

# ACT ALCOHOL, TOBACCO AND OTHER DRUG STRATEGY 2010- 2014

Most people in the ACT enjoy the benefits of good health; as a community we are generally very healthy and active and avoid risky behaviour.

The ACT Government has developed and implemented strategies to promote respect for human rights, social cohesion, social inclusion, equity of opportunity, access to justice, and physical safety. While the achievements are many, the Government has not lost its focus on those who continue to suffer disadvantage, including people who are affected by the harms caused by alcohol and other drugs.

The drugs responsible for most harm in our community are tobacco and alcohol. In addition to deaths and illnesses attributable to tobacco and alcohol, illicit drugs create their own harms through impacts including: family disruption, overdose deaths, criminal activity, drug-induced mental health disorders, and the transmission of HIV/AIDS, hepatitis C and other blood-borne viruses.

Alcohol and tobacco together account for 92% of Australian drug-related mortality, with other drugs – mostly illicit drugs – accounting for only 8%. Tobacco accounts for 65% of the national drug-related burden of disease, alcohol 19% and illicit drugs 16%. In terms of the social costs of drug abuse nationally, tobacco accounts for 56%, alcohol 27% and illicit drugs 15%. Illicit drugs combined with alcohol account for a further 2%.

To inform its focus on priority issues, population groups, interventions and practices, the ACT Alcohol, Tobacco and Other Drug Strategy 2010-2014 (the Strategy) has drawn on the best and latest international and national research, combined with extensive consultation with key informants, including the ACT's highly experienced alcohol and other drug (AOD) services sector.

## **AIM OF THE STRATEGY**

The Strategy aims to:

- improve the health and social well-being of individuals, consumers, families and carers, and the community in the ACT
- minimise the harm in our community from alcohol, tobacco and other drugs while recognising the individual needs of all citizens in the ACT
- develop evidence-based policies and initiatives to ensure that issues associated with harmful alcohol, tobacco and other drug use are addressed in an effective way, and
- implement the Strategy Action Plan in a manner that respects, protects and promotes human rights.

## **GUIDING PRINCIPLES**

The Strategy is guided by the following principles:

- harm minimisation, addressing all drugs, and implementing interventions across drug demand reduction, supply reduction and harm reduction
- applying evidence-informed practice
- enhancing health promotion, early intervention and resilience building
- recognition of social determinants of health and well-being
- increasing access to welcoming services, and
- strengthening partnerships, collaborations and ownership.

## **DEVELOPMENT OF KEY STRATEGIC PRIORITIES**

The strategic priorities identified in the Strategy have been assessed according to The Basic Priority Rating model<sup>1</sup> by considering the following criteria:

- the size of the problem, based on incidence or prevalence rates
- the seriousness of the problem, based on its urgency, severity, economic loss and impact on others
- the effectiveness of interventions available to address the problem, and
- other environmental factors including
  - o propriety
  - o economics
  - acceptability
  - o legality of solutions, and
  - o availability of resources.

This Strategy recognises that its health and other measures must strike a balance between determining healthy living conditions and protecting members of the public from harm caused by others. Finding the right balance has been guided by "Intervention Ladder<sup>2</sup> – a tool that enables public-health and other measures to be ranked according to their coerciveness or intrusiveness. The higher in the hierarchy an intervention ranks, the stronger the need for justification and sound evidence for implementation. The "Intervention Ladder" is:

- eliminate choice
- restrict choice
- guide choice through disincentives
- guide choices through incentives
- guide choices through changing the default policy
- enable choice
- provide information, and
- do nothing or simply monitor the current situation.

## THE DRAFT STRATEGY'S KEY STRATEGIC CATEGORIES

The Strategy has identified a total of 66 key strategic priorities in the following eight categories:

- Tobacco five strategic priorities
- Alcohol twelve strategic priorities
- Other drugs nine strategic priorities
- Comorbidity two strategic priorities
- Service system and consumer framework sixteen strategic priorities
- Education eight strategic priorities
- Workforce development three strategic priorities, and
- Research and surveillance eleven strategic priorities.

<sup>1</sup> Vilnius, D & Dandoy, S 1990, A priority rating system for public health programs, *Public Health Reports*, vol. 105, no. 5, pp. 463-70;

McDonald, D 2004, The ACT Alcohol, Tobacco and Other Drug Strategy 2004-2008 proposal for Further Developing Structures and Processes for Implementing the Strategy, Social Research and Evaluation Pty Ltd: Canberra.

## PRIORITY ACTIONS

Of the draft Strategy's 66 key strategic priorities, the following eleven have been identified for priority action.

#### **TOBACCO**

Improve access to a range of smoking reduction and cessation programs including:

- information and education
- counselling, and
- nicotine replacement therapy,

for target populations including:

- young people and adults in detention
- people with AOD and/or mental health issues
- workers in the community sector particularly those working in AOD and mental health services and programs, and
- ACT Health employees. (Action 1)

### **ALCOHOL**

ACT Policing to work with ACT Health to implement the Alcohol Early Intervention Pilot Program in the ACT. (Action 6)

#### SERVICE SYSTEM AND CONSUMER PARTICIPATION

Corrections Health Program, ACT Health to ensure clients admitted to the Alexander Maconochie Centre and the Bimberi Youth Justice Centre:

- are screened on admission for concurrent mental health and AOD problems
- have the opportunity to identify AOD and mental health services that they have had contact with in the community that may be advised of the client's admission and offered the opportunity to provide support to these clients whilst in detention
- obtain consultation/liaison support to assist the Corrections Health Program to manage detainees with a suspected moderate mental illness and/or moderate AOD problem, and
- are referred on for joint management of a severe mental illness and/or severe AOD problem. (Action 29)

Ensure prisoners and other detainees, both adult and young people, are able to access the same community-based AOD programs and other services where appropriate (e.g. Canberra Rape Crisis Centre) in detention and when they leave detention. (Action 30)

In collaboration with the Advisory Board, continue to progress the establishment and operation of the Aboriginal and Torres Strait Islander residential rehabilitation service. (Action 31)

Implement ACT AOD and Mental Health Comorbidity Strategy in accordance with the Mental Health Services Plan 2009-2014. (Action 32)

#### **WORKFORCE DEVELOPMENT**

Develop and implement a workforce development strategy for the ACT AOD treatment and support services, including:

- the continuation of support for a strong, stable and flexible workforce to meet the needs of people who use alcohol and other drugs and their families,
- increased capacity to attract and retain a highly skilled specialist AOD treatment and support workforce
- increased capacity for generalist health and welfare workers to identify and respond to AOD problems and related harm, and apply evidence-informed interventions, and
- the continuation of support for the attainment of quality standards for funded AOD treatment and support services and AOD workers. (Action 53)

Enhance comorbidity bus tours to become an integral component of inductions for staff entering the ACT AOD and mental health sectors. (Action 54)

Improve access to opportunistic smoking and alcohol related interventions for priority populations (e.g when a health crisis occurs such as when a child suffers an asthma attack) by providing GPs and other health and community workers with timely access to resources, training and specialist advice. (Action 55)

#### RESEARCH AND SURVEILLANCE

Implement research to review and strengthen current benzodiazepine and narcotics agreements utilised between general practitioners and clients. (Action 56)

Implement a full and comprehensive evaluation of drug policies and services and their subsequent effects on prisoners and staff within the Alexander Maconochie Centre. (Action 57)

The ACT Alcohol, Tobacco and Other Drug Strategy 2010-2014 was finalised in June 2010.

More information, including access to the full Strategy, can be found at <a href="www.health.act.gov.au">www.health.act.gov.au</a> or by contacting the Manager of ACT Health's Alcohol and Other Drug Policy Unit via Canberra Connect on 13 22 81.