

2013

**THE LEGISLATIVE ASSEMBLY FOR
THE AUSTRALIAN CAPITAL TERRITORY**

FINAL STATUS REPORT 2013

**Implementation of supported recommendations from the ACT Government's
Final Government Response to the Burnet Report**

**"External component of the evaluation of drug policies and services and their
subsequent effects on prisoners and staff within the
Alexander Maconochie Centre"**

**Presented by
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October 2013**

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Government Response to the Burnet Report

“External component of the evaluation of drug policies and services and their subsequent effects on prisoners and staff
within the Alexander Maconochie Centre”

On 28 June 2011 the Final Government Response to the Burnet Report entitled *External component of the evaluation of drug policies and services and their subsequent effects on prisoners and staff within the Alexander Maconochie Centre* was tabled in the Legislative Assembly.

Considerable progress has been made in implementing the supported recommendations of the Burnet Report, and a final update on the implementation to 2013 is provided below.

Of the 47 supported recommendations in total (47 agreed, agreed in principle or agreed in part), all but one have been completed or are partially completed. In addition, a number of those recommendations that had been ‘noted’ have also been progressed to completion.

One recommendation (recommendation 64) was agreed in principle and relates to consideration being given to providing a regulated tattooing program at the AMC. Further consideration of the merit and feasibility of this matter continues.

The work set in train through the Government's response in 2011 to the Burnet Report continues.

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POLICY & GOVERNANCE BURNET RECOMMENDATIONS 1-3	Government Response	Actions and Timelines	Primary Response Agency/s	Status 2013
1. A consolidated strategic and policy framework should be developed specifically for the AMC to provide consistent, coordinated and clear governance and service provision guidance regarding drug-related policy & services.	Agreed	ACT Government agrees that the Health Directorate (HD) and Justice and Community Safety Directorate (JACSD) would develop a consolidated strategic policy framework to provide clear governance regarding drug-related policy and services.	Lead Agency: HD JACSD	Completed at April 2012
		HD and JACSD to draft consolidated strategic policy framework regarding drug-related policy and services. The framework will be developed within the broader context of the ACT <i>Alcohol, Tobacco and Other Drug Strategy (ATODS) 2010-2014</i> . The Framework will include reviewing the current responsibilities and reporting lines relating to the range of health interventions and programs currently offered in the Alexander Maconochie Centre (AMC) by the JACSD and HDs as well as non-government organisations.		The <i>Drug Policies and Services Framework for the Alexander Maconochie Centre 2013-2015</i> has been finalised.
		HD and JACSD to finalise and commence implementation of the consolidated strategic policy framework regarding drug-related policy and services.		HD and JACSD to commence implementation of the Framework in 2013.
2. An effective governance structure should be established to support the implementation of integrated drug policy and services, including the provision of overarching leadership to support drug policy & service coordination between	Agreed	It is proposed that an operating procedure under s. 14 of the <i>Corrections Management Act 2007</i> that enables the chief executive of the JCSJ to ‘make corrections policies and operating procedures, to facilitate the effective and efficient management of correctional services’, be used to establish a high level joint JACSD/HD advisory group that would advise the Director-General of HD and have responsibility for making	Lead Agency: HD JACSD	Completed. The AMC Health Policy and Services Advisory Group was established under s14 of the

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<p>Corrective Services, ACT Corrections Health Program & other service providers. Governance and leadership structures should aim to ensure that drug policy and services are complementary & consistent with the principles outlined in the aforementioned strategic and policy framework and the pillars of harm minimisation, and promotes shared objectives & role clarity among service providers & sectors.</p>		<p>recommendations on the implementation of integrated health policies and services in the AMC. The intent of this mechanism is to support the independent and ongoing administrative responsibilities of HD in relation to the AMC. It is consistent with the spirit of the <i>Corrections Management Act 2007</i> under s. 21 which speaks to the role of the doctor appointed by the Chief Executive responsible for the <i>Public Health Act 1997</i> in respect to providing health services to detainees. The advisory group will also be tasked with advising on the further implementation of the actions outlined in the response to the Burnet Report that relate to health services. This advisory group will include representation from key non government partner organisations.</p>		<p>Corrections Management Act in April 2012 and has met on a regular basis since that time.</p>
<p>3. Review key performance indicators used for this evaluation to better reflect the achievement of quality outcomes rather than activity volumes, if key performance indicators are to be adapted for use in future drug policy or strategy.</p>	<p>Agreed</p>	<p>Refer to Recommendation 1. as performance indicators will be a component of the consolidated strategic policy framework guiding drug-related policies and services.</p>	<p>Lead Agency: HD JACSD</p>	<p>Completed as per 1.</p>
		<p>A number of key performance indicators are already in place and a number of clinical indicators have been developed and will be implemented internally during 2011/12 to ensure rigour of collection and reporting.</p>	<p>HD</p>	<p>As per 1</p>

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SUPPLY REDUCTION BURNET RECOMMENDATIONS 4-10	Government Response	Actions and Timelines	Primary Response Agency/s	Status 2013
4. Searching & urinalysis testing should be conducted on a more consistent basis.	Agreed in principle	Searching and urinalysis testing procedures are being reviewed by ACT Corrective Services (ACTCS).	JACSD	Completed. The AMC’s Drug Testing policy and procedure was revised in 2011. Note: Urinalysis and Searching procedures and processes are subject to continual review.
5. The AMC should review the process by which prisoners are selected for targeted urinalysis due to the lack of any relationship between targeted urinalysis & positive results.	Agreed	Targeting practices and policies will be reviewed by ACTCS where applicable.	JACSD	Completed. The AMC’s Drug Testing policy and procedure was revised in 2011. Note: Urinalysis targeting procedures and processes are subject to continual review.
6. The AMC should review the process by which cells & areas are selected for searching due to weak relationship between cell & area searching & contraband seizures.	Agreed	Targeting practices and policies will be reviewed by ACTCS where applicable noting that low numbers of seizures can indicate that controls for the introduction of contraband are effective.	JACSD	Completed. Note searching procedures and processes are subject to continual review.
7. Adequate oversight of cell & area searches should occur to ensure that legislative requirements are met regarding the personal	Noted	Searching policies and procedures will be reviewed. ACTCS already attempts to ensure that all statutory requirements are adhered to in relation to detainees’ personal belongings.	JACSD	Completed. See responses to Recs 4-6.

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SUPPLY REDUCTION BURNET RECOMMENDATIONS 4-10	Government Response	Actions and Timelines	Primary Response Agency/s	Status 2013
belongings of individual prisoners.				
8. Individuals returning positive urinalysis results should be referred to case managers so that they can be linked in with appropriate therapeutic responses.	Agreed in principle	Planning is underway to ensure information obtained from urinalysis tests undertaken by ACTCS informs both case management plans developed by JACSD and referrals to drug treatment and support services.	Lead Agency: JACSD HD	Completed. A monthly report generated by the ACTCS offender data base identifies detainees returning positive urines. Drug (AOD) treatment and support service referrals are generated from this list.
9. Further consultations & advice should be provided to all prisoners in relation to the use of the SOTER machine & the potential for accompanying risks. The quality of the provision of advice should also be strengthened in relation to AMC visitors.	Agreed in principle	ACTCS is currently considering inclusion of additional information in the detainee handbook.	JACSD	Completed. The Detainee Handbook was updated as per recommendation and the Visitor Handbook was also amended to provide advice to family members on this practice as it affects their detainee relatives.

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SUPPLY REDUCTION BURNET RECOMMENDATIONS 4-10	Government Response	Actions and Timelines	Primary Response Agency/s	Status 2013
10. Revised protocols for the provision of informed consent for information sharing between ACT Corrections Health Program & Corrective Services regarding urinalysis testing & the presence of prescribed substances in samples should be finalised & implemented.	Agreed	In conjunction with the Human Rights Commissioner, HD developed and implemented a standard operating procedure at the end of 2010 to ensure that information sharing with ACTCS in relation to urinalysis testing is on the basis of informed consent.	HD	Completed at April 2012

DEMAND REDUCTION – CASE MANAGEMENT & COUNSELLING BURNET RECOMMENDATIONS 11-13	Response	Actions and Timelines	Primary Response Agency	Status 2013
11. The case management system should be reviewed & redeveloped with an emphasis on a holistic model & the staffing of case management services with suitably qualified individuals.	Agreed in principle	JACSD and HD have commenced work on strengthening the current case management system and working with other ACT Government Directorates and the community sector to more clearly articulate roles, responsibilities and information sharing arrangements. This will align with broader policy initiatives aimed at better health outcomes for children at risk and young people and families. This work may also lead to greater efficiencies which could allow for the augmentation of the current case management systems.	Lead Agency: JACSD HD	Completed. ACTCS Case Management system has been externally reviewed and a new Strengths Based Case Management Strategic Framework has been developed and is currently being implemented.

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DEMAND REDUCTION – CASE MANAGEMENT & COUNSELLING BURNET RECOMMENDATIONS 11-13	Response	Actions and Timelines	Primary Response Agency	Status 2013
<p>12. Generalist individual counselling services of high quality should be made available to all prisoners classifications at the AMC, with access across classifications, gender & incarceration status. Services should include low threshold access opportunities, including drop-in services & regular appointments.</p>	<p>Noted</p>	<p>JACSD and HD have commenced work on strengthening access to counselling services and working with other ACT Government Directorates and the community sector to more clearly articulate roles, responsibilities and information sharing arrangements. This recommendation overlaps with recommendations from the Knowledge Consulting Review. Implementation of this recommendation will be referred for advice from the high level joint JACSD /HD advisory group due to resource implications.</p>	<p>Lead Agency: JACSD HD</p>	<p>Completed. Generalist counselling services commenced in November 2011 (for a 3 month pilot). Pilot successful. Ongoing Generalist counselling services have been provided on a weekly basis by Relationship Australia since November 2011. This includes specific counselling for Indigenous detainees. Other counselling services have commenced since that time to address relationship issues, emotional and social well-being and financial problems. Referrals are made via case managers.</p> <p>Mental Health Services do not provide generalist counselling. Detainees and their</p>

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DEMAND REDUCTION – CASE MANAGEMENT & COUNSELLING BURNET RECOMMENDATIONS 11-13	Response	Actions and Timelines	Primary Response Agency	Status 2013
				case managers are both able to make referrals to the AMC Mental Health Service for an appointment. Requests are triaged and priority given to assessing detainees for mental illness and treating those who require it due to mental health concerns.
13. Counselling should be made accessible both via case planning processes & through ad hoc prisoner request.	Noted	As per recommendation 12.	Lead Agency: JACSD HD	Completed. See response to Rec 12 above.

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DEMAND REDUCTION – HEALTHCARE BURNET RECOMMENDATIONS 14-21	Response	Actions and Timelines	Primary Response Agency	Status 2013
<p>14. Improved access to primary healthcare services should be provided including reduced delays in responding to requests for assistance. This may require more staffing resources & more hours of service provision.</p>	<p>Agreed in Principle</p>	<p>HD and JACSD will be working to reduce delays associated with detainees accessing primary health care services including those delays that are the result of health service providers being unable to physically access detainees. Consideration will need to be given to the operational requirements of the AMC including ensuring continuity and minimising disruptions. Implementation of this recommendation will be referred for advice from the high level joint JACSD /HD advisory group due to resource implications.</p>	<p>HD</p>	<p>Completed at April 2012 Nursing staff levels were increased in 2010; medical officer levels remain stable, and remain the highest Medical Officer: Client ratio in Australia (see AIHW: The Health of Australia’s Prisoners 2010) Access allows emergencies to be seen immediately, 24/7 on-call Medical Officer. Non-urgent referrals are seen within 3 working days. Interagency meetings continue fortnightly at Senior Management level to address operational impacts across HD and ACTCS.</p>

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DEMAND REDUCTION – HEALTHCARE BURNET RECOMMENDATIONS 14-21	Response	Actions and Timelines	Primary Response Agency	Status 2013
15. An improved prisoner self-referral process should be instigated. Prisoners requesting healthcare during medication rounds should be directed to this self-referral process.	Agreed in principle	HD is currently undertaking work to improve processes to make it easier for detainee to self-refer to healthcare services.	Health Directorate	Completed at April 2012 A single referral process to retain client confidentiality has been initiated for accessing the Hume Health Centre via an envelope to nursing staff and nursing staff referring to the appropriate practitioner. This includes referrals to the Mental Health Service.
16. Improved access to mental healthcare services should be provided, with reduced delays in responding to requests for assistance & service provision to all those with mental health needs. Mental health services should be appropriately resourced to respond to high prevalence sub-acute mental health conditions.	Agreed	<p>Work is underway to implement the following changes:</p> <ul style="list-style-type: none"> - opportunities for clients to identify mental health services they have had contact with in the community that may be advised of their admission and offered the opportunity to provide support to them whilst in detention. - establishment of a single health record, a joint recovery plan and single discharge plan for clients managed by both Forensic Mental Health and Justice Health. <p>Justice Health Program currently screens and assesses all detainees for mental health problems both on admission and throughout the period the detainee remains in the AMC. Justice Health Program actively refers clients with severe mental illnesses to Forensic Mental Health ACT for joint management.</p>	HD	Completed at April 2012 As in number 15 above, a single referral process has been introduced for detainees to access services through the Hume Health Centre (including Mental Health Services). Detainees requests are receipted so they are aware their request has been

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DEMAND REDUCTION – HEALTHCARE BURNET RECOMMENDATIONS 14-21	Response	Actions and Timelines	Primary Response Agency	Status 2013
		Forensic Mental Health provides consultation/ liaison support and joint management with Justice Health in working with clients with moderate mental health problems.		received. Requests are then triaged.
17. Current practices with regards to the prescription of benzodiazepines should be reviewed to ensure individual prisoner needs are responded to & to ensure continuity of treatment for those moving from the community to the prison environment.	Agreed in principle	Policies and Standard Operating Procedures (SOPs) for the new Mental Health, Justice Health and Alcohol and Drug Services Division of HD will be reviewed regarding medication (e.g. benzodiazepines, psychotropic medication). These policies and SOPs will build upon work already undertaken by the programs in these areas and improve consistency across these areas. HD is also in the process of finalising an audit to ensure that processes are compliant with the medication policy.	HD	Completed at April 2012 A Standard Operating Procedure (SOP) has been implemented specifically to manage clients on benzodiazepines. This drug group continues to be strictly controlled. An Audit was completed and processes of medication management were found to be fully compliant.
18. Clinical record keeping processes should be significantly improved.	Agreed in principle	This is an area of ongoing improvement with regular auditing of files. Work is underway to implement the following changes: - Justice Health staff are undertaking training in Mental Health Assessment Generation Information Collection (MHAGIC) the Forensic Services record keeping program. The roll out of electronic medical records by HD will also enhance information sharing.	HD	Completed at April 2012 Clerical assistance has been enhanced to the program. Discharge summaries are provided to all

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DEMAND REDUCTION – HEALTHCARE BURNET RECOMMENDATIONS 14-21	Response	Actions and Timelines	Primary Response Agency	Status 2013
		<ul style="list-style-type: none"> - Ensuring current client health information is being provided to ‘all members of the treating team’ in accordance with HD policies and practices. - Implementation of the electronic clinical record by 2012 will also result in improvements. This project is currently underway as part of the eHealth initiatives within HD. 		sentenced detainees, on their release. Access for Justice Health Service staff to the Mental Health Assessment Generation and Information Collection (MHAGIC) has been completed. The eHealth pilot planning progresses.
19. Care and discharge planning at ACT Corrections Health Program should occur routinely in collaboration with AMC Case Managers & other service providers where appropriate.	Agreed	As per Recommendations 1, 2 and 3. This is a component of planning and reintegration of detainees into the community. Weekly case management meetings occur between Justice Health, Forensic MH and ACTCS staff from the CSU. HD participates in the ACTCS discharge planning meetings for all sentenced detainees 4-6 weeks prior to release.	HD	Completed at April 2012 Justice Health Service staff attend all pre-release case conferences for sentenced detainees.
20. A follow-up review of care & discharge planning & blood-borne virus testing & vaccination rates should occur in the next six months to determine effectiveness of the nursing team restructure in the ACT Corrections Health Program.	Agreed in part	HD has developed and implemented key performance indicators (KPIs) to monitor progress made in this area during 2011/12.	HD	Completed at April 2012 The percentage of clients offered BBV screening on induction is now recorded and monitored as a

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DEMAND REDUCTION – HEALTHCARE BURNET RECOMMENDATIONS 14-21	Response	Actions and Timelines	Primary Response Agency	Status 2013
		<p>An additional evaluation of blood-borne virus (BBV) testing and vaccination rates is not supported as ongoing data analysis will be undertaken as part of the BBV KPI collection</p> <p>Also see Recommendation 3 related to KPI development.</p>		<p>quality indicator for the Justice Health Service.</p>
<p>21. A system for consensual post-release monitoring of prisoners should be developed that identifies fatal & non-fatal overdose events, continuation of opioid pharmacotherapy & compliance with case plans & discharge plans.</p>	<p>Noted</p>	<p>HD Alcohol and Drug Program follows up detainees on opioid maintenance referred to the public clinic for a minimum of three months post discharge from prison to encourage retention on the program. Analysis will continue to explore reasons for who stays on or leaves the program.</p> <p>Implementation of this recommendation will be referred for advice from the high level joint JACSD /HD Advisory Group due to resource implications.</p>	<p>HD</p>	<p>Partially completed. HD will monitor the percentage of clients maintained on opioid pharmacotherapy at three months post discharge from prison.</p>

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DEMAND REDUCTION – DETOXIFICATION AND PHARMACOTHERAPY BURNETT RECOMMENDATIONS 22-32	Response	Actions and Timelines	Primary Response Agency	Status 2013
22. Counselling & medication support should be provided for detoxification from prescription medications (e.g., methadone, oxycodone).	Noted	All detainees are assessed within 24 hours of admission to the AMC. Within the priority clinical triage process, detainees are able to be assessed and treated by a medical practitioner at the Hume Health Centre within 24 hours of coming into the prison. Further work is being undertaken regarding opportunities to improve access to counselling services. Implementation of this recommendation will be referred for advice from the high level joint JACSD /HD advisory group due to resource implications.	HD	Completed. A Standard Operating Procedure (SOP) has been developed and is operational. An additional full time position for the Alcohol and Drug Services, Treatment Counselling Team has been allocated to fill this service gap, commencing July 2012.
23. Non-medication support for detoxification, particularly counselling services, should be provided to encourage prisoners to move from clinical to non-clinical therapeutic interventions where appropriate.	Noted	Further work is being undertaken regarding opportunities to improve access to counselling services. As per Recommendation 12, 13 and 22. Implementation of this recommendation will be referred for advice from the high level joint JACSD /HD advisory group due to resource implications.	HD	As per 22 , an additional full time position for the Alcohol and Drug Services, Treatment Counselling Team has been allocated to fill this service gap, commencing July 2012. Fortnightly interagency meetings in place.
24. The adequacy of detoxification regimes should be reviewed early in treatment to ensure the alleviation of withdrawal	Agreed	Medical officers have reviewed the process and a Standard Operating Procedure is in development to document the new process which will allow for 2 days treatment and follow up medical review.	HD	Completed

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DEMAND REDUCTION – DETOXIFICATION AND PHARMACOTHERAPY BURNETT RECOMMENDATIONS 22-32	Response	Actions and Timelines	Primary Response Agency	Status 2013
symptoms.				
25. Full detoxification regimes should only be commenced in response to observed signs of withdrawal.	Agreed	Withdrawal scales are being used systematically to assess signs of withdrawal. Clinical management is directed based on assessment.	HD	Completed at April 2012
		Medical officers have reviewed the process and a Standard Operating Procedure is in development to document the new process which will allow for 2 days treatment and follow up medical review.		Completed at April 2012
26. Detoxification regimes should not be provided to those requesting to be inducted on to methadone.	Agreed	A clinical assessment informs whether or not a person is offered the opportunity to be inducted onto methadone. Detainees are offered symptomatic relief based on the clinical assessment. All detainees are assessed within 24 hours of admission to the AMC. Within the priority clinical triage process, detainees are able to be assessed and treated by a medical practitioner at the Hume Health Centre within 24 hours of coming into the prison.	HD	Completed at April 2012
27. A buprenorphine preparation should be explored for use in detoxification.	Noted	Further consideration is to be given to the use of buprenorphine in the event that a preparation that is less likely to be diverted for illicit use becomes more widely available following approval by the Therapeutic Goods Administration (TGA).	HD	Completed May 2012. Justice Health has implemented a Standard Operating Procedure (SOP) to use Suboxone for

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DEMAND REDUCTION – DETOXIFICATION AND PHARMACOTHERAPY BURNETT RECOMMENDATIONS 22-32	Response	Actions and Timelines	Primary Response Agency	Status 2013
				withdrawal management.
28. Procedures leading to delays in inducing individuals on to opioid pharmacotherapy who were not previously on a program in the community should be removed so that individuals don’t wait more than 48 hours after requesting induction before receiving dosing. The practice of opioid detoxification as part of this process should cease as a matter of urgency.	Agreed	A clinical assessment informs whether or not a person is offered the opportunity to be inducted onto methadone. Detainees are offered symptomatic relief until a clinical assessment is completed. All detainees are assessed within 24 hours of admission to the AMC. Within the priority clinical triage process, detainees are able to be assessed and treated by a medical practitioner at the Hume Health Centre within 24 hours of coming into the prison. Medical officers have reviewed the process and a Standard Operating Procedure is in development to document the new process, which will allow for 2 days treatment and follow up medical review.	HD	Completed at April 2012 A Standard Operating Procedure (SOP) has been implemented specifically to manage clients who have used illicit opiates. When Methadone is commenced, the withdrawal regime is ceased.
29. Regular opportunities for confidential discussions between prisoners & ACT Corrections Health Program staff regarding opioid pharmacotherapy dose adjustments should be facilitated.	Agreed in principle	Discussions now occur in the HHC	HD	Completed at April 2012
30. A buprenorphine preparation should be made available at the AMC for use as an opioid pharmacotherapy. Appropriate dose supervision will need to accompany any dispensing of buprenorphine.	Noted	As per 27, further consideration is to be given to the use of buprenorphine in the event that a preparation that is less likely to be diverted for illicit use becomes more widely available following approval by the TGA.	HD	Completed.

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DEMAND REDUCTION – DETOXIFICATION AND PHARMACOTHERAPY BURNETT RECOMMENDATIONS 22-32	Response	Actions and Timelines	Primary Response Agency	Status 2013
31. A rapid situational assessment should be undertaken to determine why individuals are not continuing on opioid pharmacotherapy after release & suitable response should be developed to encourage retention to ensure the benefits of opioid pharmacotherapy with regards to reduction in post-release mortality can be realised.	Noted	HD Alcohol and Drug Program follows up detainees referred to the public clinic for a minimum of three months post discharge from prison to encourage retention on the program. Analysis will continue to explore reasons for who stays on or leaves the program. Implementation of this recommendation will be referred for advice from the high level joint JACSD /HD advisory group due to resource implications.	HD	Completed. Operational procedures are in place between Justice Health Service and the Alcohol and Drug Service to support and facilitate throughcare.
32. Review the pharmacy & medical arrangements utilised for opioid pharmacotherapy to ensure rapid access to induction doses of methadone for clients commencing opioid pharmacotherapy & for dosing changes.	Agreed	A clinical assessment informs whether or not a person is offered the opportunity to be inducted onto methadone. Detainees are offered symptomatic relief until a clinical assessment is completed. All detainees are assessed within 24 hours of admission. Within the priority clinical triage process, detainees are able to be assessed and treated by a medical practitioner at the Hume Health Centre within 24 hours of coming into the prison. A Standard Operating Procedure is in development.	HD	Completed at April 2012

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EDUCATIONAL, EMPLOYMENT AND RECREATIONAL PROGRAMS BURNET RECOMMENDATIONS 33-34	Government Response	Actions and Timelines	Primary Response Agency	Status 2013
33. An adequately equipped gymnasium should be implemented.	Noted	Temporary gymnasium facilities have been provided in the AMC. Any future initiative inclusive of a purpose built facility would need to be referred for advice from the high level joint JACSD /HD advisory group due to resource implications. Funding has been provided in the 2011-12 budget to conduct a feasibility study into AMC accommodation.	JACSD	Partially completed. While the establishment of a purpose-built gym remains a part of future planning for the AMC (subject to capital works priorities), the establishment of satellite gyms in accommodation areas has significantly addressed this recommendation.
34. Educational and employment programs should be expanded to include the attainment of more vocational qualifications and the incorporation of life skills programs such as cooking and parenting. Better and more creative use of the AMC grounds should occur, for example establishing self-sufficient market gardening to promote healthy eating and vocational training.	Noted	The Government is committed to evaluating and improving usage of currently available resources to ensure programs best meet the needs of the prison community at any given time. It is noted that several of these recommended programs have already commenced. Implementation of this recommendation will be referred for advice from the high level joint JACSD /HD advisory group due to resource implications.	JACSD	Completed. All employment positions at the AMC are underpinned with relevant vocational education and training. The induction program included basic life skills such as food handling, cooking and budgeting. A horticultural program has been established and expanded and included the operation of seasonal vegetable gardens adjacent to accommodation areas.

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DEMAND REDUCTION – THERAPEUTIC PROGRAMS BURNET RECOMMENDATIONS 35-52	Government Response	Actions and Timelines	Primary Response Agency	Status 2013
<p>35. Therapeutic programs should be reviewed, including an exploration of alternative providers or partner providers with specialist drug & alcohol expertise. An exploration of high non-completion rates should be included in this review so that non-completion rates can be resolved. Specific key performance indicators for the delivery of therapeutic programs should be developed.</p>	<p>Noted</p>	<p>This review will be undertaken in partnership with the relevant alcohol and other drug treatment and support services.</p> <p>Key performance indicators will be reviewed as part of actions related to Recommendation 3.</p>	<p>Lead Agency: JACSD</p> <p>HD</p>	<p>Completed. The Australasian Therapeutic Communities Association (ATCA) peer review was completed and an external evaluation conducted in 2012. Note: program content and type are subject to continual review. ACTCS and community organisations partner to co-facilitate a range of programs including Alcohol and Other Drug (AOD) programs.</p>
<p>36. The range of therapeutic programs available should be expanded & models of program provision should be reviewed to ensure equitable access to programs.</p>	<p>Noted</p>	<p>Implementation of this recommendation will be referred for advice from the high level joint JACSD /HD advisory group due to resource implications.</p> <p>Program models will be reviewed as part of actions related to Recommendation 35.</p>	<p>Lead Agency: JACSD</p> <p>HD</p>	<p>Completed. Note: program content and type are subject to continual review. ACTCS and community organisations partner to co-facilitate a</p>

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DEMAND REDUCTION – THERAPEUTIC PROGRAMS BURNET RECOMMENDATIONS 35-52	Government Response	Actions and Timelines	Primary Response Agency	Status 2013
				range of programs including AOD, Women’s, and Aboriginal and Torres Strait Islander Peoples programs.
37. Therapeutic programs that address anxiety disorders & sleep disorders should be introduced or related content incorporated into existing programs.	Noted	Implementation of this recommendation will be referred for advice from the high level joint JACSD /HD advisory group due to resource implications. Program models will be reviewed as part of actions related to Recommendation 35.	Lead Agency: HD JACSD	While specific programs to address anxiety and sleep disorders are not currently provided, the AMC Mental Health Service delivers therapeutic interventions to the detainee population on an individual basis on a variety of issues.
38. Alcoholics Anonymous & Narcotics Anonymous or similar self-help programs should be introduced.	Agreed	Alcoholics Anonymous operates in the AMC and Narcotics Anonymous are presently being consulted as to providing their services in the AMC.	Lead Agency: HD JACSD	Completed. Both AA and NA have attended the AMC regularly since 2011.
39. Processes should be introduced to ensure that staff that deliver therapeutic programs are appropriately skilled & qualified.	Agreed in principle	Skills and qualifications are a key element of recruitment and placement within ACTCS for all staff delivering programs.	Lead Agency: JACSD HD	Completed. ACTCS staff are recruited on the basis of suitable qualifications and

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		HD will assist in providing input into the content of training programs.		skills. Partner organisations are required to have staff with suitable qualifications and skills. Completed As per 35
40. Therapeutic programs should ensure that gender & cultural needs are met.	Agreed in principle	Program models will be reviewed as part of actions related to Recommendation 35.	Lead Agency: JACSD HD	Completed. As per 35
41. The provision of different therapeutic program streams that address licit (e.g., tobacco & alcohol) & illicit (e.g., opioids & amphetamines) substances should be explored.	Agreed in principle	Program models will be reviewed as part of actions related to Recommendation 35.	Lead Agency: HD JACSD	Partially complete Alcohol and Drug Services, Health Directorate (ADS) has commenced utilising the ADS Key Worker Coordinator and the ADS Withdrawal Unit Counsellor to attend AMC one afternoon per week to provide support and counselling to identified clients. A pathway for

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				<p>clients who are being released from AMC is being developed and will involve an assessment prior to the client leaving the AMC and active referral to the Opioid Treatment Service. An additional 1.0 full-time equivalent (FTE) position for the ADS, Treatment Counselling Team has been allocated to fill this service gap, commencing July 2012.</p> <p>From March 2012, the exchange of clinicians between Justice Health Services and Alcohol and Drug Services allows the provision of clinics at both the AMC and ADS Building 7, with specialist referral for</p>

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				mental health / AOD co-morbidity now able to be addressed.
42. Holistic responses to licit & illicit substance issues should be provided by utilising medical (e.g., opioid pharmacotherapy & nicotine replacement therapy) & non-medical support (e.g., counselling, group work) in a coordinated & complementary approach.	Agreed in principle	Holistic responses will be reviewed as part of the actions related to Recommendations 1 – 3 related to Policy and Governance.	Lead Agency: HD JACSD	Completed at April 2012 As per actions 1-3
		Additionally, JACSD and HD have commenced work on strengthening the current case management system and working with other ACT Government Directories and the community sector to more clearly articulate roles, responsibilities and information sharing arrangements. This work may lead to greater efficiencies which could allow for the augmentation of the current case management systems.		Completed. Fortnightly meetings with case managers involved in ADS; weekly meeting with case managers involved in mental health services.
43. Therapeutic programs enrolment processes should consider & be aligned with case planning processes & sentence length. Passive sign-up processes should be removed.	Agreed in principle	Program processes will be reviewed as part of actions related to Recommendation 35.	Lead Agency: JACSD HD	Completed. Referral processes were tightened to ensure closer alignment between case plans and program interventions.
44. Continuous quality improvement of program content should be continued.	Agreed	Both HD and JACSD operate within an environment of Quality Improvement cycles.	Lead Agency: JACSD	Completed.
		Program content will be reviewed as part of actions related to	HD	Completed

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DEMAND REDUCTION – THERAPEUTIC PROGRAMS BURNET RECOMMENDATIONS 35-52	Government Response	Actions and Timelines	Primary Response Agency	Status 2013
		Recommendation 35.		As per 35
45. Smoke free initiatives including making the AMC entirely smokefree & scaling up tobacco cessation programs for prisoners & staff including group work & nicotine replacement therapy should be further explored, via consultation & engagement with relevant stakeholders.	Agreed in principle	<p>HD and JACSD agree with the public health aspects of this recommendation.</p> <p>Consideration will be given to opportunities for expanding smokefree areas in the AMC, there are currently no plans to make the AMC entirely smoke free.</p> <p>A tobacco management as opposed to a prohibition approach is currently taken.</p> <p>ACTCS has considered issues around smoking at both the detainee and staff level. Cessation possibilities have been and will continue to be explored.</p> <p>Participation in any proposed smokefree initiative will also be dependent on and subject to appropriate resourcing.</p> <p>Work will be undertaken with the Alcohol, Tobacco and Other Drug Association (ATODA) and the Mental Health Community Coalition to explore opportunities for expanding their current Workplace Tobacco Management Project into the prison.</p> <p>Implementation of this recommendation will be referred for advice from the high level joint JACSD /HD advisory group due to resource implications.</p>	<p>Lead Agency: HD</p> <p>JACSD</p>	<p>Completed at April 2012</p> <p>The Justice Health Service operates within a Standard Operating procedure to support clients currently wishing to undertake smoking cessation. Nicotine Replacement Therapy (NRT) is made available. ACTCS is monitoring the implementation of smoke-free prisons in other jurisdictions.</p>
46. Solaris TC or external residential rehabilitation should be offered to all prisoner populations.	Noted	<p>Consideration will be given by ACTCS as to whether these options are possible within the current resource base.</p> <p>The ability to offer the program to a larger proportion of the prison population is affected by the length of detainee sentences and classifications.</p> <p>Implementation of this recommendation will be referred for advice from the high level joint JACSD /HD advisory group due to resource implications. It should be noted that the Therapeutic</p>	JACSD	<p>Completed.</p> <p>The alcohol and drug therapeutic community is not a suitable intervention for all detainee populations.</p>

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		Community is not required for some segments of the detainee population in relation to rehabilitation services.		
47. The current location of the Solaris TC should be moved to an alternative, secure location within the AMC.	Noted	The option of relocating to another place within the AMC complex will be referred for advice from the high level joint JACSD /HD advisory group due to resource implications. Funding has been provided in the 2011-12 budget to conduct a feasibility study into AMC accommodation.	JACSD	An alternative location for the therapeutic community remains a part of future planning for the AMC (subject to capital works priorities).
48. The application of the partnership service provision model employed at the Solaris TC should be explored for the provision of other programs & services at the AMC.	Agreed in principle	ACTCS is committed to looking for ways to continue to work collaboratively with non-government service providers to improve the quality of all services to detainees. Program models will be reviewed as part of actions related to Recommendation 35.	JACSD	Completed. Currently partnering with Karralika Programs Inc and Directions ACT for AOD programs and with Winnunga for Art program. Also partnering with Marymead in regard to parenting programs.
49. Specific strategies to address low literacy among TC participants should be explored.	Agreed in principle	ACTCS is aware of literacy issues and is considering opportunities to address this within the education function.	JACSD	Completed. The education provider contract was revised in 2011 to increase the focus on literacy and

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				numeracy for detainees. This has been done by embedding literacy and numeracy into all mainstream education programs.
50. Case management assistance should be expanded to assist with accessing external residential rehabilitation.	Agreed in principle	<p>ACTCS is committed to and continues to explore methodologies to assist offenders to re-enter the community.</p> <p>JACSD and HD have commenced work on strengthening the current case management system and working with other ACT Government Directorates and the community sector to more clearly articulate roles, responsibilities and information sharing arrangements.</p>	<p>JACSD</p> <p>JACSD</p>	<p>Completed. ACTCS revised the position descriptions for case managers to address this recommendation and additional staff have been recruited.</p> <p>Completed. Following work undertaken by the Chief Minister and Cabinet Directorate (CMCD), Corrective Services, other directorates and the Community Integration Governance Group in December 2011, the ACT Government</p>

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DEMAND REDUCTION – THERAPEUTIC PROGRAMS BURNET RECOMMENDATIONS 35-52	Government Response	Actions and Timelines	Primary Response Agency	Status 2013
				agreed to extend the Throughcare policy framework which supports offenders’ reintegration into the community, and includes a specific focus on accommodation.
51. Consideration should be given to funding an external residential rehabilitation program which will accept individuals from the AMC on bail or being released to the facility who are currently receiving opioid pharmacotherapy.	Agreed	HD funds DIRECTIONS ACT to operate a short term Transitional Support Program which caters for people on pharmacotherapies.	HD	Partially complete. Karralika Programs Inc secured Commonwealth funding in 2012 to establish a project to offer places for people on opioid pharmacotherapies in community based residential drug treatment programs.
52. Data on participation & completion rates at the current location of the TC should be compared with data on the new site to evaluate the impact of the change on the success of the program in relation to enrolment & completion rates.	Noted	ACTCS will give consideration to providing this data, however this will be subject to any relocation of the TC.	JACSD	Completed. A new site has not been actioned at this time. Not currently relevant.

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HARM REDUCTION – THROUGH-CARE AND TRANSITIONAL SUPPORT BURNET RECOMMENDATIONS 53-57	Government Response	Actions and Timelines	Primary Response Agency	Status 2013
53. The definition of through care should be reviewed, with a view to exploring how additional support can be provided during incarceration and in any post-prison period where an individual still requires support, rather than just to the cessation of parole periods. This redefined concept of throughcare should be reflected in prisoner awareness of services and the rehabilitation process.	Agreed in principle	JACSD and HD will continue to work with other ACT Government Directorates and the community sector through the Joint Government/ Community Integration Governance Group (CIGG) Working Group to develop the most effective service model.	Lead Agency: JACSD HD	Completed. ACT Government expanded definition of throughcare to cover up to 12 months’ post release from AMC. Dedicated Throughcare unit pilot funded and established.
54. The importance of through care should be emphasised across all programs and appropriately resourced, with case management and clinical care processes developed to support throughcare.	Noted	JACSD and HD will continue to work with other ACT Government Directorates and the community sector through the Joint Government/ Community Integration Governance Group (CIGG) Working Group to develop the most effective service model. Whilst this is agreed noting immediate opportunities to emphasise the importance of through care, this will need to be further considered in the context of appropriate resourcing.	Lead Agency: JACSD HD	Completed. As per 53.
55. Funding and capacity for the Inside Out Program should be reviewed to ensure that this program continues and is sustainable and capable of meeting needs of all prisoners.	Noted	The Inside Out Program is currently funded by the Australian Government.		Commonwealth funding for the Inside Out Program has been discontinued. ACTCS and Directions ACT have collaborated to

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HARM REDUCTION – THROUGH-CARE AND TRANSITIONAL SUPPORT BURNET RECOMMENDATIONS 53-57	Government Response	Actions and Timelines	Primary Response Agency	Status 2013
				ensure that key aspects of the program continue through revised arrangements in service delivery.
56. Service delivery model and sources of funding specifically for a transitional support service system should be explored.	Agreed in principle	JACSD and HD will continue to work with other ACT Government Directorates and the community sector through the Joint Government/ Community Integration Governance Group (CIGG) Working Group to develop the most effective service model.	Lead Agency: JACSD HD	Completed. As per 53
57. Funding for other NGOs to provide culturally sensitive and gender sensitive services to prisoners should be explored.	Agreed in principle	These issues will be pursued under existing arrangements with NGOs and within the Budget context as necessary.	Lead Agency: JACSD HD	Completed. Relationships Australia’s Indigenous Yarning Program in the AMC has been funded by ACTCS. Karralika Program’s Inc. Womens Services worker was funded by the Commonwealth for 2011-12. ACTCS funds Marymead to provide parenting programs for male and female detainees.

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HARM REDUCTION – BLOOD-BORNE VIRUSES, TATTOOING & PIERCING BURNET RECOMMENDATIONS 58-64	Government Response	Actions and Timelines	Primary Response Agency	Status 2013
58. All ACT Corrections Health Program staff should receive accredited training for pre- & post-test counselling for blood-borne virus testing.	Agreed in principle	All Justice Health staff have access to training in this area as part of a one month induction and staff development program. The training is not as yet accredited.	HD	Completed at April 2012
59. Blood-borne virus testing should be routinely offered at admission, three months post-admission & at discharge for all prisoners.	Noted	Detainees are being routinely offered testing on admission. Opportunistic offers for BBV screening are made during detention and pre-release.	HD	Completed at April 2012 A systemised approach will be investigated to (i) re-offer screening to those who have not accepted initial offer upon admission and (ii) re-testing at three months post admission and prior to release.
60. An appropriate testing algorithm for HCV should be implemented that includes automatic PCR testing for HCV in response to all positive HCV antibody tests.	Agreed	Since October 2010, HCV algorithm includes PCR testing.	HD	Completed at April 2012

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HARM REDUCTION – BLOOD-BORNE VIRUSES, TATTOOING & PIERCING BURNET RECOMMENDATIONS 58-64	Government Response	Actions and Timelines	Primary Response Agency	Status 2013
61. Clinical record keeping in relation to blood-borne virus testing & vaccination should be reviewed as a matter of urgency. Medical records should document clearly whether testing has been offered & consented to at admission, three months & at discharge, the results of tests & subsequent recommendations for future testing &/or clinical care.	Agreed	Records are now kept in the individual Clinical Records related to all aspects of this recommendation. Opportunistic offers for BBV screening are made during detention and pre-release.	HD	Completed at April 2012
62. Blood-borne virus test results should be provided to prisoners as soon as they become available by trained pre- & post-test counsellors.	Agreed in principle	All detainees are informed of abnormal test results following review by Medical Officer. Normal test results are available on request.	HD	Completed at April 2012
		Staff have been undertaking training in the provision of counselling pre and post test as part of the one month induction and staff development program for Justice Health staff		Completed at April 2012
63. HCV treatment should be more routinely offered to all eligible prisoners with clear information on the time periods involved in preparing for treatment.	Agreed	Detainees are able to access equivalent HCV treatment through TCH clinics as anyone else in the community would.	HD	Completed at April 2012
64. A professional tattooing & piercing program at the AMC should be explored.	Agreed in principle	Further consideration of this recommendation will be undertaken. This recommendation is consistent with the recommendation under 12.2 Tattooing of the Knowledge Consulting Report that ‘a	JACSD	ACTCS has reviewed documentation regarding the

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HARM REDUCTION – BLOOD-BORNE VIRUSES, TATTOOING & PIERCING BURNET RECOMMENDATIONS 58-64	Government Response	Actions and Timelines	Primary Response Agency	Status 2013
		safe tattooing facility is considered as one way of limiting the transmission of Hepatitis and HIV.’		Canadian program.

HARM REDUCTION - BLEACH PROVISION, SAFER USING & OVERDOSE PREVENTION, NEEDLE AND SYRINGE PROGRAMS BURNET RECOMMENDATIONS 65-69	Government Response	Actions and Timelines	Primary Response Agency	Status 2013
65. A system should be developed to ensure that bleach dispensers are always adequately stocked.	Agreed	ACTCS routinely ensures that bleach dispensers are adequately stocked for the required cleaning purposes.	JACSD	Completed.
66. Information should be provided to prisoners on how to use bleach to most effectively clean used syringes. The development of this information should take low literacy into consideration.	Agreed in principle	Written information provided will be reviewed to ensure it is meaningful for detainees.	Lead Agency: JACSD HD	Completed. Hepatitis C Resource Centre visits the AMC to provide workshops and information sessions in all accommodation areas. ACTCS has partnered with Directions ACT to run a harm minimisation program which includes

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HARM REDUCTION - BLEACH PROVISION, SAFER USING & OVERDOSE PREVENTION, NEEDLE AND SYRINGE PROGRAMS BURNET RECOMMENDATIONS 65-69	Government Response	Actions and Timelines	Primary Response Agency	Status 2013
				information safer injecting.
67. Funding should be provided to enable the delivery of a comprehensive safer using & overdose prevention peer education program to all prisoners that includes provision of written resources.	Noted	This work builds on work already undertaken by the community sector, and consideration is being given to further initiatives in this area.	Lead Agency: HD JACSD	Refer to action 66 and 68.
68. A model for the provision of Naloxone to prisoners at release should be explored, with specific emphasis on training & education provided to prisoners to support the effective use of Naloxone in reducing post-release mortality relating to opioid overdose.	Agreed in Principle	Exploration of the design, development and implementation of a program, to provide Naloxone to at-risk detainees on release is underway, covering: <ul style="list-style-type: none"> - Designing the program collaboratively with people at risk of opioid overdose, community agencies, relevant clinicians, and a range of areas in the ACT Government. - Monitoring and evaluating the program's implementation. - Evaluating the outcomes of the program for people at risk of Opioid overdose, for alcohol and other drug workers and for the broader community. - An assessment of the program's cost-effectiveness in the prison setting. - An Advisory Group has been established to guide this work. A program plan has been drafted. Implementation of this recommendation will be referred for advice from the high level joint JACSD /HD advisory group due to	Lead Agency: HD JACSD	Completed at April 2012 A community-based program for the ACT commenced in early 2012. Justice Health is involved in the second phase roll-out of the program which commenced in February 2013.

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		resource implications.		
69. A process should be commenced to instigate a trial needle & syringe program at the AMC. This process should involve consultations with all relevant stakeholders to identify feasibility of such a program & appropriate models for its delivery. Consideration should also be given to ensuring that appropriate & reliable data is currently collected & will exist over the duration of the trial to evaluate the effectiveness of an NSP.	Noted	Government will be seeking additional information prior to reaching a final decision in relation to this recommendation. Further information that would inform the decision would include potential models for a NSP, how they would work within the prison setting, barriers to implementation at the AMC and how these barriers could be overcome. The Government has commissioned Michael Moore from the Public Health Association to commence this work.	HD	The Public Health Association report was completed in 2011. The Government responded to this report in August 2012. The Health Directorate is currently working on finalising a Strategic Framework for the Management of Blood Borne Viruses at the AMC which includes the proposal that detainees have regulated access to sterile injecting equipment. Under a current industrial agreement, implementation of this provision requires union agreement to be

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				reached. The Government is committed to seeking that agreement through consultation with relevant unions.