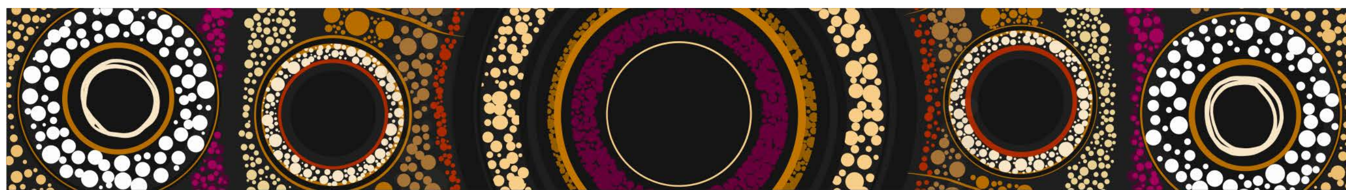
ACT Government | ACT Health

Review of the ACT Drug Strategy Action Plan 2018–2021

ACT Health Directorate

June 2022



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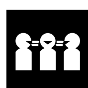

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Introduction

With the conclusion of the *ACT Drug Strategy Action Plan 2018-2021*[1] (the ACT Action Plan) at the end of 2021, the ACT Action Plan was reviewed to inform the development of the next plan intended to come into effect in 2022. This review was co-produced by the ACT Government and stakeholders from the alcohol and other drug (AOD) sector. The review was conducted with the primary purpose of enhancing the next Drug Strategy Action Plan (next plan).

Background

The ACT Action Plan was launched in December 2018 following a consultation period with key government and non-government stakeholders, including a formal public consultation process in mid-2018. The ACT Action Plan outlined ACT Government priorities to address harms from alcohol, tobacco and other drugs between December 2018 and December 2021. The actions and priorities set out in the ACT Action Plan were aligned with the harm minimisation framework provided by the *National Drug Strategy 2017-2026* (the National Drug Strategy) and other relevant ACT Government strategic documents and policies.

In line with the National Drug Strategy, the ACT Action Plan aimed to:

> *build safe, healthy and resilient (Australian) communities through preventing and minimising alcohol, tobacco and other drug related health, social, cultural and economic harms among individuals, families and communities.*[2]

Consistent with the national approach, the ACT Action Plan sought to address the three 'pillars' of harm minimisation: demand reduction, supply reduction and harm reduction. The ACT Action Plan listed 19 objectives under drug types (see the list of objectives in Appendix A). Three guiding principles were also identified to inform activity under the ACT Action Plan:

1. evidence-informed responses
2. partnerships, co-ordination and collaboration
3. national direction, jurisdictional implementation.

Coordination and partnerships across multiple government agencies and the non-government sector were identified as being of key importance in achieving these objectives, as was collaboration with consumers, families and carers, and representatives of affected communities and priority populations.

1 ACT Government (2018). *ACT Drug Strategy Action Plan 2018-2021: A Plan to Minimise Harms from Alcohol, Tobacco and Other Drug Use. Canberra:* ACT Health. Available at: https://www.health.act.gov.au/about-our-health-system/population-health/act-drug-strategy-action-plan

2 ACT Government (2018). *ACT Drug Strategy Action Plan 2018-2021: A Plan to Minimise Harms from Alcohol, Tobacco and Other Drug Use. Canberra*: ACT Health.

The ACT Action Plan set out 43 priority actions for implementation under the plan. Implementation of these actions was intended to suit the needs and priorities of the ACT context and respond to emerging local issues.

The Drug Strategy Action Plan Advisory Group (Advisory Group) was established in 2019 to guide prioritisation of activities, implementation and evaluation of the ACT Action Plan. The Advisory Group is co-chaired by the ACT Health Directorate and the Justice and Community Safety Directorate and includes representatives from across ACT Government, peak bodies, community organisations and consumer organisations. The Advisory Group was also intended to play an important role in identifying emerging issues over the life of the plan.

The ACT Action Plan was not intended to record all routinely delivered services and activities funded by the Government, nor to provide a comprehensive description of drug issues in the ACT. The actions set out in the ACT Action Plan were, at the time of release, identified as ACT Government priorities over the life of the plan.

The ACT Government committed to publishing an annual progress report that included a snapshot of alcohol, tobacco and other drug use in the ACT. The first progress report[3] was delayed due to the COVID-19 pandemic and was published by ACT Health in August 2020. The report outlined progress against the priority actions in the ACT Action Plan in the first full year of its implementation (2019) and the first half of 2020. It was not intended to provide information on progress against the higher-level objectives of the plan. The Progress Report for 2020-2021 was published in conjunction with this review.

A formal review of the ACT Action Plan to take place after three years of the plan's operation was committed to in the initial plan. This document reports on the findings of that review.

3 ACT Health (2020). *ACT Drug Strategy Action Plan 2018-2021: Progress Report 2019-20*. Canberra: ACT Health. Available at: *https://www.health.act.gov.au/about-our-health-system/population-health/act-drug-strategy-action-plan*

Methodology – Policy review

Aim and scope

This review aimed to examine how the ACT Action Plan functioned to guide action towards harm minimisation[4] in the ACT between 2018 and 2021 and to consider how the next plan could be enhanced to further prevent and minimise alcohol, tobacco and other drug related harm. The review process was intended to be pragmatic and provide timely information to support the nature and scope of the next plan. However, noting that the development of the next plan is subject to engagement and consultation, this report does not seek to constrain that process or make prescriptive recommendations regarding the principles or actions for the next plan.

The review addresses the ACT Action Plan as a whole, rather than focusing on individual programs and priority actions and their outcomes. The lead directorate or organisation for each program deliverable is responsible for evaluating their programs and the Progress Reports are the primary mechanism for monitoring each priority action and the outcomes achieved under the plan.

Policy review approach

This review was developed around seven questions which guided the assessment of the strengths and weaknesses of the ACT Action Plan and areas for improvement across various domains:

1. How well did the ACT Action Plan guide action on harm minimisation in the ACT and how could this be improved in the next plan?
2. How well did the ACT Action Plan facilitate monitoring of progress against its priority actions and objectives and how could this be improved in the next plan?
3. How effective were the governance mechanisms for the ACT Action Plan?
4. How well did the ACT Action Plan facilitate collaboration with the alcohol, tobacco and other drugs sector and people with lived experience?
5. How effectively did the ACT Action Plan target its priority populations and how could this be improved in the next plan?
6. Did the ACT Action Plan enable responsiveness to emerging issues, approaches and innovations, including the COVID-19 pandemic, and what can be learned for the next plan?
7. How could the next plan facilitate action to further prevent and minimise alcohol, tobacco and other drug related harm in the ACT?

4 Harm minimisation in this document refers to the framework set out in the National Drug Strategy. A harm minimisation policy approach recognises that drug use carries substantial risks and that a range of supports are required to progressively reduce drug-related harm to individuals and the community. This approach seeks to reduce harms through coordinated, multi-agency responses that address the three pillars of harm minimisation: demand reduction, supply reduction and harm reduction.

The review drew on a range of sources of information to make these assessments. These include:

- ACT Drug Strategy Action Plan 2018-2021
- ACT Drug Strategy Action Plan 2018-2021: Progress Report 2019-2020 (August 2020)
- Published submissions to the ACT Legislative Assembly Inquiry into the Drugs of Dependence (Personal Use) Amendment Bill 2021
- Published submissions to the ACT Legislative Assembly Inquiry into Community Corrections
- ACT Primary Health Network (PHN) Needs Assessment 2020-21
- Publicly available statistical reports (e.g. National Drug Strategy Household Survey, National Wastewater Drug Monitoring Program report)
- Published research on drug trends in the ACT (e.g. reports from the Illicit Drug Reporting System and Ecstasy and Related Drugs Reporting System)
- Consultation with the AOD sector on the draft report as outlined below.

The review was guided by the Monitoring and Evaluation Working Group established as a sub-committee of the Drug Strategy Action Plan Advisory Group. The review was co-written by the ACT Health Directorate, the Alcohol Tobacco and Other Drug Association ACT (ATODA) and Associate Professor Anna Olsen from the Australian National University (the Drug Strategy Action Plan Advisory Group Research Advisor). Comments were sought from across Government, the Drug Strategy Action Plan Advisory Group and community partners on a draft of the review report.

Limitations

Due to limited time points at which data have been collected during the 2018-2021 period, it is not possible to demonstrate change in outcomes under each objective of the ACT Action Plan for this specific time period or the impact of specific priority actions. Furthermore, some large-scale longitudinal studies from which key data is extracted have not been conducted within the last three years (e.g. the Australian Secondary School Students Alcohol and Drug Survey (ASSAD) has not been conducted since 2017; the latest Australian Burden of Disease Study findings are from 2018; the National Aboriginal and Torres Strait Islander Health Survey has not been conducted since 2018-19) in some cases due to COVID-19. As a result, this review does not include measures that would be expected in an outcome evaluation.

Structure of this report

This report begins with a snapshot of current statistics on alcohol, tobacco and other drug use and related harm in the ACT, with an indication of recent trends. What follows is an assessment against each of the review questions outlined above. The report concludes with recommendations for the next plan based on the review's findings.

Where are we now in the ACT?

Recent statistics indicate that the ACT has made significant improvements in various areas of alcohol, tobacco[5] and other drug related harm in recent years. While these changes cannot be directly or solely attributed to the success or otherwise of actions taken under the ACT Action Plan, this snapshot provides an important waypoint in assessing the current state of play in the ACT, recent successes and where further work is required in the next plan.

According to the most recent National Drug Strategy Household Survey, in 2019 the ACT continued to have the lowest overall smoking rate, lowest proportion of lifetime risky drinking over the past year and lowest rate of recent illicit drug use of any Australian jurisdiction.[6] This is likely due in part to the ACT's low proportion of socioeconomic disadvantage and high rates of education compared to other jurisdictions and in part due to ongoing prevention efforts. The proportion of daily smokers has declined substantially over the last two decades but remained stable since 2016, estimated in 2019 to be 8.2 per cent of the ACT population, well below the national average of 11 per cent. Smoking rates remain stubbornly high among several specific groups within the population, including Aboriginal and Torres Strait Islander people, people with a mental illness, and people dependent on alcohol and other drugs.[7] All jurisdictions in Australia have seen significant declines in the proportion of smokers over the last two decades, largely stemming from national level initiatives. While the proportion of young people who have never smoked continues to rise, there are concerns about an emerging trend of e-cigarette use among youth. In 2017, 10.5 per cent of surveyed ACT high school children aged 12 to 17 reported having tried e-cigarettes, including 18.4 per cent of 16 to 17 year olds.[8]

Rates of lifetime risky drinking in the ACT have remained relatively stable between 2016 and 2019 and there was a small decrease in rates of single occasion risky drinking. Both have declined since 2007.[9] These figures are measured against the 2009 National Health and Medical Research Council alcohol risk guidelines which were revised in 2020. Prevalence statistics for the ACT measured against the new guidelines are not available.

5 References to tobacco throughout include e-cigarettes, vaping and vaping products.

6 Australian Institute of Health and Welfare (AIHW) (2020). National Drug Strategy Household Survey 2019. Canberra: AIHW.

7 AIHW (2021). Australian Burden of Disease Study 2018: key findings for Aboriginal and Torres Strait Islander people. Cat. no. BOD 28. Canberra: AIHW; Greenhalgh E, Scollo M, & Winstanley M (2020). Tobacco in Australia: facts and issues. Melbourne: Cancer Council Victoria; Thurber KA, Banks E, Joshy G, Soga K, Marmor A, Benton G, et al. (2021). Tobacco smoking and mortality among Aboriginal and Torres Strait Islander adults in Australia. International Journal of Epidemiology, 50(3): 942-954; Randall D, Degenhardt L, Vajdic C, Burns L, Hall W, Law M, et al. (2011). Increasing cancer mortality among opioid-dependent persons in Australia: a new public health challenge for a disadvantaged population. Australian and New Zealand Journal of Public Health, 35(3): 220-225.

8 Australian Secondary School Students' Alcohol and Drug Survey 2017. ACT data available at: *https://health.act.gov.au/about-our-health-system/data-and-publications/healthstats/statistics-and-indicators/assad-ever-used*

9 AIHW (2020). National Drug Strategy Household Survey 2019. Canberra: AIHW.

In 2019, 14.6 per cent of ACT residents reported using an illicit drug in the last 12 months. There has been no clear upward or downward trend in recent illicit drug use since 2007 (when it was 13.8 per cent).[10] Cannabis (10.5 per cent) was the most widely used illicit drug in the ACT in 2019, followed by cocaine (3.5 per cent).[11] Methamphetamine ('ice' in its crystalline form) and amphetamine (speed) use appears to have fallen to low population levels in Canberra (0.3 per cent in 2019, compared with 1.1 per cent in 2016, and 4.5 per cent in 2001).[12] Despite the fall in population methamphetamine use rates, in the ACT in 2018–19 22.6 per cent of (non-pharmacotherapy-based) treatment episodes in the ACT were to help with problems related to meth/amphetamine use, indicating that a relatively small group of people who use it experience relatively severe problems related to use.[13] The nonmedical use of painkillers and opioids in the ACT (1.5 per cent) was lower than the national average (2.7 per cent). While this appears to be a decline from 2.9 per cent in 2016, the change was not statistically significant.[14] Wastewater analysis indicates that fentanyl and oxycodone use declined in the ACT between 2018 and 2021.[15]

Delaying initiation to alcohol, tobacco and other drugs is an objective of the National Drug Strategy and the ACT Action Plan as the earlier a person commences use the greater the risk of harm. The average age at which people in the ACT first consume alcohol has remained stable since 2016 at 17.1 years, an increase from 16.8 years in 2007.[16] The age at which people first smoked a full cigarette has been gradually increasing, from 15.9 years in 2007 to 16.7 years in 2019, however, this has remained stable since 2016 (16.6 years) and as noted above there are concerns about an emerging trend of e-cigarette use among youth. The age at which people in the ACT first tried an illicit drug, including a pharmaceutical for non-medical purposes, has increased from 18.8 years in 2007 to 19.8 years in 2019, but been stable since 2016.[17]

Prevalence data from 2020-2021 are not yet available to indicate clear trends in those years. Drug consumption patterns in 2020-21 may not be typical of long-term trends due to the COVID-19 pandemic and public health restrictions impacting supply and demand. Survey findings and anecdotal reports suggest there have been changes in the local drug market which may be impacting people's drug use patterns.[18] The ACT Government continues to monitor the evidence to consider any longer-term impacts of the COVID-19 pandemic on AOD consumption and related harms.

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10 AIHW (2020). National Drug Strategy Household Survey 2019—Australian Capital Territory Fact Sheet. Canberra: AIHW. Available at: *https://www.aihw.gov.au/getmedia/ecbff00a-7d71-47fb-bcd3-714eae2fc51e/aihw-phe-270-fact-sheet-ACT.pdf.aspx*

11 AIHW (2020). National Drug Strategy Household Survey 2019. Drugs Statistics series no. 32. PHE 270. Canberra: AIHW. Available at: *https://www.aihw.gov.au/reports/illicit-use-of-drugs/national-drug-strategy-household-survey-2019/contents/summary*

12 AIHW (2020). National Drug Strategy Household Survey 2019.

13 AIHW (2020). National Drug Strategy Household Survey 2019.

14 AIHW (2020). National Drug Strategy Household Survey 2019.

15 Australian Criminal Intelligence Commission (ACIC) (2021). National Wastewater Drug Monitoring Program – Report 14, additional longitudinal data figures for Australian Capital Territory. Canberra: ACIC. Available at: *https://www.acic.gov.au/sites/default/files/2021-10/temporal_act.pdf*

16 AIHW (2020). National Drug Strategy Household Survey 2019. Canberra: AIHW. Available at: *https://www.aihw.gov.au/reports/illicit-use-of-drugs/national-drug-strategy-household-survey-2019/contents/summary*

17 AIHW (2020). National Drug Strategy Household Survey 2019. Canberra: AIHW. Available at: *https://www.aihw.gov.au/reports/illicit-use-of-drugs/national-drug-strategy-household-survey-2019/contents/summary*

18 Australian Government (2020). Australian Capital Territory PHN Needs Assessment 2020-2021. Canberra: Capital Health Network, Australian Government. Available at: *https://www.chnact.org.au/wp-content/uploads/2021/01/ACTPHN-Needs-Ax-2020-21-Update.pdf*

In terms of AOD-related harms, the Australian Institute of Health and Welfare burden of disease study has not been conducted since 2018. Between 2016 and 2019 there was a decrease in alcohol-related incidents involving verbal abuse (21 per cent in 2016 to 15.9 per cent in 2019) and physical abuse (5.3 per cent in 2016 to 2.0 per cent in 2019). There have been reductions in rates of accidental fatal overdoses, drug-related hospitalisations and blood borne viruses such as hepatitis C in recent years. In 2019, the age-standardised rate of accidental opioid-induced deaths in the ACT was 2.48 deaths per 100,000 people, a decrease from 2018 (3.78 deaths per 100,000 people).[19] Following an upward trend since 2010-2011,[20] the age-standardised rate of drug-related hospitalisations fell to 216 per 100,000 in 2017-18 and further to 179 per 100,000 in 2018-19. Rates of hepatitis C in the ACT have also decreased from 31.6 per 100,000 in 2018 to 27.2 per 100,000 people in 2020. However, rates of newly acquired hepatitis C rose over the same period, from 1.7 per 100,000 in 2018 to 4 per 100,000 in 2020.[21] New notifications for HIV rose in 2019 to 12 after a gradual decline from the peak of 21 in 2013 and significant drop to six in 2018.[22] However, given the numbers for each of the above measures are very small, it is difficult to draw conclusions with regard to whether these changes reflect true downward trends.

This snapshot of recent statistics indicates that there has been improvement in many areas of alcohol, tobacco and other drug consumption and harm in the ACT in recent years at a population level. Looking more closely at particular population groups, however, highlights significant areas for improvement. While recent ACT-specific data are not available, we know from national data that particular population groups remain at greater risk of alcohol, tobacco and other drug related harms. Aboriginal and Torres Strait Islander peoples, people who have migrated from countries with high smoking rates and those who identify as LGBTIQ are more likely to smoke than the wider population.[23]

Indigenous Australians are more likely than non-Indigenous Australians to have recently used illicit drugs and are at higher risk of alcohol-related death and drug-related death.[24] Young people aged 18-24 years remain the age group most likely to consume alcohol at very high levels on a single occasion and be victims of alcohol-related incidents and injuries.[25]

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19 Chrzanowska A, Man N, Sutherland R, Degenhardt L & Peacock A (2021). *Trends in drug-induced deaths in Australia, 1997-2019. Drug Trends Bulletin Series.* Sydney: National Drug and Alcohol Research Centre, UNSW Sydney.

20 Chrzanowska A, Man N, Sutherland R, Degenhardt L & Peacock A (2021). *Trends in drug-induced deaths in Australia, 1997-2019. Drug Trends Bulletin Series.* Sydney: National Drug and Alcohol Research Centre, UNSW Sydney.

21 Australian Government Department of Health. National Notifiable Diseases Surveillance System (NNDSS). Accessed 18 January 2021. Available at: *https://www.data.act.gov.au/Health/Notification-rates-Hepatitis-C/sbqx-ugwj?referrer=embed*

22 Kirby Institute (2021). HIV [website]. Accessed 27 October 2021. Sydney: Kirby Institute, UNSW Sydney. Data available at: *https://data.kirby.unsw.edu.au/hiv*

23 Australian Bureau of Statistics (ABS) (2016). 4714.0 - National Aboriginal and Torres Strait Islander Social Survey 2014-15. Canberra: ABS; Greenhalgh E, Stillman S, Ellerman D, Ford C (2016). Interventions for particular groups. Tobacco in Australia: Facts and Issues: Cancer Council Victoria; AIHW (2020). National Drug Strategy Household Survey 2019. Drugs Statistics series no. 32. PHE 270. Canberra: AIHW.

24 AIHW (2020). National Drug Strategy Household Survey 2019. Drugs Statistics series no. 32. PHE 270. Canberra: AIHW; ABS (2018). Causes of Death, Australia, 2017. ABS cat. no. 3303.0. Canberra: ABS; Penington Institute (2021). Australia's annual overdose report 2021. Melbourne: Penington Institute.

25 AIHW (2020). National Drug Strategy Household Survey 2019. Canberra: AIHW. Available at: *https://www.aihw.gov.au/reports/illicit-use-of-drugs/national-drug-strategy-household-survey-2019/contents/summary*

People who identify as LGBTIQ are more likely to drink at risky levels and to use a range of illicit drugs than the general population.[26] People with mental health conditions remain more likely to smoke, drink at risky levels and use illicit drugs than people without mental health conditions.[27] People over 50 years of age are more likely to exceed lifetime risk guidelines for alcohol consumption than the general population[28] and there have been increases in drug-related hospitalisations and deaths for older people in recent years.[29] Alcohol and other drug consumption is more prevalent among people in contact with the criminal justice system.[30] A range of factors influence the rates of consumption and associated harms for these groups and each is identified as a priority population under the National Drug Strategy and the ACT Action Plan.

26 AIHW (2020). National Drug Strategy Household Survey 2019. Drug statistics series no. 32. Cat. no. PHE 270. Canberra: AIHW; Leonard W, Pitts M, Mitchell A, Lyons A, Smith A, Patel S, Couch M and Barrett A (2012). Private Lives 2: The second national survey of the health and wellbeing of gay, lesbian, bisexual and transgender (GLBT) Australians. Monograph Series Number 86. Melbourne: The Australian Research Centre in Sex, Health & Society, La Trobe University; Hill AO, Lyons A, Jones J, McGowan I, Carman M, Parsons M, Power J, Bourne A (2021). Writing Themselves In 4: The health and wellbeing of LGBTQA+ young people in Australia. Australian Capital Territory summary report, monograph series number 125. Melbourne: Australian Research Centre in Sex, Health and Society, La Trobe University.

27 AIHW (Australian Institute of Health and Welfare) 2020. National Drug Strategy Household Survey 2019. Drug statistics series no. 32. Cat. no. PHE 270. Canberra: AIHW. Viewed 16 July 2020.

28 AIHW (2020). National Drug Strategy Household Survey 2019. Drugs Statistics series no. 32. PHE 270. Canberra: AIHW.

29 Chrzanowska A, Man N, Sutherland R, Degenhardt L & Peacock A (2021). Trends in drug-induced deaths in Australia, 1997–2019. ***Drug Trends Bulletin Series***. Sydney: National Drug and Alcohol Research Centre, UNSW; Man N, Chrzanowska A, Sutherland R, Degenhardt L & Peacock A (2021). Trends in drug-related hospitalisations in Australia, 1999–2019. *Drug Trends Bulletin Series*. Sydney: National Drug and Alcohol Research Centre, UNSW.

30 AIHW (2019). The health of Australia's prisoners 2018. Cat. no. PHE 246. Canberra: AIHW; Voce A & Sullivan T (2021). Drug use monitoring in Australia: Drug use among police detainees, 2020. *Statistical Report 35.* Canberra: Australian Institute of Criminology.

1. How well did the ACT Action Plan guide action on harm minimisation in the ACT and how could this be improved in the next plan?

The ACT Action Plan publicly set out the ACT Government's commitment to harm minimisation in the ACT. The plan was endorsed by Cabinet, reflecting a whole-of-government agreement to continue to work towards a range of harm minimisation objectives and actions outlined in the plan over the three-year period from December 2018 to December 2021. The priority actions set a clear agenda for the Government and created an accountability mechanism to the public and the Legislative Assembly on their implementation. The ACT Action Plan acted as a guide for policy and funding decisions over the life of the plan, providing a framework for assessing and supporting policy and program proposals, and targeting actions of Government and Government funding towards the aims of the plan.

Several key Government actions enabled by the ACT Action Plan include:

- The first clients were referred to treatment by the new ACT Drug and Alcohol Court (Action 34);
- A new Canberra Health Services (CHS) opioid treatment clinic opened in Belconnen on 1 December 2020, increasing access to treatment in the north of Canberra (Action 19);
- Canberra Alliance for Harm Minimisation and Advocacy (CAHMA) was contracted to provide increased levels of overdose response training and greater community access to take-home doses of the opioid overdose reversal medication, naloxone (Action 19);
- Release of the ACT Festivals Pill Testing Policy (Action 17);
- The ACT Government awarded more than $2 million in grant funding for new projects to reduce harms from alcohol use (Action 1) and almost $900,000 for projects to reduce harms from smoking among high-risk population groups (Action 9);
- Publication of a feasibility study for a medically supervised injecting facility (Action 18);
- Ongoing work to co-design and plan for an Aboriginal and Torres Strait Islander Alcohol and Drug Residential Rehabilitation Facility (Action 31);
- Joint funding with Capital Health Network (CHN) and the John James Foundation for the Mobile Primary Care Outreach Clinic (Actions 26 and 29);
- Delivery of the 'Alcohol. Think Again: I need you to say no' campaign, to encourage parents not to supply their under-age children with alcohol (Actions 1 and 8);
- Implementation of a real-time prescription monitoring remote access portal, DAPIS Online Remote Access (DORA) (Action 16);
- An investment to expand early intervention and diversion programs for people in contact, or at risk of contact, with the criminal justice system (Action 33);
- Incorporating direct screening, assessment and treatment for hepatitis C as part of services provided by Canberra Health Services Alcohol and Drug Services (Action 15);
- Expanded treatment availability at the Alexander Maconochie Centre, including the availability of injectable buprenorphine, hepatitis C treatment, and take-home naloxone on release (Action 19);
- A Tobacco & E-Cigarette Prevention Community of Practice of government and non-government stakeholders has been developed (Action 9); and

- Work to build the capacity of AOD treatment providers and Aboriginal and Torres Strait Islander communities to respond to domestic and family violence (Actions 31 and 35).

The ACT Government also supported rapid adaption of services to respond to COVID-19, including transfer of face-to-face services to online delivery, and ensuring secure and ongoing delivery of opioid maintenance treatment to people in quarantine or isolation, in line with Action 41 to consider emerging issues and respond as required. The ACT Action Plan supported the continuation of supply reduction by police to target organised crime and illicit drug supply chains, and work with the Commonwealth on an Australia-wide regulatory framework for pre-cursor drugs and equipment (Actions 20 and 22). Further activities are set out in the Progress Reports from 2019–2020 and 2020-21. While positive outcomes cannot be entirely or solely attributed to the ACT Action Plan, the plan played a key role in guiding and facilitating these outcomes. There are also additional successes that have been achieved in the ACT over these years that were not instigated as part of the ACT Action Plan, some of which are outlined below under review question 6.

Alignment with national and ACT strategic policies

The ACT Action Plan was not the sole strategic policy document guiding action on alcohol, tobacco and other drugs in the ACT during this period. The plan complemented a range of other public policy documents at a national and territory level. The ACT Action Plan was intended to be strategically aligned with the *National Drug Strategy 2017-2026*. This is reflected in the strong focus on harm minimisation and the inclusion of actions against the three pillars of demand reduction, supply reduction and harm reduction. While the National Drug Strategy provided strategic direction, the ACT Action Plan sought through its guiding principle of 'national direction, jurisdictional implementation' to ensure that the actions undertaken were tailored to the ACT context and needs. In line with this, the ACT Action Plan priority actions were also explicitly aligned with a range of ACT Government strategies and policies, including:

- Healthy Canberra: ACT Preventive Health Plan 2020–2025 (which was under development at the time the ACT Action Plan was released);
- Hepatitis B, Hepatitis C, HIV and sexually transmissible infections: ACT statement of priorities 2016-2020;
- Opioid Maintenance Treatment in the ACT: Local Policies and Procedures;
- ACT Health Quality Strategy 2018-2028;
- ACT Road Safety Action Plan 2016-2020; and
- ACT Government Response to Family Violence 2016.

Alignment between these strategies reflects the Government's public commitment to reduce alcohol, tobacco and other drug-related harms to the ACT community across a variety of domains, towards which the ACT Action Plan played a substantial role as the ACT Government's primary strategic policy document addressing alcohol, tobacco and other drugs.

A number of national and ACT government strategies have been developed or come into effect since the commencement of the ACT Action Plan which have synergies with the ACT Action Plan that will be carried through into the next plan, including the:

- National Alcohol Strategy 2019-2028;
- National Fetal Alcohol Spectrum Disorder Strategic Action Plan 2018-2028;
- National Blood Borne Viruses and Sexually Transmissible Infections Strategies 2018-2022, including the Fifth National Hepatitis C Strategy 2018-2022;
- National Framework for Alcohol, Tobacco and Other Drug Treatment 2019-2029;
- National Quality Framework for Drug and Alcohol Treatment Services 2019-2022;
- National Tobacco Strategy (when renewed);
- Draft Territory-wide Health Services Plan 2021-2026;
- Justice and Community Services Strategic Plan 2020-2024;
- ACT Reducing Recidivism Plan;
- ACT Wellbeing Framework;
- ACT Aboriginal and Torres Strait Islander Agreement 2019-2028; and
- ACT Road Safety Strategy 2020-2025 and ACT Road Safety Action Plan 2020-2023.

To clearly guide action in the ACT towards the aims of these plans and assist in monitoring progress, the next plan would benefit from alignment with the objectives and indicators within existing plans and strategic documents. For example, the *Healthy Canberra: ACT Preventive Health Plan 2020-2025* (Preventive Health Plan) was developed in the later years of the ACT Action Plan and is now guiding prevention activities for alcohol and tobacco. The next plan will be aligned with the Preventive Health Plan while allowing for the possibility of additional actions if required.

Strategy

The current ACT Action Plan was not intended to be a comprehensive drug strategy given the alignment of the plan with other national and territory strategies outlined above, including but not limited to the National Drug Strategy. However, the ACT Action Plan did reflect and inform the ACT's strategic policy direction and provide a statement of intent for government action.

The ACT has delivered significant, nation leading drug policy reforms, such as removing penalties for adults for minor cannabis offences and facilitating a supportive policy environment for piloting pill testing at music festivals, within the framework provided by the current National Drug Strategy.

While the National Drug Strategy informs the ACT's AOD policy agenda, stakeholders in the AOD treatment and support sector have sought for a continuation of the ambitious policy agenda taken by the Government that builds on the success and encourages innovation in the AOD sector and ensures this ambition is not limited by the scope of the National Drug Strategy. The ACT has been Australia-leading in many respects and is well-placed to continue to lead in the formulation and implementation of evidence-based AOD policies and programs.

Recent submissions to the Inquiry into the Drugs of Dependence (Personal use) Amendment Bill 2021 suggested that the current ACT Action Plan does not go far enough in providing a comprehensive framework for alcohol, tobacco and other drug strategy for the ACT. AOD sector stakeholders have argued that an ACT drug strategy should include clear and ambitious goals and targets tailored to the specific needs of the ACT and exceed the goals set by the National Drug Strategy where the ACT is ahead of other states and territories.

The ACT Government will continue working with stakeholders on the design of the next plan and ensure it provides an overarching framework for ATOD policy and programs, that align with relevant national and ACT strategies, and guide strategic decision making in the ACT.

Emphasis on government activities and new priorities

The scope set out in the ACT Action Plan was to outline ACT Government priorities over the life of the plan rather than to provide a comprehensive description of drug issues in the ACT or routinely delivered AOD treatment and support services. The ACT Action Plan set out to focus on new initiatives rather than current work delivered, even where current work was high quality.

Stakeholders from the AOD community sector have communicated that by prioritising government activities, the ACT Action Plan acts as a whole-of-government plan but not a whole-of-community plan and is therefore limited in providing a strategic framework to guide community sector action in relation to AOD. Despite performing crucial functions of the AOD treatment, harm reduction and support system, community organisations report that they cannot see themselves in the ACT Action Plan. Stakeholders in the sector have called for the inclusion of the activities of the community sector in some detail in the next plan to provide a unifying vision, align with and inform the commissioning of services from the community sector, and enable the plan to coordinate different actors toward a single purpose.

On the other hand, while delivery of treatment services falls within the remit of the ACT Action Plan, the plan has a wider policy focus. There are therefore elements of the plan where Government has primary responsibility and accountability, for example legislative and regulatory reforms and delivery of Government services.

Stakeholders in the AOD community sector have also suggested that a focus on new initiatives was a limitation of the ACT Action Plan. While new initiatives are important, the sector has suggested that this can obscure the contribution of ongoing work which is known to produce good results and provide value for money.

While as noted above, these aspects were not considered in scope of the current ACT Action Plan, this could be considered again in the development of the next plan.

Focus on health

An overarching strength of the ACT's approach to drug policy, which is reflected in the ACT Action Plan, is its treatment of drug use as a health issue rather than a criminal justice issue in line with the policy focus on harm minimisation. Approaching drug use as health issue was identified in submissions to the Inquiry into the Drugs of Dependence (Personal Use) Amendment Bill 2021 as a strength in the ACT. There would be support from various community groups to reiterate and further strengthen this approach in the next plan to continue to guide action in this direction.

Recommendations

1. Ensure the next plan continues to guide action to further minimise alcohol, tobacco and other drug related harms in the ACT.
2. Continue the alignment between ACT's Drug Strategy Action Plan and the National Drug Strategy and other relevant national and territory strategic policies, while ensuring AOD policy in the ACT is not unduly limited by their scope.
3. Continue to set ambitious goals targeted to the ACT context to maintain ACT as a leader in AOD policy in Australia.
4. Consider how the next plan can set a unifying vision for the whole AOD sector and reflect opportunities to expand existing programs and initiatives delivered by Government and the community sector.
5. Continue to approach alcohol and other drug consumption as a health issue rather than a criminal justice issue.

2. How well did the ACT Action Plan facilitate monitoring of progress against its priority actions and objectives and how could this be improved in the next plan?

The ACT Government committed to publishing an annual progress report that included a snapshot of alcohol, tobacco and other drug use in the ACT. The first progress report[31] was delayed due to the COVID-19 pandemic and was published by ACT Health in August 2020. A progress report for 2020-2021 has been published in conjunction with this review. The progress reports provide an opportunity to reflect on the successes and areas where further work is required and adjust the course for the remaining years of the plan if needed. There is appetite among AOD sector stakeholders for the next plan to also commit to annual reporting and for the plan itself to set out more guidance on how reporting should be done.

There is also stakeholder support for retaining the focus of evidence-informed responses, one of the guiding principles of the ACT Action Plan. This principle aimed to ensure that funding, resource allocation and implementation was informed by evidence and open to changing as evidence evolved. Evidence-informed approaches featured in the list of priority actions in the ACT Action Plan and increasing access to evidence-informed treatment was an objective of the plan. A continued focus on evidence-informed care was supported in recent submissions.[32] It was noted in a submission on this report, however, that evidence-informed responses, particularly in AOD drug treatment should not come at the expense of readily accessible, effective and non-stigmatising care. The ACT Health Directorate monitors data relating to AOD use trends to inform policy approaches and receives feedback from the AOD treatment sector on emerging issues through consultations with the sector and the Advisory Group. Commissioned research into AOD-related issues has also helped to develop a local evidence base where required. For example, under the ACT Action Plan, the ACT Government commissioned research into the feasibility for a medically supervised injecting facility in the ACT.

Evaluation of programs was seen as a key part of building the evidence base. For priority actions under the ACT Action Plan, the relevant ACT Government directorates were responsible for developing program-level evaluation tools and performance measures in consultation with relevant community partners. Evaluations were conducted of several programs under the plan, including an evaluation of the pill testing trial conducted in April 2019 which went on to inform the ACT Festivals Pill Testing Policy in 2020.

31 ACT Government (2018). *ACT Drug Strategy Action Plan 2018-2021: A Plan to Minimise Harms from Alcohol, Tobacco and Other Drug Use. Canberra: ACT Health*.

32 Submission to the Inquiry into the Drugs of Dependence (Personal Use) Amendment Bill 2021 from The Australian Medical Association (ACT) Limited. Available at: https://www.parliament.act.gov.au/parliamentary-business/in-committees/committees/select-committee-on-the-drugs-of-dependence-personal-use-amendment-bill-2021/inquiry-into-the-drugs-of-dependence-personal-use-amendment-bill-2021

The ACT Action Plan was not intended to be evaluated on the whole but rather subject to a formal review after three years. A Monitoring and Evaluation Working Group was established under the Advisory Group and several members of this group co-drafted this review. Members of the Working Group have recommended that the next plan be independently evaluated, with an evaluation plan built in during the next plan's design phase. Stakeholders have also suggested that monitoring against the plan's objectives should be made a core part of the broader Advisory Group's work. If this is pursued, consideration will need to be given to how the Monitoring and Evaluation Working Group will work alongside the Advisory Group, and the scope, role and appropriate membership of each group.

Improving data collection and analysis are key to improving monitoring, evaluation and reporting on progress. A number of key sources of population-level data involved in monitoring the AOD situation in the ACT are not collected annually and timeframes for reporting may not align with policy timeframes. This limits the ability of the ACT Government and others to draw on these statistics to monitor progress and demonstrate outcomes under the plan.

Recent submissions to the Inquiry into the Drugs of Dependence (Personal Use) Amendments Bill 2021 have identified strengthening local data collection and analysis as an area for improvement under the next plan.[33] A refresh of the Drug and Alcohol Service Planning (DASP) model for the ACT context could also be used to inform service planning and funding under the next plan, with work underway by the Capital Health Network and ATODA to progress this.[34] Stakeholders have also advised that there is room for improvement in the routine data collection by AOD treatment services that feeds into the Alcohol and Other Drug Treatment Services National Minimum Data Set (AODTS-NMDS) and analysis and prompt reporting of that data set to inform service planning.[35] Existing data and evidence from recent reports and inquiries can also be utilised to inform service and policy planning. Stakeholders in the community sector such as ATODA have called for the community sector to have a greater role in analysing the AODTS-NMDS for reasons of improved coordination between data sets, increased transparency, data sovereignty, enhancing outcomes, and evaluating progress. The ACT provides information on actions taken under the National Drug Strategy to the Commonwealth as part of national annual reporting processes. Improved data processes would also support this process.

Monitoring and reporting would be further facilitated by ensuring the objectives of the plan are clearly articulated and linked to data sources which report during the plan's duration. Clear objectives help to guide action and assist with monitoring and evaluation. One frequently used framework is the SMART (Specific, Measurable, Achievable, Relevant, Time-bound) Goal framework. While the objectives set out in the ACT Action Plan are largely relevant, achievable and time-bound, many objectives could be enhanced by making them measurable and more specific. To do this, stages could have been identified linked to specified targets (e.g. a 10 per cent reduction in smoking over 2 years and a further 5 per cent reduction in smoking over the final year).

33 Submissions to the Inquiry into the Drugs of Dependence (Personal Use) Amendment Bill 2021 from ATODA, Australasian College of Emergency Medicine, Karralika Programs Incorporated, Directions Health Services, Alcohol and Drug Foundation.

34 Submission to the Inquiry into the Drugs of Dependence (Personal Use) Amendment Bill 2021 from ATODA.

35 Submission to the Inquiry into the Drugs of Dependence (Personal Use) Amendment Bill 2021 from ATODA.

The objectives of the next plan would benefit from specificity, including being linked to quantitative measures where appropriate and guidance on sources of data and interpretation if necessary. Where data are not available annually, their periodicity can be noted, to give a clear plan for annual reporting.

It is worth noting that there is typically a high number of factors that contribute to the success or failure of broad policy objectives (e.g. to reduce rates of risky drinking), many of which are likely to be outside the control or influence of the ACT Government or out of scope of the next plan. This poses challenges for measuring the real achievements of Government action against such objectives. To facilitate environmental scanning and progress monitoring by the Advisory Group and Government, AOD sector stakeholders have suggested that a brief list of factors which have a substantial influence on ATOD harms and the plan's objectives should be developed and provided to the Advisory Group for use in scanning and monitoring.

Recommendations

6. Publicly report on progress against the next plan annually.
7. Retain 'evidence-informed responses' as a guiding principle under the next plan to ensure that actions, resource allocation and implementation are informed by evidence and evolve as new evidence emerges.
8. Aim to have the priority actions listed in the next plan evaluated wherever possible.
9. Build an evaluation and monitoring plan into the next plan as it is developed to enable monitoring of progress against the plan's objectives.
10. Strengthen data collection and analysis across the AOD treatment and support sector to inform policy and programs, including exploring opportunities to improve the data collection and analysis capacity of the sector.
11. Ensure greater clarity in the objectives of the next plan and, where possible, link objectives to specific data sources to facilitate monitoring.

3. How effective were the governance mechanisms for the ACT Action Plan?

The Advisory Group was established in 2019 to guide prioritisation of activities, implementation and evaluation of the ACT Action Plan. It is co-chaired by the ACT Health Directorate and the Justice and Community Safety Directorate and includes representatives from across ACT Government, peak bodies, community organisations and consumer organisations. The Advisory Group met regularly since it was established to provide updates on progress, seek input and feedback, and host presentations on topics of interest. The Advisory Group was also intended to play an important role in identifying emerging issues over the life of the plan. The Advisory Group was intended to function in an advisory capacity rather than as a decision-making body.

Feedback from some Advisory Group members has noted that meetings could be more effectively targeted towards advice on specific decisions or key issues and generating strategic outcomes rather than information sharing on current activities by government and non-government organisations. There was also interest from some in a separate 'community of practice' in which AOD policy and program issues could be raised and discussed with a broader stakeholder group, including health system stakeholders and community organisations beyond the AOD sector, while a more targeted group focusses on implementation of the plan. There may be utility in considering smaller groups targeted around specific issues to foster deeper engagement. Engagement may also be facilitated if the next plan includes actions for which community sector stakeholders are responsible.

Feedback provided by some Advisory Group members indicates that it is not clear whether or how the advice provided by non-government stakeholders in this forum has been taken up or changed the approach. While not all suggested actions can be taken up by government due to priorities and resourcing, communication regarding when and why government has not taken up the suggestions of Advisory Group members should be provided as far as possible.

Consideration needs to be given to what mechanisms will be most useful as governance structures under the next plan. To improve coordination and accountability across government, governance structures under the next plan could benefit from being aligned with and incorporated into existing ACT Government governance frameworks. The role of community partners and consumer representation is discussed in the following section.

Recommendations

12. Revisit the terms of reference of the Drug Strategy Action Plan Advisory Group and governance structures for the plan more broadly to ensure they effectively facilitate implementation and monitoring of the next plan.
13. Ensure governance mechanisms for the next plan align with and are incorporated into existing ACT Government governance frameworks to improve coordination and accountability.

4. How well did the ACT Action Plan facilitate collaboration with the alcohol, tobacco and other drugs sector and people with lived experience?

'Partnerships, co-ordination and collaboration' were guiding principles in the ACT Action Plan. Given the breadth of sectors with an interest in AOD policy and issues, coordination across multiple agencies and community sectors was of key importance to the plan. The governance arrangements under the plan noted above were intended to facilitate partnerships and collaboration across government and the non-government sector and affected communities. The Advisory Group established to guide prioritisation of activities, implementation and evaluation of the ACT Action Plan was a key partnership and collaboration mechanism for the ACT Action Plan. The Advisory Group brought together representatives from across ACT Government, peak bodies, community organisations and consumer organisations to monitor implementation of the plan and identify emerging issues. Feedback noted above demonstrates that there are areas for improvement in how the Advisory Group engages with stakeholders.

With regard to engagement with people with lived experience and families and carers of people who use drugs, the Advisory Group has included representation from peer-based or consumer organisations. Consideration could be given to additional consumer or family representation in the next plan's governance structures, such as representation across the priority populations where appropriate. This would recognise and centre the expertise of people with lived experience and peer support organisations.

A number of stakeholders have called for co-design methods in the development of new models of service in the ACT.[36] This is also consistent with the Government's approach to the commissioning process for services. Co-design with the AOD treatment and support sector and people with lived experience would utilise the knowledge and expertise of people and organisations involved in the AOD service system and involve them as partners in the design of policy and programs to ensure they meet their needs. The governance arrangements for the next plan should consider the adequacy of mechanisms for supporting and fostering effective co-design.

Recommendations

14. Consider the most appropriate partnership and engagement mechanisms to utilise diverse expertise and promote collaboration and co-design under the next plan, including with people with lived experience and consumer representatives where appropriate.
15. Revisit the membership of the Advisory Group and governance structures to ensure effective partnership and collaboration across government and organisations that provide AOD prevention, early intervention and treatment services.

36 Submissions to the Inquiry into the Drugs of Dependence (Personal Use) Amendment Bill 2021 from ATODA, Karralika Programs Incorporated, Directions Health Services, Australian Associations of Social Workers, and Australian National University Drug Research Network.

5. How effectively did the ACT Action Plan target its priority populations and how could this be improved in the next plan?

Recognising the impact of social disadvantage on health and wellbeing, the ACT Action Plan followed the National Drug Strategy in identifying several priority groups:

- Aboriginal and Torres Strait Islander peoples
- people with co-occurring mental health conditions
- young people
- older people
- people in contact with or at risk of being in contact with the criminal justice system
- culturally and linguistically diverse populations
- people identifying as lesbian, gay, bisexual, transgender, intersex and queer (LGBTIQ).

These population groups remain disproportionately affected by alcohol, tobacco and other drug related harms. Recent submissions have supported the retention of the existing priority populations in the next plan and have called for an intersectional approach which recognises the interaction between multiple forms of disadvantage.

In terms of people accessing AOD treatment services, according to the 2018 Service Users' Satisfaction and Outcomes Survey, 58.3 per cent of service users were men, 39.8 per cent were women and 1.3 per cent were non-binary or self-described. Respondents varied in age from 15-71 years, with a mean age of 37.5 years. Over one in ten (10.7 per cent) were aged 10-19 years. 31 per cent of those accessing an ACT AOD service identified as Aboriginal and/or Torres Strait Islander, and 9.7 per cent identified as LGBTIQ. 13.3 per cent indicated that they were from a culturally and linguistically diverse background, and 20.4 per cent identified as having a disability. Most adults accessing AOD services (61.2 per cent) were parents. Many were experiencing significant disadvantage, with almost 70 per cent of respondents reporting being unemployed or not working, and over 30 per cent were homeless or at risk of homelessness.[37]

The ACT Action Plan included priority actions targeted to several of the priority population groups. As noted above, alcohol and tobacco prevention and cessation programs funded under the ACT Action Plan were targeted towards young people (and their parents), people with co-occurring mental health conditions, people in contact with the criminal justice system, Aboriginal and Torres Strait Islander people, LGBTIQ people, and other groups including people involved in AOD treatment. Harm reduction actions, including diversion from the criminal justice system, may have a greater impact upon the priority populations as they are disproportionately impacted, however, the harm reduction initiatives undertaken under the ACT Action Plan were not targeted at particular populations. Given that there remains significant work to be done to reduce AOD related harms in these groups, there could be greater alignment between priority populations and actions in the next plan to ensure each group is targeted by specific actions.

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37 ATODA (2020) Service Users' Satisfaction and Outcomes Survey 2018: a census of people accessing specialist alcohol and other drug services in the ACT. ATODA Monograph Series, No. 9. Canberra: ATODA. Available at: *http://www.atoda.org.au/wp-content/uploads/2020/07/Monograph-Series-Nine-SUSOS-2018-v1.0.pdf*

One of the priority actions under the ACT Action Plan was to collaborate with Aboriginal and Torres Strait Islander and AOD services and other stakeholders to determine specialist AOD implementation priorities, including residential rehabilitation for Aboriginal and Torres Strait Islander peoples. The ACT Government recognises that alcohol, tobacco and other drug use are factors contributing to the gap in health outcomes between Aboriginal and Torres Strait Islander peoples and other Australians, in line with the ACT Aboriginal and Torres Strait Islander Agreement 2019-2028 and the National Agreement on Closing the Gap. Aboriginal and Torres Strait Islander community representatives and AOD treatment services have continued to call for increased, better and targeted drug and rehabilitation services including Aboriginal and Torres Strait Islander community-controlled services and culturally appropriate and holistic services that deliver a continuum of care.[38] The ACT Government remains committed to delivering a culturally-specific ACT Alcohol and Other Drug Residential Rehabilitation Facility for Aboriginal and Torres Strait Islander people, and to constructing a new building for Gugan Gulwan Youth Aboriginal Corporation during the term of the current Government. Further development of culturally appropriate AOD treatment programs in the ACT will continue to be a focus of the next plan.

People with mental health conditions are more likely to smoke, drink at risky levels and use illicit drugs than people without mental health conditions.[39] People with co-occurring mental health and substance use conditions often do not receive integrated or coordinated care for these conditions, which can lead to poor outcomes.[40] There remains significant work to do regarding support for people with co-occurring substance use and mental health conditions and ensuring access to AOD and mental health services. Several submissions to the Legislative Assembly Inquiry into Community Corrections noted the need for better care for people who use drugs and experience mental illness, including through early intervention, diversion from the criminal and juvenile justice systems, trauma-informed care within the criminal justice system, and greater support through the Drug and Alcohol Sentencing List.[41]

The 2020 Productivity Commission report on Mental Health[42] and the Royal Commission into Victoria's Mental Health System[43] provide recommendations which are of relevance to providing support for people with co-occurring conditions under the next plan. In both reports, the reduction of stigma, provision of coordinated psychosocial supports, and connection with family and community have been highlighted as vital elements in support for people with both substance use and mental health conditions to support wellbeing and independence.

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38 Australian Government (2020). Australian Capital Territory PHN Needs Assessment 2020-2021. Canberra: Capital Health Network, Australian Government. Available at: *https://www.chnact.org.au/wp-content/uploads/2021/01/ACTPHN-Needs-Ax-2020-21-Update.pdf*

39 AIHW (2020). National Drug Strategy Household Survey 2019. Drug statistics series no. 32. Cat. no. PHE 270. Canberra: AIHW.

40 Productivity Commission (2020). Mental Health, Report no. 95. Canberra: Productivity Commission. Available at: *https://www.pc.gov.au/inquiries/completed/mental-health/report*

41 Submissions to the Inquiry into Community Corrections from ACT Council of Social Service Inc., Foundation for Alcohol Research and Education, ATODA, Family and Friends for Drug Law Reform, Ted Noffs Foundation, Canberra Mental Health Forum, Wellways Australia.

42 Productivity Commission (2020). Mental Health, Report no. 95. Canberra: Productivity Commission. Available at: *https://www.pc.gov.au/inquiries/completed/mental-health/report*

43 State of Victoria (2021). Royal Commission into Victoria's Mental Health System, Final Report, Parl Paper No. 202, Session 2018–21. Melbourne: State of Victoria. Available at: *https://finalreport.rcvmhs.vic.gov.au/download-report/*

People with co-occurring mental health and substance use conditions are a priority group under the National Drug Strategy and will be a focus in the ACT under the next plan.[44] One submission on this review noted that the next plan could benefit from being aligned with the National Suicide Prevention Strategy.

Recent submissions have identified several additional groups requiring further support that could be considered for the next plan. The Australian National University Drug Research Network propose that the next plan should specifically include women as a target population and include specific goals for improving the lives of women who use drugs given the specific issues women face and their particular service needs.[45] Stakeholders have also called for additional support for carers and family members of people who use drugs, including specialist support for children of AOD clients and support for parents of children experiencing issues with substance use. Submissions cite a limited number of programs for families and carers in the ACT and the need to address the wider effects of drug-related harm in the community surrounding an individual, intergenerational trauma, and the capacity of families to support recovery.[46] One submission noted the need for responses for families in the next plan to not be limited to families experiencing violence. AOD sector stakeholders have also called for the next plan to list people who are dependent on drugs as a high-risk group in relation to tobacco use.

The next plan could more effectively target actions towards priority populations by ensuring the structure and purpose of the Advisory Group supports this and engaging in collaboration and co-design with these groups and their representative organisations. Co-design recognises the contribution people with lived experience can make to service design based on their experience and expertise, reducing the need to make assumptions about their needs.[47] Collaboration with people with lived experience is discussed further above.

One submission on the draft of this review queried the utility of focusing on particular priority groups, instead suggesting a focus on causal factors that are shared by these groups, including the high prevalence of co-occurring mental health conditions, stigma, marginalisation and criminalisation, the impacts of which cut across all groups. The ACT Action Plan worked towards addressing factors that impact all the priority groups and people beyond these groups. The next plan will continue to pursue an approach to harm minimisation that impacts people both within and beyond the priority groups.

44 Submissions to the Inquiry into the Drugs of Dependence (Personal Use) Amendment Bill 2021 from Australian National University Drug Research Network, Directions Health Services, Karralika Programs Incorporated, ACT Council of Social Service Inc. and ATODA.

45 Submission to the Inquiry into the Drugs of Dependence (Personal Use) Amendment Bill 2021 from Australian National University Drug Research Network.

46 Submissions to the Inquiry into the Drugs of Dependence (Personal Use) Amendment Bill 2021 from Australian Association of Social Workers, Family Drug Support, Karralika Programs Incorporated, Carers ACT, Toora Women Inc.

47 Submissions to the Inquiry into the Drugs of Dependence (Personal Use) Amendment Bill 2021 from Australian National University Drug Research Network, and ATODA.

Recommendations

16. Retain the existing priority populations and consider the inclusion of additional groups if required in the ACT context, such as women, and carers and family members.
17. Consider greater alignment between priority populations and priority actions in the next plan to ensure each group is targeted by specific actions.

6. Did the ACT Action Plan enable responsiveness to emerging issues, approaches and innovations, including the COVID-19 pandemic, and what can be learned for the next plan?

The ACT Action Plan sought to enable the ACT Government to be responsive to emerging issues, innovative treatment technologies or approaches and legislative amendments. A three-year duration was decided upon to enable the plan to remain relevant, reflect current priorities, and be updated during the duration of the National Drug Strategy 2017-2026. It may now be appropriate for the next plan to align with the duration of the National Drug Strategy and conclude in 2026. Several priority actions regarding monitoring emerging issues were included in the plan to facilitate responsiveness. The governance mechanisms, including the cross-directorate and sector Advisory Group was intended to enable identification and responsiveness to emerging issues. As discussed above, the Advisory Group did facilitate discussion and engagement on pertinent issues and the commentary above also indicates areas for improving this process in the next plan.

Below details a number of emerging issues that highlight the ways in which the ACT Action Plan enabled responsiveness to change and unforeseen events and facilitated Government support for the issues and reforms that arose. These responses hold lessons for the flexibility required in the next plan. The COVID-19 pandemic, for example, has been and will continue to be, a significant external disruptor and is addressed separately below.

Legislative changes – decriminalisation and diversion

Several major legislative amendments and bills have been introduced during the course of the ACT Action Plan. Implementation of these legislative changes has been aided by the structures and systems in place around the ACT Action Plan. Introduced by a private member and amended in the legislative assembly, the *Drugs of Dependence (Personal Cannabis Use) Amendment Act 2019* passed in September 2019 and came into effect on 31 January 2020. The Act removed criminal penalties for adult personal possession offences for cannabis. While the Bill was not introduced by the Government, the ACT Government mobilised resources to ensure the Bill was fit for purpose and to implement an evidence-led communication campaign to inform Canberra adults when the new cannabis legislation passed. This responsiveness was enabled by the ACT Action Plan not being overly prescriptive and fostering a supportive environment for emerging approaches.

Enabling responsiveness to such legislative changes will be crucial in the next plan, particularly given that a second Private Member's Bill was introduced in 2021 seeking to decriminalise personal possession of a range of other drugs including MDMA, methyl/amphetamine, heroin, cannabis, cocaine, lysergic acid, methadone and psilocybin.

An ACT Legislative Assembly Select Committee conducted an Inquiry into the Drugs of Dependence (Personal Use) Amendment Bill 2021 and released, which released its report in November 2021. The potential legislative changes indicate the need for the next plan to enable the Government and sector to remain flexible pending the Assembly's consideration of the Bill. This may include being responsive to changes in the need for additional resources for education, health and treatment services if demand increases following any legislative amendments due to decreasing stigma, as well as policing and laboratory drug testing to facilitate its effective implementation and enforcement. If enacted, the Bill could also require community education campaigns and further changes to other legislation and regulations.

Innovative treatment technologies

Emerging technologies were foreshadowed in the Plan, and their uptake was actively supported by the ACT Government and not impeded by the ACT Action Plan. In September 2019, a new opioid treatment medication, long-acting buprenorphine, was made available on the Pharmaceutical Benefits Scheme to people with an opioid dependency. A benefit of long-acting buprenorphine is that it can be administered weekly or monthly, rather than requiring a person to attend a clinic or pharmacy every 1 to 2 days. In late 2019, Canberra Health Services and several community providers began providing this treatment option. Take-home intranasal naloxone also became available on the Pharmaceutical Benefits Scheme in 2019, where previously only intramuscular naloxone was available for community use to reduce fatal overdoses.

Supporting services to quickly respond to changes in treatment technologies and service practices will be crucial to the success of the next plan. One example that may arise in the future is new models of care and pharmacotherapy for methamphetamine dependence, as mentioned in submissions to the Inquiry into the Drugs of Dependence (Personal Use) Amendment Bill 2021.[48] New pharmacotherapy treatments will require adaptability in the treatment sector, support for pilots and trials, independent evaluations, information and education for the public and the sector, and possible legislative amendments. The next plan would benefit from ensuring it fosters flexibility to accommodate any changes in treatment availability in local drug policy and service provision.

Responding to COVID-19

The COVID-19 pandemic was a significant external disruptor during the 2020-2021 period, with implications for AOD markets, consumption rates, and the need and provision of treatment and support services in the ACT.

Prevalence data from 2020-2021 were not available at the time of writing to indicate clear trends in those years or impacts of the COVID-19 pandemic and public health restrictions. Survey findings and anecdotal reports suggested there were changes in the local drug market which may have impacted people's drug use patterns.[49]

48 Submission to the Inquiry into the Drugs of Dependence (Personal Use) Amendment Bill 2021 from ATODA, Canberra Alliance for Harm Minimisation and Advocacy, and Dr Alex Wodak.

49 Australian Government (2020). Australian Capital Territory PHN Needs Assessment 2020-2021. Canberra: Capital Health Network, Australian Government. Available at: *https://www.chnact.org.au/wp-content/uploads/2021/01/ACTPHN-Needs-Ax-2020-21-Update.pdf*

According to wastewater testing, in the ACT alcohol consumption was high in early-mid 2020 before starting to decline in late 2020 to June 2021.[50] Cannabis consumption rose in mid-2020 and declined towards the end of the year before rising again in mid-2021.[51] Cocaine, nicotine and heroin all reached record levels in 2020 before declining in early 2021.[52] Methylamphetamine and fentanyl use was lower in 2020 than 2019 and MDMA use was stable. In the earlier months of COVID-19 in 2020, people who use ecstasy and related drugs reported a reduction in recreational use of MDMA, cocaine and LSD due to fewer opportunities to "go out".[53] By mid-2021, MDMA use reported among this sample had halved from 2019 levels.[54] People who inject drugs reported increased use of drug treatment methadone in 2020 compared to 2019, in part due to the perceived unreliability of access to illicit drugs or high purity heroin and increased price, however, drug treatment with methadone rates had returned to pre-2020 rates in mid-2021.[55]

The AOD treatment sector and ACT Health Directorate took a highly collaborative and engaged approach to facilitate the whole of sector response to COVID-19 to maintain access to treatment. This included rapid adaption of services to respond to COVID-19, such as transfer of face-to-face services to online delivery and ensuring secure and ongoing delivery of opioid maintenance treatment to people in quarantine or isolation.

The AOD sector played an important role in protecting public health generally in the face of COVID-19. This included through facilitating and delivering vaccination to a priority population, helping the ACT to achieve world-leading vaccination rates. It also facilitated people who use drugs to better meet quarantine requirements by providing primary health outreach, peer support, essential supplies, communication technologies, naloxone, sterile equipment, withdrawal support, and initiation and home delivery of opioid maintenance treatment for people in quarantine. This helped to reduce the spread of COVID-19 as vaccination rates continued to increase.

50 ACIC (2021). National Wastewater Drug Monitoring Program – Report 14, additional longitudinal data figures for Australian Capital Territory. Canberra: ACIC. Available at: *https://www.acic.gov.au/sites/default/files/2021-10/temporal_act.pdf*

51 ACIC (2021). National Wastewater Drug Monitoring Program – Report 14, additional longitudinal data figures for Australian Capital Territory. Canberra: ACIC. Available at: *https://www.acic.gov.au/sites/default/files/2021-10/temporal_act.pdf*

52 ACIC (2021). National Wastewater Drug Monitoring Program – Report 14, additional longitudinal data figures for Australian Capital Territory. Canberra: ACIC. Available at: *https://www.acic.gov.au/sites/default/files/2021-10/temporal_act.pdf*

53 Uporova J, Price O, Karlsson A, Peacock A (2021). Australian Capital Territory Drug Trends 2020: Key Findings from the Ecstasy and Related Drugs Reporting System (EDRS) Interviews. Sydney: National Drug and Alcohol Research Centre, UNSW. Available at: *https://ndarc.med.unsw.edu.au/sites/default/files/ndarc/resources/ACT%20EDRS%202020_FINAL_0.pdf*

54 Sutherland R, Karlsson A, Price O, Uporova J, Chandrasena U, Swanton R, Gibbs D, Bruno R, Dietze P, Lenton S, Salom C, Grigg J, Wilson Y, Eddy S, Hall C, Daly C, Thomas N, Juckel J, Degenhardt L, Farrell M & Peacock A (2021). Australian Drug Trends 2021: Key Findings from the National Ecstasy and Related Drugs Reporting System (EDRS) Interviews. Sydney: National Drug and Alcohol Research Centre, UNSW Sydney.

55 Uporova J, Price O, Karlsson A, Peacock A (2021). Australian Capital Territory Drug Trends 2020. Sydney: National Drug and Alcohol Research Centre, UNSW; and Sutherland R, Uporova J, Chandrasena U, Price O, Karlsson A, Gibbs D, Swanton R, Bruno R, Dietze P, Lenton S, Salom C, Daly C, Thomas N, Juckel J, Agramunt S, Wilson Y, Woods E, Moon C, Degenhardt L, Farrell M & Peacock A (2021). Australian Drug Trends 2021: Key Findings from the National Illicit Drug Reporting System (IDRS) Interviews. Sydney: National Drug and Alcohol Research Centre, UNSW Sydney.

AOD sector stakeholders have suggested that a range of factors influenced the success of the AOD sector in responding to the COVID-19 pandemic, which are worth noting to ensure they are maintained and improved. These include, the status of AOD services as trusted health providers in the community; cohesion between services, including between Government and NGO services, and between different types of AOD workers; Government willingness to leverage the sector's strengths and provide additional funding; the passionate commitment of the sector to working with and supporting people who use drugs; and a recognition of the effects of COVID-19 on health equity with particular effects on people who use alcohol, tobacco and other drugs.

While there have been strengths in the response, drug treatment services have experienced additional pressures due to the COVID-19 pandemic. The capacity of bed-based services, for example, was reduced by infection control and social distancing requirements during the the first two years of the COVID-19 pandemic, while other services had to suspend in-person face-to-face services during lockdown. This picture is reflected across Australia, as indicated in a submission to Australian governments from a coalition of AOD services,[56] and a study by the UNSW Drug Policy Modelling Program.[57]

The ACT Government convened a whole of sector working group, including representation from all specialist service providers, to coordinate the sector response. The group met at least monthly during 2020 and was reconvened during the COVID outbreak in the ACT in 2021. In 2020, the ACT Government provided an additional $518,000 to support alcohol and drug services to respond to the COVID-19 pandemic, including $200,000 in flexible funding to respond to demand pressures or innovate in the way essential services are delivered. This included funding for ATODA to train alcohol and other drug treatment staff to ensure they provide current information to consumers on drugs and COVID-19. Additional funding was also provided to support a continuing supply of opioid treatment medications. A further $984,000 was provided in the 2021-22 Budget to alcohol and other drug services to support the wellbeing of Canberrans during lockdown.

Despite the COVID lockdown period in the April – June quarter of 2019-20 there was only a 4 per cent decline in treatment episodes in 2019-20 compared to 2018-19, accounted for mostly by fewer counselling and information and education episodes.[58] Rehabilitation episodes were 4 per cent lower in 2019-20 than in 2018-19, in line with the general trend, and withdrawal episodes were 6 per cent lower.[59] The number of opioid pharmacotherapy clients was stable in 2020 compared to 2019.[60] The distribution of sterile needles and syringes increased by 7 per cent from 2018/19 to 2019/20, and by 8.5 per cent from 2019/20 to 2020/21.[61] Data for the 2021 lockdown period were not available at the time of writing.

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56 Submission from a coalition of Australian alcohol and other drug services (June 2020). Urgent policy and funding needs in the Alcohol and other Drug sector in response to COVID-19. Available at: *https://www.svha.org.au/ArticleDocuments/3010/Urgent_Policy_and_Funding_Needs_in_the_Alcohol_Drug_Sector_in_Response_to_COVID-19.pdf.aspx?embed=y*

57 van de Ven K, Ritter A & Stirling R (2021). The impact of the COVID-19 pandemic on the non-government alcohol and other drug sector. DPMP Monograph No. 34. Sydney: UNSW Social Policy Research Centre.

58 AIHW (2021). Alcohol and other drug treatment services in Australia 2020. Available at: *https://www.aihw.gov.au/reports/hse/250/alcohol-other-drug-treatment-services-australia/contents/state-and-territory-summaries/australian-capital-territory*

59 AIHW (2021). Alcohol and other drug treatment services in Australia 2020. Available at: *https://www.aihw.gov.au/reports/hse/250/alcohol-other-drug-treatment-services-australia/contents/state-and-territory-summaries/australian-capital-territory*

60 AIHW (2021). National Opioid Pharmacotherapy Statistics Annual Data Collection. Available at: *https://www.aihw.gov.au/reports/alcohol-other-drug-treatment-services/national-opioid-pharmacotherapy-statistics/contents/clients*

61 Heard S, Iversen J, Geddes L, Kwon JA & Maher L (2021). Needle Syringe Program National Minimum Data Collection: National Data Report 2021. Sydney: Kirby Institute, UNSW Sydney.

While the response to COVID-19 in the ACT AOD treatment sector was not directly facilitated by the ACT Action Plan, there are lessons to be learnt from the coordinated and collaborative approach for the next plan. The collaborative relationships established to develop and manage the ACT Action Plan enabled a rapid and effective response to COVID-19. The next plan will need to ensure that this approach continues so that the ACT remains responsive to the COVID-19 pandemic or other emerging issues, not only in the AOD treatment and support sector but also in prevention, harm reduction and supply reduction activities. Several shifts made as a result of COVID-19 could be introduced permanently to support increased access to services, and many adaptations will be required to respond to COVID-19 impacts on treatment services in the short, medium and long term.[62]

The ACT Action Plan remained in place during the COVID-19 period and work towards achieving the priority actions continued despite delays due to COVID-19 and the impact of the public health response on resourcing. While COVID-19 caused delays in progress reporting and the implementation of some actions, for example where public messaging needed to be refocused on messaging directly related to COVID-19, the plan continued to be progressed.

Emerging drugs of concern

Stakeholders in AOD treatment and harm reduction have relayed that benzodiazepines, gamma hydroxybutyrate (GHB) and nitrous oxide are increasingly of concern. While the most recent Illicit Drug Reporting System (IDRS) data from the ACT found recent (past 6 months) non-prescribed benzodiazepine use had decreased from 51 per cent in 2007 to 37 per cent in 2020, it was up from 26 per cent in 2019.[63] National Ecstasy and Related Drugs Reporting System (EDRS) data suggests recent use of non-prescribed benzodiazepines has been increasing in recent years among their sample.[64] Benzodiazepines carry a significant risk of harm when combined with other substances.[65] There are also concerns about the circulation of counterfeit benzodiazepines in the Australian illicit drug market with unknown risks.[66] This trend should continue to be monitored to enable responsiveness in treatment, harm reduction and supply reduction.

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62 Submission from a coalition of Australian alcohol and other drug services (June 2020). Urgent policy and funding needs in the Alcohol and other Drug sector in response to COVID-19. Available at: https://www.svha.org.au/ArticleDocuments/3010/Urgent_Policy_and_Funding_Needs_in_the_Alcohol_Drug_Sector_in_Response_to_COVID-19.pdf.aspx?embed=y; van de Ven K, Ritter A & Stirling R (2021). The impact of the COVID-19 pandemic on the non-government alcohol and other drug sector. DPMP Monograph No. 34. Sydney: UNSW Social Policy Research Centre.

63 Uporova J, Price O, Karlsson A & Peacock A (2021). Australian Capital Territory Drug Trends 2020: Key Findings from the Illicit Drug Reporting System (IDRS) Interviews. Sydney: National Drug and Alcohol Research Centre, UNSW Sydney.

64 Sutherland R, Karlsson A, Price O, Uporova J, Chandrasena U, Swanton R, Gibbs D, Bruno R, Dietze P, Lenton S, Salom C, Grigg J, Wilson Y, Eddy S, Hall C, Daly C, Thomas N, Juckel J, Degenhardt L, Farrell M & Peacock A (2021). Australian Drug Trends 2021: Key Findings from the National Ecstasy and Related Drugs Reporting System (EDRS) Interviews. Sydney: National Drug and Alcohol Research Centre, UNSW Sydney.

65 Lader M (2014). Benzodiazepine harm: how can it be reduced? *British Journal of Clinical Pharmacology, 77(2):* 295-301; Rigg KK & Sharp A (2018). Nonmedical prescription drug use among African Americans who use MDMA (ecstasy/molly): Implications for risk reduction. *Addictive Behaviors*, 79: 159-165.

66 Therapeutic Goods Association (TGA) (29 June 2020). Counterfeit Alprazolam 2mg and Kalma 2 tablets. Available at: https://www.tga.gov.au/alert/counterfeit-alprazolam-2mg-and-kalma-2-tablets

Recent ACT data on GHB and nitrous oxide are less readily available, however, the EDRS found an increase in recent use of GHB in 2021 nationally.[67] Although the 2020 IDRS found 8 per cent of participants reported recent use of GHB, data on GHB was not collected in 2019 so no comparison can be drawn.[68] Data noted above on the prevalence of e-cigarette use among young people will continue to be monitored. The next plan will need to facilitate continued monitoring of trends and enable responses as needed.

Recommendations

18. Ensure the next plan is flexible enough to respond effectively to emerging issues including emerging drugs, markets and use patterns, treatment technologies, models of care, evidence, legislative changes and other external disruptors.
19. Ensure the next plan continues to follow the coordinated and collaborative approach of the ACT Drug Strategy Action Plan 2018-2021 to support the ongoing response to COVID-19 and its long-term impacts on AOD use and treatment and support services.

67 Sutherland R, Karlsson A, Price O, Uporova J, Chandrasena U, Swanton R, Gibbs D, Bruno R, Dietze P, Lenton S, Salom C, Grigg J, Wilson Y, Eddy S, Hall C, Daly C, Thomas N, Juckel J, Degenhardt L, Farrell M & Peacock A (2021). Australian Drug Trends 2021: Key Findings from the National Ecstasy and Related Drugs Reporting System (EDRS) Interviews. Sydney: National Drug and Alcohol Research Centre, UNSW Sydney.

68 Uporova J, Price O, Karlsson A & Peacock A (2021). Australian Capital Territory Drug Trends 2020: Key Findings from the Illicit Drug Reporting System (IDRS) Interviews. Sydney: National Drug and Alcohol Research Centre, UNSW Sydney.

7. How could the next plan facilitate action to further prevent and minimise alcohol, tobacco and other drug related harm in the ACT?

This review has identified a range of ways in which the ACT Action Plan has supported and enabled successful ACT Government Action towards the minimisation of alcohol, tobacco and other drug related harm in the ACT. It has also identified a range of areas for consideration and improvement in the next plan. These recommendations are listed below.

Noting that the development of the next plan is subject to engagement and consultation, this report does not seek to constrain that process or make prescriptive recommendations regarding the principles, actions or governance structures for the next plan. Recommendations are made for how to improve the policy and drive outcomes under the next plan.

Recommendations

1. Ensure the next plan continues to guide action to further minimise alcohol, tobacco and other drug related harms in the ACT.
2. Continue the alignment between ACT's Drug Strategy Action Plan and the National Drug Strategy and other relevant national and territory strategic policies, while ensuring ACT AOD policy is not unduly limited by their scope.
3. Continue to set ambitious goals targeted to the ACT context to maintain ACT as a leader in AOD policy in Australia.
4. Consider how the next plan can set a unifying vision for the whole AOD sector and reflect opportunities to expand existing programs and initiatives delivered by Government and the community sector.
5. Continue to approach alcohol and other drug consumption as a health issue rather than a criminal justice issue.
6. Publicly report on progress against the next plan annually.
7. Retain 'evidence-informed responses' as a guiding principle under the next plan to ensure that actions, resource allocation and implementation are informed by evidence and evolve as new evidence emerges.
8. Aim to have the priority actions listed in the next plan evaluated wherever possible.
9. Build an evaluation and monitoring plan into the next plan as it is developed to enable monitoring of progress against the plan's objectives.
10. Strengthen data collection and analysis across the AOD treatment and support sector to inform policy and programs, including exploring opportunities to improve the data collection and analysis capacity of the sector.
11. Ensure greater clarity in the objectives of the next plan and, where possible, link objectives to specific data sources to facilitate monitoring.
12. Revisit the terms of reference of the Drug Strategy Action Plan Advisory Group and governance structures for the plan more broadly to ensure they effectively facilitate implementation and monitoring of the next plan.

13. Ensure governance mechanisms for the next plan align with and are incorporated into existing ACT Government governance frameworks to improve coordination and accountability.
14. Consider the most appropriate partnership and engagement mechanisms to utilise diverse expertise and promote collaboration and co-design under the next plan, including with people with lived experience and consumer representatives where appropriate.
15. Revisit the membership of the Advisory Group and governance structures to ensure effective partnership and collaboration across government and organisations that provide AOD prevention, early intervention and treatment services.
16. Retain the existing priority populations and consider the inclusion of additional groups if required in the ACT context, such as women, and carers and family members.
17. Consider greater alignment between priority populations and priority actions in the next plan to ensure each group is targeted by specific actions.
18. Ensure the next plan is flexible enough to respond effectively to emerging issues including emerging drugs, markets and use patterns, treatment technologies, models of care, evidence, legislative changes and other external disruptors.
19. Ensure the next plan continues to follow the coordinated and collaborative approach of the ACT Drug Strategy Action Plan 2018-2021 to support the ongoing response to COVID-19 and its long-term impacts on AOD use and treatment and support services.

Appendix A: Objectives of the ACT Drug Strategy Action Plan 2018-2021

Alcohol

- Reduce harms to the ACT population resulting from consuming alcohol at single-occasion risky levels
- Reduce harms to the ACT population resulting from consuming alcohol at lifetime risky levels

Tobacco and related products

- Reduce exposure of the community, including children, to second-hand smoke
- Reduce smoking rates among high-risk population groups through both population level and targeted measures

Illicit and illicitly used drugs

- Expand access to viral hepatitis and HIV education and prevention, including access to sterile injecting equipment
- Increase access to viral hepatitis and HIV testing, including access to new and emerging testing and treatment technologies
- Increase the proportion of people living with chronic hepatitis who receive monitoring and treatment for their condition
- Sustain the virtual elimination of HIV among people who inject drugs
- Control the availability of pharmaceuticals to reduce illicit use
- Reduce illicit (illegal) drug availability and accessibility

Multiple or all drugs

- Prevent update and delay initiation of alcohol, tobacco and illicit drug use
- Prevent and reduce fatal and non-fatal overdoses, including those associated with pharmaceuticals
- Increase access to evidence-informed, effective and affordable treatment
- Reduce alcohol and other drug related offending and reoffending, and associated harms to individuals and the community
- Reduce alcohol and other drug related ambulance attendances, emergency department presentations and hospital admissions
- Reduce alcohol and other drug related violence against women and children
- Increase the proportion of diversions from the criminal justice system for alcohol and illicit drug related offending, where appropriate
- Increase use in the criminal justice system of assessment, education, treatment and support
- Strengthen data collection and analysis.