

***STRATEGIC FRAMEWORK
FOR THE MANAGEMENT OF BLOOD-BORNE VIRUSES
IN THE ALEXANDER MACONOCHIE CENTRE
2012 – 2014***

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List of Abbreviations

ACT	Australian Capital Territory
AIDS	Acquired Immune Deficiency Syndrome
AMC	
AOD	Alcohol and Other Drug
ATOD	Alcohol, Tobacco and Other Drug
BBV	Blood Borne Virus
Framework	Strategic Framework for the Management of Blood Borne Viruses in the Alexander Maconochie Centre 2012-2014
HBV	Hepatitis B Virus
HCV	Hepatitis C Virus
HIV	Human Immunodeficiency Virus
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome
IHS	Inmate Health Survey
JACS	Justice and Community Safety Directorate
NGO	Non-Government Organisation
SH&BBV	Sexual Health and Blood Borne Viruses
STI	Sexually Transmissible Infection

1. Background, Purpose and Goals of the Framework

Background

The Strategic Framework for the Management of Blood Borne Viruses in the Alexander Maconochie Centre 2012-2014 (the Framework) has been developed to promote transparency and accountability in the management of blood borne virus infections in the Alexander Maconochie Centre (AMC). The Director-General, Justice and Community Safety Directorate and the AMC Health Policies and Services Advisory Group chaired by the Director-General, Health Directorate will have primary responsibility for coordinating implementation of the Framework.

The Framework sits within the broader context of the *ACT Alcohol Tobacco and Other Drug Strategy 2010 – 2014* and within the *HIV/AIDS, Hepatitis C, Sexually Transmissible Infection: A Strategic Framework for the ACT 2007-2012*. The Framework also operates in conjunction with the *Drug Policies and Services Framework for the Alexander Maconochie Centre 2012-2014 (Draft)*.

The Framework is underpinned by the human rights principles outlined in the *ACT Human Rights Act 2004*.

In addition, the objectives of the *Corrections Management Act 2007* promote public safety and the maintenance of a just society by:

- Ensuring the secure detention of detainees at correctional centres;
- Ensuring justice, security and good order at correctional centres;
- Ensuring that detainees are treated in a decent, humane and just way; and,
- Promoting the rehabilitation of offenders and their reintegration into society.

In accordance with Section 21 of the *Corrections Management Act 2007*, the Director-General responsible for the administration of the *Public Health Act 1997* must appoint a doctor for each correctional centre. The appointed doctor's functions are clearly defined in section 21 (2) (a) and (2) (b) as "(a) to provide health services to detainees; and (b) to protect the health of detainees (including preventing the spread of disease at correctional centres)."

In addition, under the notifiable instrument of the *Corrections Management Act 2007*, the *Corrections Management (Statutory Powers and Delegations) Policy 2007*, delegates (such as the Deputy Chief Executive, Executive Director and Superintendent) to whom duties have been prescribed must ensure that:

- "toilet facilities and washing or showering facilities are available to detainees; and the facilities are clean, hygienic and private enough to ensure the dignity and self-respect of detainees"¹
- "detainees have a standard of health care equivalent to that available to other people in the ACT"²
- "as far as practicable, detainees are not exposed to the risks of infection"³
- "each detainee admitted to a correctional centre is assessed as soon as practicable to identify any immediate physical or mental health, or safety or security, risks and needs"⁴
- "the director-general may ask a relevant director-general for a written report about a detainee's health." "The director-general must ensure that a doctor appointed under section

¹ S42(1) of the *Corrections Management Act 2007* effective 1/01/12

² S53 (1a) of the *Corrections Management Act 2007* effective 1/01/12

³ S53(1d) of the *Corrections Management Act 2007* effective 1/01/12

⁴ S67 (1a) of the *Corrections Management Act 2007* effective 1/01/12

21 ... assesses the report from a relevant director-general and includes a statement of the detainee's condition (the health schedule) in the detainee's case management plan." "the relevant director-general's report and the health schedule is available only to people authorised by the director-general"⁵

In particular, *The Strategic Framework for the Management of BBV in the AMC 2012-2014* is set in the context of the harm minimisation that characterises Australia's approach to drug use, which is enshrined in the *National Drug Strategy 2010-2015*. Harm minimisation represents a three-pillared philosophical and practical approach that includes:

- I. Supply-reduction strategies 'designed to disrupt the production and supply of illicit drugs and to control and regulate licit substances.'
- II. Demand-reduction strategies 'designed to prevent the uptake of harmful drug use and treatment to reduce drug use'.
- III. Harm reduction strategies 'designed to reduce drug-related harm to individuals and communities.'

Although the primary focus of the Framework is harm reduction strategies, it also relates to supply reduction and demand reduction strategies.

The Framework is consistent with the goals and underlying principles of a number of local and national documents and should be read in conjunction with these and other relevant documents. A list of these documents is provided in Appendix 1.

Purpose

The purpose of this document is to provide a framework for the Director-General, Justice and Community Safety Directorate and the Director-General, Health Directorate to guide cooperation between the ACT Government employees, non-government organisations, private practitioners, researchers, community groups, affected communities and the broader ACT community. Under the Framework, these partners will work together to achieve the three strategic goals described in this document, which have been developed for the context of the AMC.

Strategic Goals

Goal 1: To reduce the transmission of blood borne viruses and to minimise the personal and social impact of the diseases in the AMC and the general community.

Goal 2: Increase access for AMC detainees to testing and treatment for blood borne viruses such as hepatitis B, hepatitis C and HIV.

Goal 3: Improve the health and wellbeing of AMC detainees living with blood borne viruses and reduce the morbidity associated with undiagnosed and untreated blood borne viruses.

The strategic goals mirror the National Strategies for HIV, hepatitis B, hepatitis C, Sexually Transmissible Infections and the *Third National Aboriginal and Torres Strait Islander Blood Borne Virus and Sexually Transmissible Infections 2010-2013* and will be achieved through action in six priority areas outlined in section 5.

⁵ S77 of the *Corrections Management Act 2007* effective 1/01/12

2. Guiding Principles

The following guiding principles underpin the Framework:

Principle 1: Harm Minimisation, Health Promotion and a Settings Approach

The ACT Government is committed to supporting harm reduction principles to minimise the transmission of BBVs. Harm reduction principles recognise that people may continue to undertake high-risk behaviours. Harm reduction principles promote both the avoidance of high-risk behaviours and the means by which to minimise the harms associated with that behaviour.

Health promotion includes disease prevention, education, social mobilisation and advocacy and acknowledges that only a holistic approach addressing the total experience can influence the vulnerabilities a person experiences.

The settings approach, outlined in the *Ottawa Charter for Health Promotion*⁶, looks at the changes in organisations, systems and the environment needed to enable people to access services, or reduce risk behaviours, rather than individual behaviours. Good practice factors include a critical understanding of the setting, developing effective inter-sectoral collaboration with relevant partners, active leadership, meaningful community participation and a commitment to equity issues.

Principle 2: Partnership Approach

The ACT has a strong commitment to practical partnerships supporting the response to blood borne viruses. In the ACT, partnership is defined and has operated as an effective, cooperative effort between government, community organisations, the medical, health care and scientific communities, researchers and people affected by blood borne viruses. All partners work together to control the spread of BBVs and to minimise the social and personal impacts of these conditions. The partnership is based on a commitment to consultation and joint decision-making in all aspects of the response.

Principle 3: Evidence-Based Approach

The use of evidenced-based research, analysis and evaluation supports the development of informed policy decisions. New approaches should integrate the best available evidence with professional, community and peer-based expertise.

Principle 4: Access and Equity

The ACT Government recognises that different population groups experience inequities in health status and access to health care services; this is particularly the case with those living with or at risk of BBV. The ACT Government is committed to reducing these health inequities and in particular the inequities in health status between different sections of the community and the provision of equal opportunities for good health for the whole ACT population.

Principle 5: Social Determinants of Health

People's lifestyles and the conditions in which they live and work strongly influence their health and wellbeing. Social and economic disadvantage, for example, is closely associated with poorer sexual health, greater levels of risk-taking behaviours and vulnerability to STIs and BBVs. The response to these factors often lies beyond the health system. Important social and economic considerations such as co-morbidity of mental health problems, physical health problems, educational opportunities and living skills need to be incorporated into any effective intervention. A holistic

⁶ Ottawa Charter for Health Promotion, World Health Organisation, 1986

approach that addresses underlying contributors as well as as specific risk factors is more likely to achieve better outcomes.

Principle 6: Human Rights

The *ACT Human Rights Act 2004* legislates a Human Rights approach to all activities. The Framework is underpinned by the human rights principles outlined in the *ACT Human Rights Act 2004* which recognises basic rights such as:

- Treating people with dignity and respect;
- Empowering people to participate directly in decisions about their health and well-being;
- Self-determination in relation to their life choices;
- Informed consent and adequate and accurate information to support decision-making;
- Adopting strategies to improve self-esteem and self-worth;
- Access to non-judgmental and non-discriminatory services;
- Access to advocacy processes to protect rights in service delivery, basic consumer rights; and
- Respect for the right to privacy.

Principle 7: Population Health Approach

A population health approach recognises the social context of particular population groups and acknowledges the importance of the active involvement of these groups in developing and delivering appropriate services to their communities. The ACT Health Directorate and the community sector focus on a population health approaches to education and prevention.

These principles align with those found in the National Strategies for HIV, hepatitis B, hepatitis C and Sexually Transmissible Infections, the *Third National Aboriginal and Torres Strait Islander Blood Borne Virus and Sexually Transmissible Infections 2010-2013* and in the *HIV/AIDS, Hepatitis C and Sexually Transmissible Infections: A Strategic Framework for the ACT 2007-2012*.

3. Roles and Responsibilities of Parties to this Framework

Justice and Community Safety Directorate

ACT Corrective Services within Justice and Community Safety Directorate (JACS) is responsible for Custodial Operations at the Alexander Maconochie Centre (AMC). The Executive Director of ACT Corrective Services is responsible for Custodial Operations which are administered under the *Corrections Management Act 2007*, section 24 which empowers the Minister for Justice and Community Safety to establish Correctional Centres in the ACT. The Superintendent of the AMC reports to the Executive Director and is responsible for directing and controlling the operations of ACT Correctional facilities. The facilities' main objectives are to carry out the mandate of the courts and to ensure the provision of safe care and secure accommodation to those in custody in a controlled environment, in accordance with human rights principles.

Corrective Services has responsibility for:

- Encouraging and promoting the rehabilitation, reintegration and throughcare of offenders; and
- The safe, humane and, where appropriate, secure management of offenders and prisoners.⁷

Health Directorate

The ACT Health Directorate is responsible for the provision of health services to detainees at the Alexander Maconochie Centre. The *Corrections Management Act 2007*, Section 21 (2) states that: "The doctor's functions are to: (a) to provide health services to detainees; and (b) to protect the

⁷ ACT Corrective Services primary organisational objective.
http://www.cs.act.gov.au/act_corrective_services

health of detainees (including preventing the spread of disease at correctional centres).” It follows, therefore, that the provision of health services in the AMC has both a therapeutic and preventive health focus: that it remediates poor health and protects and promotes good health.

Joint Directorate Responsibilities

Supporting the development of policy in the AMC is a joint responsibility of the Justice and Community Safety Directorate and the Health Directorate.

The AMC Health Policies and Services Advisory Group will have primary responsibility for coordinating implementation of the Framework and will provide high-level advisory oversight of the relationships and arrangements regarding health policy and service delivery in the AMC. The group was established in 2011 and is chaired by the Director-General, Health Directorate. It includes representatives from both the government and community sectors, and advises and reports to the Director-General, Health Directorate on a quarterly basis. Members include representatives from:

- Mental Health, Justice Health, and Alcohol and Drug Services, Health Directorate;
- Corrective Services, Justice and Community Safety Directorate;
- Alcohol, Tobacco and Other Drug Association of the ACT (ATODA);
- Mental Health Community Coalition;
- Winnunga Nimmityjah Aboriginal Health Service;
- Consumer representatives; and,
- External expert in matters relating to the criminal justice and health services areas.

4. Profile of the Prison Population and Current Service Array

Profile of the Prison Population

Across Australia, the majority of prisoners are male. Aboriginal and Torres Strait Islander people are over-represented in the prison population. Prisoners have significant health issues, including those associated with high rates of communicable diseases and illicit drug use.⁸ Hepatitis C prevalence is significantly higher for those with a history of injecting drug use, and higher for women who inject compared with men.⁹

In the AMC, the average length of time spent on remand is 5.2 months and the average length of time spent as sentenced is 5.7 months.¹⁰

In the three years since the AMC was commissioned, a number of hepatitis C infections have been identified in detainees who have been incarcerated for longer than the “window period” (approximately 12 weeks).

While there have been no recorded transmissions of HIV to date, the potential risk of transmission through sexual or injecting drug use activity is known to be high in correctional settings. In the *Sixth National HIV Strategy 2010-2013*, people in custodial settings are identified to be at a higher risk of contracting HIV than the general population.

⁸ AIHW (2011) *The Health of Australia's Prisoners 2010*. Accessed from: <http://www.aihw.gov.au/publication-detail/?id=10737420111&tab=2>

⁹ Butler, T, Lim D & Callander D. (2011) National Prison Entrants' Bloodborne Virus and Risk Behaviour Survey Report 2004, 2007, and 2010. Kirby Institute (UNSW) and National Drug Research Institute (Curtin University), p. 7.

¹⁰ Corrective Services, Justice and Community Safety Directorate, January to March 2012. Health Directorate, June 2012

In the AMC, of those who participated in the 2010 Inmate Health Survey:

- 67% had injected drugs;
- 49% were dependent on a drug other than alcohol;
- 25.9% (21/81) had last injected drugs in prison;
- 32.4% (24/74) had injected drugs at the AMC; and
- 74% of those who had ever injected drugs had accessed community-based needle/syringe programs.

Current Service Array

The AMC currently provides a comprehensive detainee health service, guided by the *Adult Corrections Health Services Plan 2008-12*. In the blood borne virus (BBV) context, services offered include health assessments on entry, incorporating drug and alcohol risk assessment, health risk assessment and harm minimisation including the offer of screening for BBVs and vaccinations. In addition to general primary health and nursing services, other specialised services offered include treatment of hepatitis B, hepatitis C, HIV and sexually transmitted infections, a dental service, post exposure prophylaxis after potential exposure to BBVs and drug treatment services. Health promotion, education and counselling services include harm reduction aspects relating to risk behaviour associated with drug and alcohol use. Provision of effective BBV prevention includes access to bleach for disinfection, provision of prophylactics including condoms and dental dams and access to personal hygiene items such as razors, toothbrushes and infection control procedures for barbering equipment. Infection control procedures related to BBVs and training and education for staff are also in place.

5. Actionable Priority Areas

Consistent with the suite of National Strategies for HIV, hepatitis B, hepatitis C and Sexually Transmissible Infections and the *Third National Aboriginal and Torres Strait Islander Blood Borne Virus and Sexually Transmissible Infections 2010-2013* and *HIV/AIDS, Hepatitis C and Sexually Transmissible Infections: A Strategic Framework for the ACT 2007-2012*, there are six priority areas where action is needed if the Framework's goals are to be achieved.

These six priority areas have been illustrated below with actionable priorities in light of the Framework's focus on promoting transparency and accountability in the management of blood borne virus infections in the AMC.

1. Prevention and Education

- a. Detainees have access to information and education about how to prevent and manage BBVs, including treatment of existing infections, which is considered a fundamental, necessary and effective preventative intervention;
- b. Education and counselling related to preventing and reducing the harms associated with injecting drug use is provided regularly and upon request to detainees;
- c. Detainees have regulated access to sterile injecting equipment;
- d. Detainees have ready access to full-strength household bleach and are regularly provided with information and education about its use;
- e. Detainees have access to their own razors, toothbrushes and are aware of the adoption and application of infection control procedures for barbering equipment; and
- f. Appropriate and discreet access to prophylactics, including condoms and dental dams, is available to detainees.

2. *Workforce Development*
 - a. Comprehensive education and training on BBV transmission is provided regularly for those who work in the AMC; and
 - b. Infection control procedures and relevant education and training in relation to BBVs is provided regularly for those who work in the AMC .
3. *Detection, including Testing and Diagnosis*
 - a. Opportunities for BBV screening and vaccinations for those coming into the AMC are in place and are offered at regular intervals during their stay in the AMC.
4. *Clinical Treatment and Management*
 - a. Processes and procedures are in place and offered when clinically necessary to provide post exposure prophylaxis against HIV; and
 - b. Drug treatment programs are in place and are offered to detainees.
5. *Surveillance and Research*
 - a. Ensure the continuous, systematic collection, analysis and interpretation of detainee BBV transmissions and infection status to improve planning, implementation and evaluation of public health practice at the AMC.
6. *Enabling Environment*
 - a. Strengthen links between government, community services and affected communities to improve coordination and delivery of services within the AMC and in throughcare;
 - b. Encourage the active participation of individuals and local communities affected by BBVs in the development of policies and programs impacting on their health and relationships; and
 - c. Reduce violence and barriers such as discrimination and stigma and social isolation for the detainees.

It is acknowledged that the implementation of (1)(c) above – *Detainees have regulated access to sterile injecting equipment* – will require consultation with the Justice and Community Safety Directorate and the relevant unions under the terms of Section U3.1 of the *ACT Public Service Justice and Community Safety Directorate Enterprise Agreement 2011-2013*.

6. Current Treatment Options for BBVs

Hepatitis C¹¹

There is no vaccine currently for hepatitis C. Standard treatment for hepatitis C is a regimen of Pegylated Interferon injections and Ribavirin tablets. Some genotypes, or strains, of the virus can respond better to treatment than others. Treatment can result in a range of responses, but the goal is Sustained Virological Response (SVR), in which the virus drops to undetectable levels while on treatment and remains undetectable six months post treatment. Treatment for hepatitis C is likely to change dramatically over the next few years.

Hepatitis B¹²

Adult vaccination against hepatitis B involves three vaccinations given over three months. For those with hepatitis B, treatment depends on the individual and the progress of the disease. Indicators for treatment include the presence of liver damage. There are a number of anti-viral medications on the Pharmaceutical Benefits Scheme to treat chronic hepatitis.

¹¹ Hepatitis Australia (2012) *A guide to current and emerging hepatitis C treatments*.

¹² Hepatitis Australia (2012) Hepatitis B. <http://www.hepatitisaustralia.com/about-hepatitis/hepatitis-b>

Regular monitoring of all people with chronic hepatitis B is needed to anticipate the need for treatment before significant liver damage occurs.

HIV¹³

There is no vaccine for HIV. It is standard practice to commence and maintain people living with HIV on a combination of drugs which are referred to as Antiretroviral Therapy or ART.

Treatment of HIV is complex and there are a number of different strategies that are recommended, including: undertaking virus resistance testing prior to starting treatment; getting the best combination of drugs when initially starting treatments; tailoring drug combinations to suppress viral replication of the virus as much as possible while minimising side effects; and improving adherence to treatment to reduce the likelihood of the virus developing resistance to treatments.

The decision of when to start treatment is individualised and based on factors including level of viral activity, HIV symptoms, age, co-morbidities, pregnancy intentions, and patient choice. Current recommendations suggest that all people with HIV consider going on HIV treatment, whether recently infected or with a more advanced disease.

HIV is a chronic disease and consideration of co-morbidities and life style factors of diet, exercise, smoking, alcohol etc. are important to ART choice and are essential to general health management.

7. Implementation

Implementation of the Framework will occur across many levels of government and non-government organisations and will involve prison management and staff, clinicians, policy officers, researchers, educators, NGO staff and affected people.

Relevant organisations may develop work plans for their organisation and staff. These work plans may be reflected in the Service Funding Agreements ACT Government has with NGOs working in the sexual health and blood borne virus and alcohol and other drug Sectors in the ACT.

Ensuring ongoing access to treatment and support, particularly for those who have commenced treatment in the AMC and will be completing treatment in the community, is a priority implementation measure involving a throughcare model of care. This model of care includes pre-release care planning and engagement with community partners.

8. Monitoring and Reporting

The Executive Director, Corrective Services and the Executive Director of Mental Health, Justice Health, and Alcohol and Drug Service play key roles in relation to reporting on progress regarding Framework implementation to the AMC Health Policies and Services Advisory Group and the Director-General of the Justice and Community Safety Directorate.

The AMC Health Policies and Services Advisory Group will also provide annual progress reports to the Evaluation Group which oversees the *ACT Alcohol, Tobacco and Other Drug Strategy 2010-2014* and to the ACT Ministerial Advisory Council on Sexual Health, HIV/AIDS, Hepatitis C and Related Diseases.

¹³ HIV Tests and Treatments, Australian Federation of AIDS Organisations (AFAO), June 2009. AFAO: Newtown, NSW

Progress on implementation of the Framework will be monitored through bi-annual and annual reporting processes. Sources of information for the reports may include:

- Feedback from relevant sections of the ACT Government on their progress against Implementation Action Plans via a standard performance report;
- Reports and feedback from NGOs funded by the ACT Government delivering blood borne virus services, through their service funding agreement reports;
- Completion and distribution of regular Inmate Health Surveys;
- A mid-term evaluation of the Framework against its strategic goals and key performance indicators as mapped out in the implementation plan;
- A final evaluation of the Framework against its strategic goals and key performance indicators as mapped out in the implementation plan; and

To ease reporting burden, reporting requirements have been aligned where possible to *The DRAFT Drug Policies and Services Framework for the Alexander Maconochie Centre 2012 – 2014*. Respective progress reports from the Executive Director Mental Health, Justice Health and Alcohol & Drug Service and the Executive Director of Corrective Services will be provided during to the AMC Health Policies and Services Advisory Group, who will routinely monitor performance against these criteria:

1. Number of drug-related contraband seizures resulting from screening of workers, visitors, and searching of detainees;
2. Number of random and targeted drug tests and the numbers of these resulting in disciplinary actions;
3. The number of male, female and Aboriginal and Torres Strait Islander detainees accessing and completing drug treatment programs (i.e counselling; Therapeutic Community program);
4. The number of detainees on opioid maintenance treatment;
5. The frequency of visits provided by an Aboriginal Community Controlled Health Organisation (ACCHO) or an Aboriginal Medical service (AMS);
6. The number of detainees testing positive for hepatitis C and the number who receive medication for hepatitis C;
7. Number of detainees receiving vaccination for hepatitis B;
8. Number of detainees receiving BBV information, education and treatment support;
9. The proportion of sentenced detainees receiving a Justice Health discharge plan at time of their release;
10. Number of workers receiving education and training in Bloodborne Virus transmission and related infection control procedures;
11. Numbers and rates of incidents relating to adverse outcomes of drug use by detainees, e.g. fatal and non fatal overdoses and needlestick injuries in the AMC to detainees or workers;
12. The number of sterile syringes dispensed and exchanged;
13. Changes in self-reported rates of drug use and tattooing by detainees;
14. Number of people known to have been exposed to HIV and numbers of these offered and treated with post exposure prophylaxis;
15. Self-reported detainee access to full strength household bleach and prophylactics including condoms.

A subset of the indicators used in the Performance Measures Tables of *The DRAFT Drug Policies and Services Framework for the Alexander Maconochie Centre 2012 – 2014* will inform the success of this Framework.

9. Consultation

Targeted consultation will be undertaken by the ACT Government in relation to this Framework and in parallel to the Joint Directorate Consultative Committee considering the implementation of an equipment exchange program based on a 'one for one' medical model. These two processes will inform the final Framework.

Appendix 1

Strategies, plans and legislation informing the policy context for the Framework

The Framework strives to balance consistency with the national strategies, whilst enabling a coordinated and locally relevant response.

ACT Strategies

- *ACT Human Rights Act 2004*
- *ACT Multicultural Strategy*
- *The Canberra Social Plan*
- *ACT Young People's Plan 2009-2014*

Alcohol and other Drug and Mental Health and Wellbeing Strategies

- ACT Alcohol, Tobacco and Other Drug (ATOD) Strategy 2010-2014
- National Drug Strategy 2010-2015
- A Framework for Action On Alcohol, Tobacco and Other Drugs (2011)
- National Corrections Drug Strategy 2006-2009
- (Draft) National Tobacco Strategy 2012-2018
- (Draft) National Pharmaceutical Drug Misuse Strategy
- National Mental Health Strategy
- (Draft) ACT Comorbidity Strategy 2012 – 2014
- ACT Aboriginal and Torres Strait Islander Tobacco Control Strategy 2010-2011 – 2013-2014
- A New Way – The ACT Aboriginal and Torres Strait Islander Health and Family Wellbeing Plan, 2006 – 2011
- The DRAFT Drug Policies and Services Framework for the Alexander Maconochie Centre 2012 – 2014

Blood borne virus prevention, treatment and support

- HIV/AIDS, Hepatitis C, Sexually Transmissible Infection: A Strategic Framework for the ACT 2007-2012
- Ministerial Advisory Committee on AIDS, Sexual Health and Hepatitis (2008) Hepatitis C Subcommittee Hepatitis C prevention, treatment and care: guidelines for custodial settings
- National Hepatitis B Strategy 2010-13
- Second National Sexually Transmissible Infections Strategy 2010-13
- Third National Hepatitis C (HCV) Strategy 2010-13
- Third National Aboriginal and Torres Strait Islander and Blood Borne Viruses and Sexually Transmissible Infections Strategy 2010-13
- Sixth National HIV Strategy 2010-13.¹⁴

Pharmacotherapy

- National Pharmacotherapy Policy (2007)
- National clinical guidelines and procedures for the use of buprenorphine in the maintenance treatment of opioid dependence (2006)
- National clinical guidelines and procedures for the use of methadone in the maintenance treatment of opioid dependence (2003)
- ACT Opioid Maintenance Treatment Guidelines 2010 (instrument under ACT Medicines, Poisons and Therapeutic Goods Act 2008)

¹⁴ National Strategies for Blood borne Viruses and Sexually Transmissible Infections. Accessed from <<http://www.health.gov.au/internet/main/publishing.nsf/Content/ohp-national-strategies-2010>>

Corrections

- ACT Corrections Management Act 2007 and corrections policies and procedures articulated in notifiable instruments under the Act.
- ACT Health Adult Corrections Health Services Plan 2008-2012 (2008)
- ACT Government Response to the External component of the evaluation of drug policies and services and their subsequent effects on prisoners and staff within the Alexander Maconochie Centre (Stoové, M & Kirwan, A 2011)
- ACT Government Response to the, Independent review of operations at the Alexander Maconochie Centre, ACT Corrective Services (Knowledge Consulting, 2011)
- Standard Guidelines for Corrections in Australia - revised 2004.