27/03/2018
Cleared by: Deputy Director-General Ext: 51313
Information Officer name: Katrina Bracher
Contact Officer name: Michelle Hemming Ext: 55142
Lead Directorate: Health

ISSUE: NGUNNAWAL BUSH HEALING FARM**Talking points**

- The aim of the Ngunnawal Bush Healing Farm (NBHF) was never intended to be a withdrawal program. Intention was for it be a healing process, as envisioned by UNEC Co-chair Ms Ros Brown, who stated that NBHF will be:

“A holistic centre in rural ACT to work with our youth, especially those 18-25 years old, away from the temptations of the city ... it will not be a place to detoxify or provide medical treatment for drug and alcohol addiction ... we will be working towards healing the mind, body and soul and opening a new world view for our youth.”

“It will not be a place to detoxify or provide medical treatment for drug and alcohol addiction ... we will be working towards healing the mind, body and soul and opening a new world view for our youth ... there will be a strong focus on Aboriginal spirituality, culture and principles through recreational pursuits”.

- While there is not a specific Aboriginal and Torres Strait Islander residential service in the ACT, there are residential providers who do provide services to Aboriginal and Torres Strait Islander clients.

Ongoing Service Provision

- The first intake of the pilot program was scoped to take between 10-15 participants. Over 31 individuals expressed interest in attending the pilot program.
- The location of the facility was determined by the United Ngunnawal Elders who also requested small client groups attend the programs.
- Accounting for rigorous criteria, family and caring responsibilities and employment opportunities, a small cohort of less than 10 consumers were accepted and completed the pilot program. Feedback from these consumers was overwhelmingly positive.
- It is anticipated the next intake of clients will commence by April/May 2018. In the meantime NBHF staff are continuing to engage with previous NBHF clients, future clients, referral pathways, service providers and other key stakeholders.

Cleared as complete and accurate: 16/03/2018
Cleared by: Executive Director Ext: 79143
Contact Officer Name: Oliver Kickett Ext: 52672
Lead Directorate: Health

- The next program of the NBHF will potentially include previous service providers from the 2017 pilot program. These include:
 - Nutrition Australia;
 - CIT Reid – Yarauna Centre (Art and Vocational Programs)
 - Smart Recovery;
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- The program which builds on the pilot program will provide a complete on country experience for 10-15 clients, where men and women will engage in separate programs and activities that are specific to cultural/ceremonial business and later re-group to unify their strengths when reconnecting to land and culture.
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- In the short to medium term, ACT Health will continue to manage the NBHF as it works towards transitioning the service to an Aboriginal community controlled organisation or non-government organisation.
- ACT Health is committed to developing a residential service at the NBHF by 2019 and will engage with the market in 2018 to try and identify potential provider(s) to deliver a residential service.
- While the facility is scoped for eight residential places at a time, once residential operating day programs are introduced there will be an opportunity to potentially deliver services to more than eight individuals at a time.

Key Information

Development of a NBHF Healing Framework

- In November 2017, the Healing Foundation provided a detailed proposal for development of an ACT Healing Framework (the Framework).
- The proposal details a plan to identify:
 - ACT Aboriginal and Torres Strait Islander communities healing priorities and aspirations;
 - A means to balance therapeutic support with approaches that strengthen cultural identity and connection for NBHF clients; and
 - Identify and embed principles to guide the practice of NBHF and partner agencies to support healing for NBHF clients.
- A Deed of Grant has been prepared to engage the Healing Foundation and is progressing through ACT Health Senior Executives for review and signature.
- The Framework supports change in the local community through identifying the healing priorities and establishing methods to enact them. It is expected the Framework will take effect in March 2018.

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Lead Directorate: Health



NBHF Governance

- In September 2008, the NBHF Advisory Board was appointed by ACT Health to guide the establishment of the NBHF service. The last meeting of the NBHF Advisory Board was held on August 2017 and a workshop held in November 2017. A total of eight NBHF Advisory Board meetings and four workshops were held last year.
- The NBHF Advisory Board has not met since late 2017 due to the withdrawal of support by key members of the board.
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- The role of the non-statutory advisory board is to provide feedback to ACT Health on the review key performance indicators for NBHF program objectives and outcomes; regular reporting on NBHF program updates and client feedback.
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- ACT Health has employed a NBHF Program Director who governs the operational staff on site and program planning.

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Background Information – may not be suitable for public disclosure

- On 4 September 2017, the Ngunnawal Bush Healing Farm (NBHF) was officially opened by the Minister for Health and Wellbeing and representatives of the ACT Aboriginal and Torres Strait Islander Elected Body and the United Ngunnawal Elders Council.
- ACT Health hosted a debrief workshop to discuss the pilot program with contracted service providers and NBHF staff. The workshop included a desktop review of feedback received. This information has been used to inform the ongoing processes at the NBHF.
- The pilot program commenced in November 2017 and ran for a period of five weeks. Due to delays in client intake the program had to be shortened.
- Programs were offered to male and female clients aged 18-40 years who identified as an Aboriginal and Torres Strait Islander person and who were free from alcohol and/or other drugs.
- While the pilot program has completed, staff at the NBHF continue to provide support to clients. Staff visit the Alexander Maconochie Centre, Bimberi Youth Detention Centre, the Adult Mental Health Unit and DHULWA Mental Health Unit.
- Staff also work with the Opioid Treatment Service at Canberra Hospital to highlight the number of potential Aboriginal and Torres Strait Islander clients on Opioid Replacement Therapy (ORT) and how they cope with their individual journeys.
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 - Koori women's bootcamp;
 - Gundabooka Group;
 - OATSIA delegation;
 - AMC Education;
 - Yurbay (Aboriginal small business);
 - Directors from Education ACT;
 - The Healing Foundation;
 - PCYC;
 - ACT Human Rights Commission; and
 - A delegation from the office of the Director of Allied Health.
- Staff at the NBHF continue to receive requests from government and non-government agencies to hold various activities or events at the facility.

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Contact Officer Name:	Oliver Kickett	Ext: 52672
Lead Directorate:	Health	



ACT
Government
Health

Ministerial Dot Points

UNCLASSIFIED

To:	Minister for Health and Wellbeing	Tracking No.: MIN18/280
From:	Mary Wood, Deputy Director-General of Innovation	
Subject:	Meeting with Ngunnawal consumers to discuss the Ngunnawal Bush Healing Farm.	
Critical Date:	1 March 2018	
Critical Reason:	You are meeting with Ngunnawal consumers on this date.	

- DG .../.../...
- DDG .../.../...

Purpose

To provide you with information on the Ngunnawal Bush Healing Farm (NBHF) ahead of your meeting with Ngunnawal consumers on 1 March 2018, particularly in regards to potential issues or concerns which may be raised.

Recommendation

That you note the advice provided in response to the request from your office.

Noted / Please Discuss

Meegan Fitzharris MLA/...../.....

Minister's Office Feedback

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Dot points

1. Since August 2017, the NBHF staffing has consisted of five positions: 1x Service Manager, 2x Support Workers, 1x Administrative Support Officer and 1x Transport and Program Support Officer.
2. In November 2017, Mr Oliver Kickett came on board to oversee the NBHF as the Program Director. As a member of the Aboriginal and Torres Strait Islander community, Mr Kickett has a wealth of knowledge in regards to Aboriginal and Torres Strait Islander communities in the ACT and has extensive experience in program management. Mr Kickett has been working with ACT Government for over ten years.
3. As NBHF Program Director, Mr Kickett meets regularly with Ngunnawal consumers ([REDACTED]). These meetings provide a forum for Ngunnawal consumers to raise any issues or concerns on the NBHF. Since November 2017, a total of three meetings have occurred by phone and in person to date.
4. Key deliverables for NBHF include: a new governance structure, a healing framework and ongoing service provision.
5. Ngunnawal consumers are aware of a new governance structure for the NBHF. The former NBHF Advisory Board was a consultative forum for ACT Health to establish the NBHF. The new governance structure will consist of a non-statutory board and cross agency committee. This governance structure will line with ACT Government appointment of boards and committees.
6. ACT Health is putting in place a new staffing model at the NBHF to improve the day to day operations at NBHF. By introducing four designated positions and two more FTE positions. This aims to support the current staffing model.
7. [REDACTED] has shown a strong interest and desire to sit on the Selection Advisory Committee (SAC) that will appoint permanent staff at the NBHF. [REDACTED] will inform yourself and/or local media if she is not involved. Mr Kickett has agreed to support one Ngunnawal consumer on the SAC.
8. In line with ACT Government recruitment policy, the SAC will ensure it is guided by ACT Health human resource team. The health delegate (Matthew Richter, Executive Director of Policy and Stakeholder Relations Branch) will assign four representatives (ACT Health staff and one Aboriginal consumer representative) to a SAC.
9. ACT Health is developing a Communication and Engagement Strategy for the NBHF. To support communication with potential clients, GPs and other health professionals. ACT Health respective business area will manage stakeholder enquiries as an operational function. The NBHF Communication and Engagement Strategy is expected to be completed by 30 March 2018.

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10. In addition, ACT Health is developing a NBHF Healing Framework. The Framework will create real change in the local context and enables healing concepts. The delivery of yarning circles will include Ngunnawal consumers.
11. At the request of the former NBHF Advisory Board, ACT Health convened a workshop in November 2017. Ngunnawal consumers [REDACTED] choose not to attend the workshop.
12. [REDACTED] has a strong desire to establish an Aboriginal and Torres Strait Islander specific Alcohol and Other Drug rehabilitation service in Canberra. Further evidence and data will help us understand alcohol and drug treatment services in the ACT. In particular, gaps in service delivery and supporting models of care. Zoning rules preclude the NBHF being an Alcohol and Other/Drug Residential Rehabilitation Service.
13. ACT Health provides \$18 million in funding for Alcohol and Other Drug treatment services (\$9.835 million for Non-Government Organisations and \$8.198 million for ACT Health provided services). In addition, ACT Health provides \$1.186 million to Winnunga Nimmityjah Aboriginal Health (Winnunga) and Community Services and Gugan Gulwan Youth Aboriginal Corporation (Gugan Gulwan) for Aboriginal and Torres Strait Islander specific Alcohol and Other Drug (AOD) services. The Commonwealth also provides funding for AOD treatment, including to Winnunga and Gugan.
14. ACT Health is developing an Alcohol and Drug Action Plan for the next three years. This Action Plan will align with the *National Drug Strategy 2017-2026*.
15. There are two non-government organisations (Salvation Army and Tedd Noffs) in Canberra that provide cross border services. Anecdotal feedback suggests there are valid reasons why Aboriginal and Torres Strait Islander Canberrans may access services in other jurisdictions. For example, to escape their current domestic situation and/or access specific treatment options elsewhere. The word 'rehabilitation' is often interchanged to describe an individual's journey to seek treatment options. Further awareness in the Aboriginal and Torres Strait Islander communities is needed on alcohol and other drug treatment services in the ACT.
16. The Community Assistance and Support Program (CASP) provides individuals under the age of 65 years who require home and community care supports due to difficulties with activities of daily living arising from a health condition. Aboriginal and Torres Strait Islander peoples can access the program up to age 65 if they choose to but they can also access My Aged Care Programs (through the Commonwealth Government) from age 50.
17. During the period 1 January to 30 June 2017, 100 people who identified as Aboriginal and Torres Strait Islander, accessed the CASP. This represented 4 per cent of all CASP clients.
18. The NBHF provides a place of healing, whereby Aboriginal and Torres Strait Islander peoples feel safe and supported to make ongoing and meaningful changes in their lives.

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19. The NBHF will use a therapeutic community approach, using traditional healing concepts, cultural programs and life skills training to tackle the underlying social and emotional issues the drive client's addictions.
20. The NBHF aims to complement other mainstream services as part of the individual's healthcare continuum.

Signatory Name:	Oliver Kickett	Phone:	6205 2672
Action Officer:	Alicia Hodges	Phone:	6207 7478

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QUESTION TIME BRIEF

Health & Wellbeing

ISSUE: NGUNNAWAL BUSH HEALING FARM

Talking points:

- The Ngunnawal Bush Healing Farm (NBHF) aims to build participants' connection to their identity and culture, and form a strong foundation from which they can avoid relapses after alcohol or drug withdrawal and they can participate fully in society, and potentially become role models in their community.
- A five week non-residential program was delivered from 14 November to 14 December 2017. Programs were delivered from Monday to Thursday.
- Programs were offered to male and female clients aged between 18 – 40 years of age, who identified as an Aboriginal and/or Torres Strait Islander person, free from alcohol and/or other drugs. Programs at the NBHF were:
 - Foundational Skills;
 - Food and Cooking;
 - Healthy Country;
 - Mindfulness and Self-Compassion; and
 - SMART Recovery.
- In the period leading up to the NBHF program commencing, 31 clients were referred or identified. Approximately 20 applicants from the Throughcare Program of the Justice and Community Safety Directorate (JACS) were interested in participating in the NBHF Program.
- Less than 10 clients were inducted and completed the program, due to confidentiality we wish not to release the specific number. However, we are happy with the initial result.
- Feedback from clients on the first program included:
 - Building a rapport with staff and service providers was important;
 - Employing more Aboriginal and/or Torres Strait Islander people at the NBHF was vital;

Cleared as complete and accurate: 26/01/2018
Cleared by: Executive Director Ext: 79143
Contact Officer Name: Oliver Kickett Ext: 52672
Lead Directorate: Health

QUESTION TIME BRIEF

- The NBHF programs provides the ideal setting to reconnect to culture and country and support many Aboriginal and/or Torres Strait Islander people in the ACT and surrounding region;
 - Through case management, clients were more open to participate in programs;
 - There is strong interest from clients to make meaningful changes in their lives and seek professional support; and
 - More flexibility with the programs is required and the programs should be tailored to the individual's need where possible.
- ACT Health is engaging with the Healing Foundation to develop an appropriate model of support for participants of the NBHF. They will also provide informal advice on best practice healing programs.
 - The Healing Foundation will develop an NBHF Healing Framework that aims to strengthen cultural identity and provide a safe place where Aboriginal and Torres Strait Islander people can access support and strengthen their sense of self.
 - The Healing Foundation is a leader in research into First Nations healing. Their studies are unique, valuable and highly regarded both locally and internationally. The Healing Foundation has worked across the country to establish healing centres that engage in the journey of individuals, families and communities dealing with the trauma caused by past practices and current disadvantage.
 - The approach used by the Healing Foundation has been refined through more than 100 partnership projects with Aboriginal and Torres Strait Islander communities.
 - ACT Health is currently negotiating with a number of service providers for the second program at the NBHF. These include previous service providers and a range of new service providers.
 - The duration for the second program will be 12 weeks and is expected to commence in April 2018.

Key Information

- A debrief workshop was held on 18 January 2018 to discuss the first program with contracted service providers and NBHF staff.

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Lead Directorate: Health

QUESTION TIME BRIEF

- Due to short-timeframes to develop a first program at the NBHF, ACT Health had a number of restrictions to engage various service providers. Consideration was given to ACT Government programs, services and activities and existing contracted service providers that would be beneficial to potential NBHF clients.
- Programs offered at the NBHF were:
 - Foundational Skills: an intensive, supportive learning program focused on employment or extended learning outcomes for each participant;
 - Food and Cooking: a hands on food and cooking skills program;
 - Healthy Country: a program focused on cultural understanding and engagement, cultural interpretive walks, talks and skills associated with traditional tool making and resource collecting;
 - Mindfulness and Self-Compassion: practical skills to help people deal with issues in their lives, and empower them to abstain and achieve a healthy lifestyle balance; and
 - SMART Recovery: a program to promote self management and personal responsibility. It is Cognitive Behavioural Therapy based and focuses on behavioural change and supports all addictions.

Background Information – may not be suitable for public disclosure

- On 4 September 2017, you, representatives of the ACT Aboriginal and Torres Strait Islander Elected Body and the United Ngunnawal Elders Council officially opened the NBHF.
- To be considered eligible for the NBHF program, clients must be:
 - of Aboriginal and/or Torres Strait Islander origin;
 - be four to six weeks free from alcohol and/or other drugs;
 - be willing to commit to the NBHF program;
 - be willing to work on all aspects of their life, in conjunction with support workers, referring agencies and support workers from other agencies ; and
 - be willing to remain free from all drugs and alcohol while attending the NBHF program.
- Potential clients undergo an assessment process to examine their medical and clinical preparedness, and be assessed if they are at a stage in their life where they are willing to undertake the NBHF program. Clients who are assessed as not suitable may resubmit an application to the NBHF for future programs.

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Lead Directorate: Health