

Drug Policies and Services Framework for the Alexander Maconochie Centre
2013 - 2015

AUGUST 2013



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1. BACKGROUND AND PURPOSE OF THE FRAMEWORK

Background: The *Drug Policies and Services Framework for the Alexander Maconochie Centre* (the Framework) sits within the broader context of the *ACT Alcohol, Tobacco and Other Drug (ATOD) Strategy 2010 – 2014*.

The *ACT Alcohol, Tobacco and Other Drug Strategy 2010 – 2014* is a whole of Government strategy underpinned by harm minimisation. Harm Minimisation has guided the National Drug Strategy since its implementation in 1985.

Harm minimisation represents a three pillared philosophical and practical approach that includes:

- supply-reduction strategies ‘designed to disrupt the production and supply of illicit drugs and to control and regulate licit substances.’
- demand-reduction strategies ‘designed to prevent the uptake of harmful drug use and treatment to reduce drug use’.
- harm-reduction strategies ‘designed to reduce drug-related harm to individuals and communities.’

This approach recognises the Alexander Maconochie Centre (AMC) as part of, rather than discrete from, the broader community. The Framework has also been developed with a view to the objectives of the *Corrections Management Act 2007*, namely to promote public safety and the maintenance of a just society by

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

Related strategies, plans and legislation that have informed the development of the framework are listed in Appendix 1.

Purpose: The purpose of the Framework is to give coherence and transparency to the delivery of drug policies and services of the AMC to improve the whole of government, whole of community approach to integrated service provision in the AMC and beyond. The Framework provides a mechanism by which the design and delivery of those policies and services is able to be guided and monitored in a manner that is based on an explicit, consistently-applied, set of human rights principles.

The Framework describes the profile of the prison population including the epidemiological data on prisoner health and the programs and services in the AMC. It also outlines how performance against the Framework will be measured along with the governance arrangements which will ensure the operationalisation of the Framework.

2. ROLES AND RESPONSIBILITIES FOR THE AMC

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

Corrective Services has responsibility for:

- encouraging and promoting the rehabilitation, reintegration and throughcare of offenders; and
- the safe, humane and, where appropriate, secure management of offenders and prisoners.¹

ACT Health is responsible for the provision of health services to detainees at the AMC. The *Corrections Management Act 2007* states that:

the doctor's functions are –

- a) to provide health services to detainees; and
- b) to protect the health of detainees (including preventing the spread of disease at correctional centres).²

The provision of health services in the AMC has both a therapeutic and preventive health focus: that it remediates poor health and protects and promotes good health.

High-level advisory oversight of the relationships and arrangements regarding health policy and service delivery in the AMC is provided by the *AMC Health Policies and Services Advisory Group*. The group was established in 2011. It includes representatives from both the government and community sectors, and advises and reports to the Director-General, ACT Health. Members include participants from:

- Mental Health, Justice Health, and Alcohol and Drug Services
- Corrective Services
- Alcohol, Tobacco and Other Drug Association of the ACT (ATODA)
- Mental Health Community Coalition
- Winnunga Nimmityjah Aboriginal Health Service
- Consumer representatives
- Representative of the Blood Borne Virus / Sexually Transmissible Infections sector
- External expert in matters relating to the criminal justice and health services areas.

¹ ACT Corrective Services primary organisational objective:
http://www.cs.act.gov.au/act_corrective_services

² Section 21 (2) of the *Corrections Management Act 2007*

3. PROFILE OF PRISON POPULATION

An extensive body of research evidence exists demonstrating the extent and nature of alcohol, tobacco and other drugs (ATOD) issues in Australian prisons.

Nationally, the AIHW report on the health of Australia's prisoners (2012) indicates that the majority of prisoners are male, that Aboriginal and Torres Strait Islander people are over-represented in the prison population, and that prisoners in Australia 'have significant health issues, with high rates of mental health problems, communicable diseases, alcohol misuse, smoking and illicit drug use.'³ In the ACT, the 2010 Inmate Health Survey (IHS) Summary Results provide a contemporary and local point of comparison with the national epidemiological picture.⁴ On 30 June 2010, there were 203 detainees in the AMC, a proportion of less than one percent of the nation's prisoners at that point in time. The IHS was conducted between 1 and 25 May 2010. The overall participation rate in the survey was 67% of eligible detainees. 8% of participants were women; 92% were male; and 17% of participants were Aboriginal and Torres Strait Islanders. 84% of participants nominated Australia as their country of birth and that English was the main language spoken at home.

Participants reported that, in regard to their tobacco smoking, alcohol and other drug use:

- 85% were current smokers
- 32% had over 20 cigarettes per day
- 20% had commenced smoking in prison
- 33% consumed 6 or more drinks on one occasion daily or almost daily prior to incarceration
- 16% had consumed alcohol while in prison
- 91% had ever used illicit drugs, of which 67% had ever injected drugs
- 24% were dependent on alcohol
- 49% were dependent on a drug other than alcohol.

The high proportions of tobacco, alcohol and other drug use reported both in the ACT and in the national data have implications for understanding the extent of the ATOD issues in the ACT prison environment and elsewhere, and the use of alcohol, tobacco and other drugs as contributing factors to incarceration: in the ACT IHS Summary Results, 79% of participants were under the influence of alcohol/other drugs at time of committing the offence that led to their imprisonment.

Of importance in terms of effective strategies to address ATOD issues in the ACT prison setting, too, are the numbers reporting an interest in entering treatment or engaging in harm reduction programs:

- 80% of the current smokers report that they would like to quit smoking
- 53% of those who had ever injected drugs are currently on a methadone maintenance program
- 74% of those who had ever injected drugs have ever accessed community-based needle/syringe programs

³ AIHW (2013) *The Health of Australia's Prisoners 2012*. Accessed from: <http://www.aihw.gov.au/publication-detail/?id=60129543948>

⁴ ACT Government (2011) *2010 ACT Inmate Health Survey Summary Results*. Health Series no. 55, ACT Health, July 2011. Accessed from: <http://www.health.act.gov.au/health-services/public-health/epidemiology-branch/epidemiology-publications-health-series/inmate-health-survey-summary-results>

In regard to blood borne virus diseases, 48% of those IHS participants who were tested for hepatitis C antibody were positive. The *National Prison Entrants' Bloodborne Virus and Risk Behaviour Survey Report* indicates a national hepatitis C antibody positive prevalence in 2010 of 22% of participants (a decrease from the 35% reported in 2007). Hepatitis C prevalence was also found to be significantly higher for those with a history of injecting drug use, and higher for women who injected compared with men.⁵ The IHS reports that in the ACT 3% of participants tested positive for hepatitis B Antigen. Nationally, the rate of participants with positive tests for hepatitis B surface antigen in 2010 was 2%.

The IHS Summary Results provide highlights of the data collected. An in-principle commitment exists to conduct more detailed analyses of the Survey Results, including broader analysis of the data collected on alcohol, tobacco and other drugs.

Qualitative data cited by the Burnet Institute in its report published in 2011 further documents the extent and nature of drug availability and use at the AMC with reference to the IHS data. It notes the high levels of harmful pre-incarceration alcohol and illicit drug use and high numbers of current smokers. It notes too that three-quarters of respondents reported that the crimes for which they were imprisoned were drug-related and 79% of respondents reported being affected by alcohol or other drugs when they committed the offence(s) for which they were imprisoned. The Burnet report indicates that drug use does occur in the AMC, with 25.9% (21/81) respondents reporting they last injected drugs in prison and 32.4% (24/74) had ever injected drugs at the AMC.⁶

The Burnet report found that rates of lifetime exposure to hepatitis C virus and chronic infection are high among detainees in the AMC, as with other prison populations in Australia, but that clear, methodical testing is needed to quantify the true extent and nature of blood borne virus prevalence in the AMC population and to adequately respond to it (pp. 132-7).

The Framework describes the required data sets and reporting arrangements that will assist in monitoring the true extent and nature of blood borne virus prevalence in the AMC population and to adequately respond to it.

⁵ Butler, T, Lim D & Callander D. (2011) *National Prison Entrants' Bloodborne Virus and Risk Behaviour Survey Report 2004, 2007, and 2010*. Kirby Institute (UNSW) and National Drug Research Institute (Curtin University), p. 7.

⁶ Stoové, M., Kirwan, A. (2011), *External Component of the Evaluation of Drug Policies and services and their Subsequent Effects on Prisoners and Staff within the Alexander Maconochie Centre*. Melbourne, Australia, pp. 123-6.

4. PROGRAM DESCRIPTION

The AMC is the ACT's correctional centre for sentenced and remand detainees. Presently the capacity of the AMC is 332. Accommodation includes cell-blocks, domestic style cottages, a Health Centre and Crisis Support Unit, a 14 bed Management Unit and a Transitional Release Centre. Male, female, remand and sentenced detainees from low to high security classifications can be accommodated.

ACT Corrective Services is the primary provider of case management to all detainees,⁷ involving:

- Assessment of individual needs using the Level of Service Inventory – Revised (LSI-R)
- Referral to specific service providers where required
- Coordination and management of programs and services, including coordination of service provider access to detainees while in the AMC
- Coordination of records across service providers to ensure continuity of care
- Case Planning that begins early during prison sentence and is the basis for determining needs and coordinating service responses on an ongoing basis and the establishment of a self-management plan, and
- Transitional or pre-release planning which involves planning for release from detention and coordinating more targeted service contacts according to individual needs to ensure support networks are in place for transition back to the community and a pre-release plan. The pre-release plan does not include health information.

Corrective Services' custodial officers routinely conduct searches for the purpose of locating drugs and other contraband items as a means of supply reduction. These interdiction strategies include:

- Searches of individuals including use of SOTER X-ray bodyscanner machine
- Searches of individuals conducted with drug detection dogs
- Cell and area searches
- Searches of some of those entering and exiting the AMC.

Urinalysis testing is the primary means of drug testing in the AMC and is conducted within 72 hours of admission to the AMC and after entry through random or targeted testing. It is used to monitor drug usage by detainees before entry to the AMC and to measure ongoing drug usage by the detainee population after entry.⁸ It is also used to detect and prosecute drug use disciplinary offences.

At a minimum, and based on the ACT Minimum Data Set data on main treatment types, the drug treatment and support services required to cater to the needs of detainees in the AMC with alcohol and other drug problems and to assist them to transition back to the community include:

- Assessment
- Information and education
- Counselling
- Support and case management

⁷ ACT Corrective Services (2011) *How we operate*. Available from: http://www.cs.act.gov.au/custodial_operations/types_of_detention/alexander_maconochie_centre/how_w_e_operate

⁸ Corrections Management (Drug Testing) Policy 2011. Notifiable Instrument NI2011-253

- Withdrawal management (detoxification), and
- Rehabilitation

Other specific interventions required include:

- Culturally secure services for Aboriginal and Torres Strait Islander peoples, including delivery of services by Aboriginal and Torres Strait Islander community-controlled organisations
- Gender sensitive interventions for Women
- Opioid maintenance therapy
- Nicotine replacement therapy, and
- Blood borne virus information, prevention education, and treatment support.

Drug treatment and support services provided in the AMC include those delivered by Justice Health, the Alcohol and Drug Service, and those delivered by the non-government sector in partnership with Corrective Services. The goal is that detainees are linked with service providers that will assist them in making the transition back to the community on release. This requires a partnership approach between government and non-government stakeholders – a whole-of-community approach to care.

Possible future opportunities exist to integrate new initiatives in interventions for Aboriginal and Torres Strait Islander peoples and gender sensitive interventions for Women in program offerings in the AMC. These include:

- Community-based rehabilitation centre for Aboriginal and Torres Strait Islander peoples - Ngunnawal Bush Healing Farm
- Women's Health Program to provide Medical and counselling services for women where there is suspicion of abuse or where abuse has occurred, and
- Therapeutic Community program pilot with women detainees.

5. PROGRAM LOGIC

This section outlines the program logic unpinning the Framework under the three pillars of Supply Reduction, Demand Reduction and Harm Reduction.

It indicates the desired outcomes of the program, the motivating conditions and causes or rationale behind the approach taken, and the strategies and activities that are undertaken to promote the desired outcomes.

SUPPLY REDUCTION

1. Desired results

- The disruption, discouragement and prevention of the production, supply and use of illicit drugs in the AMC, and controlling and regulating the supply of licit psychoactive substances in the prison.

2. Motivating conditions & causes

- Detainees who take harmful drugs generally have complex needs and may not have been engaged in, or have failed to respond to, community treatment.
- Illicit drugs continue to be used in Australian prisons, and are associated with the spread of blood borne viral disease, violence and management problems within prisons.
- Supply reduction strategies are implemented in the AMC to promote health, security and good management and to allow an emphasis on rehabilitation programs.

3. Strategies

- Ensuring the safety of detainees and workers, and meeting community expectations that efforts will be made to prevent drugs being introduced into the AMC.
- Providing drug related services to detainees in such a manner as to enhance the safety of workers and the security of the AMC.

4. Activities

- Screening visitors and workers and banning those who attempt to introduce drugs into the AMC.
- Intelligence based interdiction of supply.
- Searching of detainees, cells and areas.
- Targeted drug testing.
- Random drug testing.

DEMAND REDUCTION

1. Desired results

- The prevention of harmful drug use by detainees.
- Reduced uptake of harmful drug use by detainees.
- The reduction of harmful drug use and drug-related harms experienced by detainees and the community.
- Sustaining a reduction of harmful drug use and drug-related harms experienced by detainees post release from prison.

2. Motivating conditions & causes

- Detainees who take drugs generally have complex needs and may not have been engaged in, or have not responded to, community-based treatment.
- Illicit drugs continue to be used in Australian prisons, and are associated with the spread of blood borne viral disease, violence and management problems within prisons and in the broader community.
- Demand reduction has not been totally successful in prisons.

3. Strategies

- Providing drug related services to detainees in such a manner as to minimise the uptake and reduce harmful drug use in the AMC and post release from prison.
- Provide an environment for and support to detainees to stabilise their lives and address drug-related issues, including mental health co-morbidity during detention and post release from prison.

4. Activities

- Drug testing of detainees on admission to AMC and referral to alcohol and other drug treatment where relevant
- Provision of drug counselling and other forms of psychosocial therapies.
- Provision of opioid replacement and nicotine replacement therapies and withdrawal programs.
- Provision of drug education and awareness programs, including peer education approaches.
- Provision of bloodborne virus information and prevention education.
- Establishing throughcare links that provide continuity of care from prior to entry into prison, whilst incarcerated, upon release and post release from prison.
- Therapeutic Community residential rehabilitation program.
- Workforce development for those providing drug treatment
- Survey detainee satisfaction with levels of service with drug treatment and support services.

HARM REDUCTION

1. Desired results

- The reduction of drug-related harm to detainees, workers in the prison and the wider community in contexts where harmful drug use cannot be totally eliminated.

2. Motivating conditions & causes

- Detainees who take harmful drugs generally have complex needs and may not have been engaged in, or have failed to respond to, community treatment prior to imprisonment and treatment services offered while in prison.
- Since the total elimination of drugs from prisons is unlikely to occur, strategies are needed to minimise the harm related to whatever levels and patterns of drug use continue to take place.

3. Strategies

- Preventing and reducing drug related harm for detainees, their families, workers in the prison and the broader community.
- Implementation of strategies to reduce or prevent harmful drug use both in prison and for detainees post release.

4. Activities

- General health and mental health assessments and implementation of care plans
- Provision of bloodborne virus information and prevention education.
- Provision of hepatitis C treatment
- Provision of hepatitis B vaccinations
- Consistent provision of ready access to full strength household bleach.
- Provision of condoms and other prophylactics.
- Provision of health promotion services.
- Provision of peer-based harm reduction services.
- Provision of post-exposure prophylaxis after possible exposure to Human Immunodeficiency Virus (HIV).
- Referral of detainees to overdose prevention and education program
- Throughcare links that provide continuity of care from prior to entry into prison, whilst incarcerated, and upon release.
- Workforce Development in the universal precautions required to avoid contact with bodily fluids.
- Workforce Development in Occupational Health and Safety issues for search procedures, etc.
- Workforce Development in Bloodborne viruses

6. MONITORING AND GOVERNANCE OF THE FRAMEWORK

The *AMC Health Policies and Services Advisory Group* established in 2011 chaired by the Director-General, ACT Health has primary responsibility for overseeing the implementation of the Framework.

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

The Advisory Group will also report progress annually to the Evaluation Group which oversees the ACT Alcohol, Tobacco and Other Drug Strategy 2010-2014.

In accordance with the purpose of the Framework, the AMC Health Policies and Services Advisory Group will be seeking to ensure that implementation of the Framework does result in:

- greater coherence and transparency being given to the delivery of drug-related policies and services of the AMC ; and
- a stronger whole of government, whole of community approach to integrated service provision in the AMC and beyond.

To this end, during the first 12 months of implementation of the framework, the AMC Health Policies and Services Advisory Group will routinely monitor performance against the following criteria:

1. Number of targeted drug tests and the numbers of these resulting in disciplinary actions
2. Number of male, female and Aboriginal and Torres Strait Islander detainees accessing and completing drug treatment programs (e.g counselling)
3. Admissions to and completion of the Therapeutic Community program
4. Frequency of visits provided by an Aboriginal Community Controlled Health Organisation (ACCHO) or an Aboriginal Medical service (AMS)
5. Detainees screened and those testing positive for hepatitis B and C, HIV and sexually transmitted infections at admission, during periodic health screens and at time of discharge
6. The number of detainees commenced on hepatitis C treatment
7. Proportion of sentenced detainees receiving a Justice Health discharge plan at time of their release
8. Number of detainees continuing on opioid maintenance 3 months post release from full time detention

The Advisory Group will review these criteria annually.

7. MEASURING PROGRAM PERFORMANCE

Program outputs have been grouped according to their relevance to the three pillars of harm minimisation: supply reduction, demand reduction and harm reduction. Performance measures have been identified against each of the outputs in order to monitor and guide the design and delivery of drug related policies and services and to ensure they are based on an explicit and consistently applied set of human rights principles.

SUPPLY REDUCTION

- Targeted drug tests and the numbers resulting in disciplinary actions

DEMAND REDUCTION

- Targeted drugs tests and number of those laboratory tested positive referred for alcohol and other drug (ATOD) assessment
- Detainees accessing and completing ATOD information and education and counselling by gender and Aboriginal and Torres Strait Islander status
- Admissions to and completion of the Therapeutic Community program by gender and Aboriginal and Torres Strait Islander status
- Detainees on opioid pharmacotherapy and retention on opioid pharmacotherapy post release from detention
- Changes in levels of detainees' harmful drug use and drug risk behaviour (e.g sharing of drug injecting equipment)
- Proportion of detainees with a Corrective Services pre-release plan.
- Proportion of detainees with a Justice Health discharge plan.
- Skilled and qualified workforce providing ATOD treatment and support
- Detainee satisfaction with ATOD treatment and support services in the AMC
- Visits to prison from an Aboriginal Community Controlled Health Organisation (ACCHO) or an Aboriginal Medical service (AMS)

HARM REDUCTION

- Detainees screened and those testing positive for hepatitis B and C, HIV and sexually transmitted infections at admission, during periodic health screens and at time of discharge
- The number of detainees for whom a hepatitis C notification is made
- Number of detainees who received medication for hepatitis C
- Detainees vaccinated against hepatitis B
- Detainees receiving blood borne virus (BBV) information, education and treatment support
- Education for all workers in the prison on BBV transmission and related infection control procedures
- People exposed to HIV offered post-exposure prophylaxis
- Monitoring of access to full strength household bleach and monitoring of appropriate and discreet access to prophylactics including condoms
- Self reported mental health status
- Level of other adverse outcomes of drug use by detainees, e.g. fatal and non fatal detainee induced overdoses, eg. number of needlestick injuries in the AMC to detainees or workers.

8. PERFORMANCE MEASURES TABLES

Data collection and reporting practices vary considerably across the broad range of performance measures. In some cases, data is collected and reported manually and in other cases there are information management systems that are utilised. Where relevant, caveats will be added to data reported to highlight significant issues in relation to data integrity.

'Values less than [5]' may be reported as such, rather than the actual value.

	ALIGNMENT WITH ACT <i>Alcohol, Tobacco and Other Drug Strategy 2010-2014</i>	PROGRAM PERFORMANCE MEASURE (MEASURES OF EFFORT OR OUTPUTS)	INDICATORS (numerators / denominators)	SOURCE OF INFORMATION, INSTRUMENTS AND DATA ITEMS	DATA COLLECTION AND REPORTING INTERVALS	CROSS-REFERENCING
	SUPPLY REDUCTION					
1.		Targeted drug tests and the numbers of these resulting in disciplinary actions. (CS)	Number of targeted drug tests and the numbers of these resulting in disciplinary actions	Numbers supplied by Corrective Services	Collection intervals monthly Reported every 6 months (June & November)	

	ALIGNMENT WITH <i>ACT Alcohol, Tobacco and Other Drug Strategy 2010-2014</i>	PROGRAM PERFORMANCE MEASURE (MEASURES OF EFFORT OR OUTPUTS)	INDICATORS (numerators / denominators)	SOURCE OF INFORMATION, INSTRUMENTS AND DATA ITEMS	DATA COLLECTION AND REPORTING INTERVALS	CROSS-REFERENCING
	DEMAND REDUCTION					
2.		Number of targeted drug tests undertaken and number of those laboratory tested positive. Of those testing positive, numbers referred for an AOD assessment (CS)	Targeted positive drug tests as a percentage of total targeted drug tests (no. of positive tests/ no. tested)	Numbers supplied by Corrective Services	Collection intervals monthly Reported every 6 months (June & November)	
3.	ATOD ACTIONS 2, 29 and 36	Detainees accessing and completing Alcohol, Tobacco and Other Drug (ATOD) information and education and counselling. (ADS with input from; CS and AOD Policy Unit)	No. of detainees accessing and completing ATOD Information and Education and ATOD counselling by gender and Aboriginal and Torres Strait Islander status	Numbers supplied by AOD Policy Unit and cross-checked with Corrective Services and Justice Health	Collection intervals monthly. Reported every 6 months (October & March)	

	ALIGNMENT WITH <i>ACT Alcohol, Tobacco and Other Drug Strategy 2010-2014</i>	PROGRAM PERFORMANCE MEASURE (MEASURES OF EFFORT OR OUTPUTS)	INDICATORS (numerators / denominators)	SOURCE OF INFORMATION, INSTRUMENTS AND DATA ITEMS	DATA COLLECTION AND REPORTING INTERVALS	CROSS-REFERENCING
	DEMAND REDUCTION					
4.		Admissions to and completion of the Therapeutic Community program. (CS)	No. of detainees commencing (AOD) Therapeutic Community program and no. of these completing treatment. (no. commencing/no.s completing) by gender and Aboriginal and Torres Strait Islander status	Numbers supplied by Corrective Services	Collection intervals monthly Reported 6 monthly (June & November)	JACSD Annual Report.
5.	ATOD ACTION 24	Detainees on opioid pharmacotherapy and retention on opioid pharmacotherapy post release from detention (JH)	Number of detainees on opioid maintenance. Number of detainees continuing on Opioid Maintenance 3 months post release from full time detention	Justice Health/Alcohol and Drug Service	Opioid Treatment Advisory Committee (OTAC) data collection intervals 6 monthly. Reported (July & November)	Opioid Treatment Advisory Committee Evaluation Items annual reporting from July 2012

	ALIGNMENT WITH ACT Alcohol, Tobacco and Other Drug Strategy 2010-2014	PROGRAM PERFORMANCE MEASURE (MEASURES OF EFFORT OR OUTPUTS)	INDICATORS (numerators / denominators)	SOURCE OF INFORMATION, INSTRUMENTS AND DATA ITEMS	DATA COLLECTION AND REPORTING INTERVALS	CROSS-REFERENCING
	DEMAND REDUCTION					
6.		Change in levels of drug use (and drug risk behaviour – harm reduction indicator) within the prison. (JH)	<p>Rates of Self-reported Drug use:</p> <ul style="list-style-type: none"> • % reporting in prison drug use by drug type, including smoking • % indicating how easy it is to obtain drugs in the AMC • % indicating having ever injected drugs in the AMC • %rates of sharing of equipment; tattooing; and • % rates of access to and use of bleach <p>*Of those reporting lifetime use and responded to the question.</p>	Inmate Health Survey (IHS)	IHS conducted approximately fifth -yearly from 2010 – published 2011 - (next collection 2015) with ATOD sub-analysis of 2010 data to be provided in 2014	ACT Inmate Health Survey 2010
7.		Proportion of detainees with a CS pre-release plan. (CS; with input from JH)	% of detainees (both sentenced and unsentenced staying >6months) released who had been provided with a pre-release plan	Numbers supplied by Corrective Services	Collection interval monthly Reported 6 monthly (July & November)	
8.		Proportion of detainees	%of sentenced detainees with		Annual snapshot audit	AIHW Health of

	ALIGNMENT WITH <i>ACT Alcohol, Tobacco and Other Drug Strategy 2010-2014</i> DEMAND REDUCTION	PROGRAM PERFORMANCE MEASURE (MEASURES OF EFFORT OR OUTPUTS)	INDICATORS (numerators / denominators)	SOURCE OF INFORMATION, INSTRUMENTS AND DATA ITEMS	DATA COLLECTION AND REPORTING INTERVALS	CROSS-REFERENCING
		with a JH discharge plan. (JH; with input from CS)	a JH discharge plan		completed by Justice Health	Australia's Prisoners 2010 report. The 2010 data, published in 2011, included data collected during November 2010 2-week census period by the manager of the prison's health service on the proportion of sentenced and remand detainees who had a health-related discharge summary in place at time of their release

	ALIGNMENT WITH ACT Alcohol, Tobacco and Other Drug Strategy 2010-2014 DEMAND REDUCTION	PROGRAM PERFORMANCE MEASURE (MEASURES OF EFFORT OR OUTPUTS)	INDICATORS (numerators / denominators)	SOURCE OF INFORMATION, INSTRUMENTS AND DATA ITEMS	DATA COLLECTION AND REPORTING INTERVALS	CROSS-REFERENCING
9.		Skilled and qualified workforce providing ATOD treatment and support	Of the workers providing drug treatment services in the AMC (i.e information and education, counselling and Therapeutic Community program) as at 31 August each year, the number who possess the minimum qualification, in accordance with the <i>ACT Alcohol and Other Drug (ACT AOD) Minimum Qualification Strategy (MQS)</i> (ACT Health, May 2010).	Corrective Services and Alcohol and Drug Service	Collection interval bi-annually from February 2013 and reported July 2013	ACT Alcohol, Tobacco and Other drug Workforce Qualification and Remuneration Profile published May 2011.
10.		Detainee satisfaction with ATOD treatment and support services in the AMC (CS)	Levels of detainee satisfaction	18-month Service Users' Satisfaction Survey by Alcohol, Tobacco and Other Drug Association	18-monthly collection intervals from November 2014 and reported June 2015	2009 Service Users' Satisfaction Survey collected Nov 2009 and published June 2010

	ALIGNMENT WITH ACT Alcohol, Tobacco and Other Drug Strategy 2010-2014 DEMAND REDUCTION	PROGRAM PERFORMANCE MEASURE (MEASURES OF EFFORT OR OUTPUTS)	INDICATORS (numerators / denominators)	SOURCE OF INFORMATION, INSTRUMENTS AND DATA ITEMS	DATA COLLECTION AND REPORTING INTERVALS	CROSS-REFERENCING
11.		Visits to prison from an Aboriginal Community Controlled Health Organisation (ACCHO) or an Aboriginal Medical service (AMS) (AOD Policy Unit)	frequency of visits to prison from an Aboriginal Community Controlled Health Organisation (ACCHO) or an Aboriginal Medical service (AMS)	Corrective Services and Justice Health	Collection interval annual from November 2012 and reported each March. Frequency of visits reported as either: <ul style="list-style-type: none"> • Every day • At least once a week • At least once every two weeks • At least once a month • Less often than once a month • Never 	AIHW Health of Australia's Prisoners 2010 report. The 2010 data, published in 2011, included data collected during November 2010 2-week census period by the manager of the prison's health service on the frequency of visits to the prison from ACCHO or AMS: ACT reported 'at least once per week.'

	ALIGNMENT WITH ACT Alcohol, Tobacco and Other Drug Strategy 2010-2014 HARM REDUCTION	PROGRAM PERFORMANCE MEASURE (MEASURES OF EFFORT OR OUTPUTS)	INDICATORS	SOURCE OF INFORMATION, INSTRUMENTS AND DATA ITEMS	DATA COLLECTION AND REPORTING INTERVALS	CROSS-REFERENCING
12.	ATOD ACTION 36	Detainees screened and those testing positive for hepatitis B and C, HIV and sexually transmitted infections at admission, during periodic health screens and at time of discharge. (JH)	<p>Number of Detainees screened and those testing positive for:</p> <p>Hepatitis B (no.s showing immunity and no.s infected);</p> <p>Hepatitis C (no.s exposed and no.s showing active infection);</p> <p>HIV and sexually transmitted infections (syphilis, Chlamydia, gonorrhoea)</p> <p>at admission, during periodic health screens and at time of discharge</p>	Numbers supplied by Justice Health	<p>Collection intervals three-yearly during Census periods of Prison Entrants' Bloodborne Virus and Risk Behaviour Survey: Last collected October 2010. Next projected collection period October 2013.</p> <p>Reported three-yearly. Report next due March 2014 following October 2013 collection.</p>	Proportion of prison entrants testing positive to Hepatitis C antibody out of the total number of prison entrants screened: National Prison Entrants' Bloodborne Virus and Risk Behaviour Survey Report 2004, 2007 and 2010. Survey included detainee self-reports and blood testing.
13.		The number of detainees for whom a Hepatitis C notification is made, including number of in-custody transmissions as an annual measure (JH)	The no. of detainees testing PCR positive and for whom a notification is made, including number of in-custody transmissions as an annual measure.	Chief Health Officer – ACT Health	Collection interval monthly Reported annually in August for previous financial year from 2012	Number of notifications of transmissions made during the financial year 2009-10: AIHW Health of Australia's

	ALIGNMENT WITH ACT Alcohol, Tobacco and Other Drug Strategy 2010-2014 HARM REDUCTION	PROGRAM PERFORMANCE MEASURE (MEASURES OF EFFORT OR OUTPUTS)	INDICATORS	SOURCE OF INFORMATION, INSTRUMENTS AND DATA ITEMS	DATA COLLECTION AND REPORTING INTERVALS	CROSS-REFERENCING
		<p>Number of detainees who received medication for hepatitis C (JH)</p> <p>Number of detainees who completed medication for hepatitis C (JH)</p>	<p>The no. of detainees commenced on Hepatitis C treatment</p> <p>The no. of detainees completing Hepatitis C treatment (no.s completing in custody and no.s completing in the community)</p> <p>All by gender and Aboriginal</p>	Justice Health	<p>Collection interval monthly Reported annually for previous financial year in August from 2012</p> <p>Collection interval annual Reported annually for previous financial year in August from 2012</p>	<p>Prisoners 2010 report. Jurisdictions were asked to report across a twelve month period on this indicator. ACT provided data.</p> <p>Number of prisoners who received treatment for Hepatitis C during the financial year 2009-10: AIHW Health of Australia's Prisoners 2010 report. Jurisdictions were asked to report across a twelve month period on this indicator. ACT provided data.</p>

	ALIGNMENT WITH ACT <i>Alcohol, Tobacco and Other Drug Strategy 2010-2014</i> HARM REDUCTION	PROGRAM PERFORMANCE MEASURE (MEASURES OF EFFORT OR OUTPUTS)	INDICATORS	SOURCE OF INFORMATION, INSTRUMENTS AND DATA ITEMS	DATA COLLECTION AND REPORTING INTERVALS	CROSS-REFERENCING
			and Torres Strait Islander status			

	ALIGNMENT WITH ACT <i>Alcohol, Tobacco and Other Drug Strategy 2010-2014</i>	PROGRAM PERFORMANCE MEASURE (MEASURES OF EFFORT OR OUTPUTS)	INDICATORS	SOURCE OF INFORMATION, INSTRUMENTS AND DATA ITEMS	DATA COLLECTION AND REPORTING INTERVALS	CROSS-REFERENCING
	HARM REDUCTION					
14.	ATOD ACTION 36	Detainees vaccinated against hepatitis B. (JH)	Number of detainees receiving vaccination for hepatitis B by gender and Aboriginal and Torres Strait Islander status	Numbers supplied by Justice Health	To be collected during Census periods of AIHW survey: Previously: <ul style="list-style-type: none"> collected 2009, published 2010 and collected November 2010, published 2011. Anticipated collection annual (November)	AIHW Health of Australia's Prisoners 2010 report. The 2010 data, published in 2011, included data collected during November 2010 2-week census period by the manager of the prison's health service on the number of immunisations for Hepatitis B delivered by the prison health clinic.

	ALIGNMENT WITH ACT <i>Alcohol, Tobacco and Other Drug Strategy 2010-2014</i>	PROGRAM PERFORMANCE MEASURE (MEASURES OF EFFORT OR OUTPUTS)	INDICATORS	SOURCE OF INFORMATION, INSTRUMENTS AND DATA ITEMS	DATA COLLECTION AND REPORTING INTERVALS	CROSS-REFERENCING
	HARM REDUCTION					
15.		Detainees receiving blood borne virus (BBV) information, education and treatment support (Policy & Govt. Relations, ACT Health)	No. of detainees receiving BBV information, education and treatment support.	Numbers supplied Policy and Government Relations via by community organisations providing services including Canberra Alliance for Harm Minimisation and Advocacy and Hepatitis Resource Centre.	Collection interval annual from July 2013 and reported November 2013	
16.		Education and training for all workers in AMC in blood borne virus transmission and related infection control procedures. (JH & CS)	No. of workers receiving education and training in Bloodborne Virus transmission and related infection control procedures.	Number supplied by Justice Health and Corrective Services	Collection interval annual from July 2013 and reported November 2013	
17.	ATOD ACTION 36	People exposed to HIV that were offered post-exposure prophylaxis. (JH)	<ul style="list-style-type: none"> Numbers known to have been exposed Numbers treated for exposure by gender and Aboriginal and Torres Strait Islander status 	Numbers supplied by Justice Health	Collection interval monthly Reported every 6 months (June & November)	

	ALIGNMENT WITH ACT <i>Alcohol, Tobacco and Other Drug Strategy 2010-2014</i> HARM REDUCTION	PROGRAM PERFORMANCE MEASURE (MEASURES OF EFFORT OR OUTPUTS)	INDICATORS	SOURCE OF INFORMATION, INSTRUMENTS AND DATA ITEMS	DATA COLLECTION AND REPORTING INTERVALS	CROSS-REFERENCING
18.		Monitoring of access to full strength household bleach and monitoring of appropriate and discreet access to prophylactics including condoms. (Policy & Govt. Relations, ACT Health)	Detainees reporting on ease of access in AMC.	Numbers supplied by Policy and Government Relations via by community organisations providing BBV information, education and treatment support including Canberra Alliance for Harm Minimisation and Advocacy and Hepatitis Resource Centre.	observational reporting annually by drug treatment and support services As per 7 above, IHS data 4 th -yearly from 2010. ATOD sub-analysis due 2014;	IHS data, 4th-yearly from 2010.
19.	ATOD ACTION 32	Mental Health Status (JH)	Self-reported rates	Inmate Health Survey	IHS conducted approximately fourth-yearly from 2010 (next iteration 2014) with MH sub-analysis of 2010 data to be provided 2013	

	ALIGNMENT WITH ACT <i>Alcohol, Tobacco and Other Drug Strategy 2010-2014</i> HARM REDUCTION	PROGRAM PERFORMANCE MEASURE (MEASURES OF EFFORT OR OUTPUTS)	INDICATORS	SOURCE OF INFORMATION, INSTRUMENTS AND DATA ITEMS	DATA COLLECTION AND REPORTING INTERVALS	CROSS-REFERENCING
20.		Changes in level of other adverse outcomes of drug use by detainees, e.g. <i>fatal and non fatal overdoses (JH; with input from CS);</i> and any needlestick injuries in the AMC to detainees or workers. (CS)	Numbers and rates of incidents	Justice Health and Corrective Services	Collection interval annual from July 2013 and reported November 2013	

Appendix 1

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

Alcohol and other Drug and Mental Health and Wellbeing Strategies

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

Bloodborne virus treatment and prevention

- *Draft Strategic Framework For The Management of Blood-Borne Viruses in the Alexander Maconochie Centre 2012 - 2014*
- *HIV/AIDS, Hepatitis C, Sexually Transmissible Infections Strategic Framework for the ACT 2007-2012*
- *Ministerial Advisory Committee on AIDS, Sexual Health and Hepatitis (2008) Hepatitis C Subcommittee Hepatitis C prevention, treatment and care: guidelines for custodial settings*
- *National Hepatitis B Strategy 2010-13*
- *Second National Sexually Transmissible Infections Strategy 2010-13*
- *Third National Hepatitis C (HCV) Strategy 2010-13*
- *Third National Aboriginal and Torres Strait Islander and Blood Borne Viruses and Sexually Transmissible Infections Strategy 2010-13*
- *Sixth National HIV Strategy 2010-13.9*

Pharmacotherapy

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

Corrections and Human Rights

- *ACT Corrections Management Act 2007 and corrections policies and procedures articulated in notifiable instruments under the Act.*
- *ACT Human Rights Act 2004*

⁹ National Strategies for Blood borne Viruses and Sexually Transmissible Infections. Accessed from <http://www.health.gov.au/internet/main/publishing.nsf/Content/ohp-national-strategies-2010>

- *ACT Health Adult Corrections Health Services Plan 2008-2012 (2008)*
- *ACT Government Response to the External component of the evaluation of drug policies and services and their subsequent effects on prisoners and staff within the Alexander Maconochie Centre (Stoové, M & Kirwan, A 2011)*
- *ACT Government Response to the, Independent review of operations at the Alexander Maconochie Centre, ACT Corrective Services (Knowledge Consulting, 2011)*
- *Standard Guidelines for Corrections in Australia - revised 2004.*
- *Progress Report (March 2012) Implementation of Knowledge Consulting Recommendations.*
- *Status Report (April 2012) Implementation of supported recommendations from the aCT Government's Final Government Response to the Burnet Report*

Appendix 2

List of Organisations invited to provide comment on The *Drug Policies and Services Framework for the Alexander Maconochie Centre 2012 - 2014*

- *Pharmacy Guild - ACT Branch*
- *Community and Public Sector Union*
- *Australian Nurses Federation, ACT Branch*
- *ACT Branch of the Australian Medical Association*
- *Australian Salaried Medical Officers Federation*
- *Mental Health Community Coalition*
- *Alcohol, Tobacco and Other Drug Association ACT*
- *ACT Hepatitis Resource Centre*
- *Winnunga Nimmityjah Aboriginal Health Services*
- *Family and Friends of Drug Law Reform*
- *ACT Council of Social Services*
- *Canberra Alliance for Harm Minimisation and Advocacy*
- *ACT Women and Prisons Group*
- *Prisoners Aid ACT*
- *Justice and Community Safety, Community Services, and Chief Minister and Cabinet Directorates*
- *ACT Policing*
- *ACT Aboriginal and Torres Strait Islander Electoral body*
- *Gugan Gulwan Youth Aboriginal Corporation*
- *ACT Torres Strait Islander Corporation*
- *Aboriginal Justice Centre*
- *Ngunnawal Bush Healing Farm Advisory Board*
- *ACT Ministerial Advisory Council on Sexual Health, HIV/AIDS, Hepatitis C and Related Diseases (SHAHRD)*