ACT Government | Canberra Health Services

Our reference: **ACTHDFOI23-24.44**

[redacted]

Dear [redacted]

DECISION ON YOUR ACCESS APPLICATION

I refer to your application under section 30 of the *Freedom of Information Act 2016* (FOI Act), received by ACT Health Directorate (ACTHD) on **Thursday 18 April 2024**.

This application requested access to:

> '*Under the FOI Act I would like to be supplied a copy of each evaluation which has been completed of the rolling series of evaluations exploring the impact of actions on health outcomes across the ACT Preventative Health Plan's five Priority Areas.*'

I am an Information Officer appointed by the Director-General of ACTHD under section 18 of the FOI Act to deal with access applications made under Part 5 of the Act. ACTHD was required to provide a decision on your access application by **Monday 3 June 2024**.

I note that you also lodged an application on Thursday 9 May 2024 (Our reference: ACTHDFOI23-24.48). This application requested access to '*The ACT Preventive Health Plan Annual Activity Reports for 2021, 2022 and 2023*'. I have determined that the scope of this request falls within the same as your initial request and under Section 43(2) of the FOI Act both applications will be considered the one in this decision.

Publicly Available Documents

Several publicly available documents relevant to the scope of the application have been identified and are not included in the below decision. These documents can be found at the following links:

- Preventive Health Plan activity report 2020
- Supporting children and families - ACT Government
- Enabling active living - ACT Government
- Increasing healthy eating - ACT Government
- Reducing risky behaviours - ACT Government
- Promoting healthy ageing - ACT Government
- Fresh Tastes final evaluation report
- School Safety Program: Active Travel programs evaluation
- ACT Transport Strategy: measuring success
- Sport and Recreation Grants Program Strategic Review and Government Response
- Set up for Success: An Early Childhood Strategy for the ACT – Phase One Evaluation Report

I have identified eight documents holding the information within scope of your access application. These are outlined in the schedule of documents included at Attachment A to this decision letter.

Decision

I have decided to grant full access to all eight documents.

My access decisions are detailed further in the following statement of reasons and the documents released to you are provided as Attachment B to this letter.

In reaching my access decision, I have taken the following into account:

- The FOI Act;
- The contents of the documents that fall within the scope of your request;
- The views of relevant third parties; and
- The *Human Rights Act 2004*.

Public Interest Factors Favouring Disclosure

The following factors were considered relevant in favour of the disclosure of the documents:

- Schedule 2, 2.1 (a)(i) promote open discussion of public affairs and enhance the government's accountability; and
- Schedule 2, 2.1 (a)(ii) contribute to positive and informed debate on important issues or matters of public interest.

Public Interest Factors Favouring Non-Disclosure

The following factors were considered relevant in favour of the non-disclosure of the documents:

- N/A.

Charges

Processing charges are not applicable to this request.

Disclosure Log

Under section 28 of the FOI Act, ACTHD maintains an online record of access applications called a disclosure log. The scope of your access application, my decision and documents released to you will be published in the disclosure log not less than three days but not more than 10 days after the date of this decision. Your personal contact details will not be published. https://www.health.act.gov.au/about-our-health-system/freedom-information/disclosure-log.

Ombudsman review

My decision on your access request is a reviewable decision as identified in Schedule 3 of the FOI Act. You have the right to seek Ombudsman review of this outcome under section 73 of the Act within 20 working days from the day that my decision is published in ACT Health's disclosure log, or a longer period allowed by the Ombudsman.

If you wish to request a review of my decision you may write to the Ombudsman at:

The ACT Ombudsman
GPO Box 442
CANBERRA ACT 2601
Via email: ACTFOI@ombudsman.gov.au
Website: ombudsman.act.gov.au

ACT Civil and Administrative Tribunal (ACAT) review

Under section 84 of the Act, if a decision is made under section 82(1) on an Ombudsman review, you may apply to the ACAT for review of the Ombudsman decision. Further information may be obtained from the ACAT at:

ACT Civil and Administrative Tribunal
Allara House
15 Constitution Avenue
GPO Box 370
Canberra City ACT 2601
Telephone: (02) 6207 1740
http://www.acat.act.gov.au/

Further assistance

Should you have any queries in relation to your request, please do not hesitate to contact the FOI Coordinator on (02) 5124 9831 or email HealthFOI@act.gov.au.

Yours sincerely

Maria Travers
A/g Executive Group Manager
Population Health Division

31 May 2024

ACT Government | ACT Health

FREEDOM OF INFORMATION SCHEDULE OF DOCUMENTS

Please be aware that under the *Freedom of Information Act 2016*, some of the information provided to you will be released to the public through the ACT Government's Open Access Scheme. The Open Access release status column of the table below indicates what documents are intended for release online through open access.
Personal information or business affairs information will not be made available under this policy. If you think the content of your request would contain such information, please inform the contact officer immediately.
Information about what is published on open access is available online at: http://www.health.act.gov.au/public-information/consumers/freedom-information

APPLICANT NAME	WHAT ARE THE PARAMETERS OF THE REQUEST	FILE NUMBER
[redacted]	*Under the FOI Act I would like to be supplied a copy of each evaluation which has been completed of the rolling series of evaluations exploring the impact of actions on health outcomes across the ACT Preventative Health Plan's five Priority Areas.*	ACTHDFOI23-24.44

Ref Number	Page Number	Description	Date	Status Decision	Factor	Open Access release status
1.	1 - 38	Kids at Play Active Play Implementation Report 2020	October 2020	Full Release		YES
2.	39 - 76	Process and impact evaluation of Healthier Choices Canberra – Business 2020	November 2020	Full Release		YES
3.	77 - 105	Process evaluation of Healthier Choices Canberra – Junior Sport 2021	January 2021	Full Release		YES
4.	106 - 145	Drug Strategy Action Plan Progress Report 2019-20	August 2020	Full Release		YES
5.	146 - 205	Drug Strategy Action Plan Progress Report 2020-21	June 2022	Full Release		YES

6.	206 - 241	Review of the ACT Drug Strategy Action Plan 2018-2021	June 2022	Full Release		YES
7.	242 - 263	Chronic Health Conditions Pilot Process Evaluation Report 2024	16 January 2024	Full Release		YES
8.	264 - 289	Home Energy Support Program Low Income Homeowner Stream Survey Report 2024	05 February 2024	Full Release		YES
Total Number of Documents						
8						

KIDS AT PLAY ACTIVE PLAY

Implementation Report

October 2020

KIDS at PLAY Active Play

ACT Government | ACT Health

Acronyms

ACT	Australian Capital Territory
AEDC	Australian Early Development Census
ECEC	Early childhood education and care
ELC	Early Learning Centre
EYLF	Early Years Learning Framework
FMS	Fundamental movement skills
KAP	Kids at Play
KAPAP	Kids at Play Active Play
NQS	National Quality Standard
QIP	Quality Improvement Plan

Definitions

Active play	Active play is any form of regular physical activity that children do, which includes moderate to vigorous bursts of high energy, and which raises their heart rate and makes them "huff and puff". It can occur indoors or outdoors, alone or with family or friends. Active play may be structured or unstructured. Structured active play is generally some kind of organised play or activity such as swimming lessons or a game that involves rules, time limits or special equipment. Unstructured active play – also known as free play - is generally some kind of spontaneous or opportunistic play or activity such as dancing to music at home or playing in a park.
Centre-based service	An ECEC service previously known as a childcare centre.
Early Years Learning Framework	The Early Years Learning Framework is a national framework for early childhood educators to ensure that children in all early childhood education and care settings experience quality teaching and learning.
ECEC Service	An early childhood education and care provider (in the context of this report a centre-based service or Preschool). This term is derived from the National Quality Standard.
Fundamental movement skills	Fundamental movement skills are a specific set of skills that involve different body parts such as feet, legs, trunk, head, arms and hands. These skills are important because they are the “building blocks” or foundation movements for more complex and specialised skills required by children throughout their lives to competently and confidently play different games, sports and recreational activities offered at school and in the community.
KAPAP Officer/s	The Child Development Service staff (Physiotherapists and Occupational Therapists) employed to deliver the practical components of the KAPAP program (training and active play visits).
National Quality Standard	The National Quality Standard (NQS) sets a high national benchmark for early childhood education and care and outside school hours care services in Australia. The NQS includes 7 quality areas that are important outcomes for children. Services are assessed and rated by their regulatory authority against the NQS and given a rating for each of the 7 quality areas and an overall rating based on these results.

Table of Contents

Executive Summary

Kids at Play Active Play (KAPAP) was a free ACT Government program in operation from July 2014 to June 2020. The program was implemented by the Health Promotion section of the ACT Health Directorate, in partnership with the Child Development Service (Community Services Directorate) and the Education Directorate.

KAPAP was developed in response to the growing body of evidence that children who do not develop proficient motor skills early in life often choose not to participate in physical activities as they get older, potentially leading to unhealthy lifestyle choices an increased risk of chronic disease.

KAPAP was a capacity building program, using a settings based approach to improve early childhood educators' skills and confidence to promote active play and teach fundamental movement skills (FMS) to children aged three and up in early childhood settings (including centre-based services, preschool and Kindergarten to year two in primary schools).

The program comprised of face to face (and later online) training for lead officers and educators, active play visits at participating early childhood education and care (ECEC) services, tools to assist in creating environments which support active play, and educational resources. Whilst the core components of the program remained the same, two slightly different formats of the delivery model were implemented across the life of the program to adapt to participant needs and changes in available funding.

During its six years of operation, 289 Leaders and 651 Educators attended face-to-face KAPAP training from 329 ECEC Services/schools. Just over half (54%) of the ECEC Services/schools who participated in the program were centre-based services and a little over a quarter (29%) were ACT Government Preschools. An additional 110 educators completed the KAPAP online course since its creation in January 2018.

Information and feedback obtained throughout the program implementation demonstrated that KAPAP was a highly valued program that had a broad reach, with gains in early childhood educator's FMS/active play confidence, knowledge, skills, and practices.

The majority of participating educators found the training relevant (95%) and almost all educators (99%) reported feeling either "confident" or "very confident" in their ability to teach FMS following KAPAP training, compared to 66% reported prior to the training.

Responses from longer-term follow-ups indicate that educators maintained their knowledge and confidence in teaching FMS three-months after participating in the educator training and active play visits:

- 96% had an increased understanding of FMS
- 93% felt more confident in teaching FMS
- 97% increased their use of FMS in active play games/activities
- 91% more frequently encouraged active play

The program also appeared to meet an unfilled need in the area of professional development for active play and FMS in the early childhood sector. Several leaders and educators commented that the teaching of fundamental movement skills or active play is not generally covered in Certificate III or IV in Early Childhood Education and Care training and that there are very limited (if any) professional development opportunities available in the ACT that cover similar content.

Some of the key challenges identified by participants and KAPAP staff reflect those commonly experienced in school-based programming and include the importance of support for the program from all levels of ECEC's, staff turnover, long-term engagement, and resource constraints.

The key learnings and feedback from participants indicate that, while the program largely met the needs of the ECEC's, there are some distinct differences between the school based setting and the long-day care/centre based settings that proved challenging for the program to adapt to in order to meet the needs of each setting in one single approach. Future models may seek to address this by providing a more tailored approach for each setting to better meet each sector's needs and provide further benefits to educators in these settings.

The key learnings from the program will help inform potential future models of the KAPAP program or similar health promotion initiatives delivered in this setting.

1. Introduction

The Kids at Play Active Play Implementation Report provides details on all aspects of the program implementation from its commencement in 2014 through to June 2019. The report includes reflections and learnings from KAPAP program participants and staff involved in the delivery of the program.

1.1 Background to Kids at Play Active Play

Kids at Play Active Play (KAPAP) was a free ACT Government program in operation from Term 3 2014 to Term 2 2020 (2014/15 – 2019/20). It was implemented by the Health Promotion section of the ACT Health Directorate, in partnership with the Child Development Service (Community Services Directorate) and the Education Directorate.

KAPAP was developed in response to the growing body of evidence that poor physical development was becoming a universal problem. Children who lack proficient motor skills often choose not to participate in physical activities as they get older and as games become more competitive. This can lead to an unhealthy lifestyle, in particular, a lack of exercise which increases the risk of chronic disease. Evidence shows that fundamental movement skills (FMS) interventions need to start during early childhood years[1].

KAPAP was an adaptation and extension of the Kids at Play (KAP) program, previously implemented by the Heart Foundation ACT until September 2013 (see Appendix A). Planning and preliminary resource development for KAPAP took place during 2013/14. The adapted KAPAP model was developed based on the learnings and evaluation of the KAP program[2] including recommendations to:

- directly engage Directors of ECEC services/Principals/Executive Staff in the importance and benefits of the program, and how it could assist in meeting the NQS and the EYLF,
- build the confidence, knowledge, skills and motivation of Educators to implement and embed active play policy and practices, and teaching FMS,
- include follow-up monitoring and support of participating services, and
- introduce early childhood staff to a health and wellbeing workplace program to increase their capacity to be good role models for children.

1.2 The KAPAP Model

The KAPAP model was based on establishing leadership commitment and building capacity of Educators to strengthen program delivery. With a focus on physical activity, the KAPAP program concentrated on building the capacity of Early Childhood Education and Care (ECEC) Educators (and later lower primary Educators) to promote active play and teach fundamental movement skills (FMS) to children in early childhood settings.

The KAPAP program was initially offered to centre-based services, ACT Government Preschools, Independent Preschools and Catholic Early Learning Centres. From Term 1 2018, after receiving feedback from both preschool and primary teachers about an unmet need for active play/FMS professional learning opportunities and concern for FMS development of children in primary schools, the program was also offered to lower primary schools (kindergarten to year two).

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[1] Logan, S. W., L. E. Robinson, et al. (2012). *"Getting the fundamentals of movement: a meta-analysis of the effectiveness of motor skill interventions in children."* Child: care, health and development 38(3): 305-315

[2] ACT Health (2015), *The everyday of Kids at Play. 2013 Repeat Impact Evaluation Report*, ACT Government: Canberra.

The two main physical activity tenets of the program were adapted from NSW Health's *Munch and Move* program[3], with input from a local paediatric Occupational Therapist.

1) A focus on 12 basic fundamental movement skills, which were age appropriate for children aged three to eight. These skills fell into 2 categories:

Locomotor skills	Ball skills
Running	Catching
Jumping	Throwing
Galloping	Kicking
Leaping	Striking
Hopping	Underarm rolling
Side Sliding	Stationary Dribbling

Information on balance skills (stretching, bending, balancing and twisting) were also addressed in the program, as essential foundation skills for being able to master the above FMS.

2) Encouraging the use of a format for active play sessions, and regular scheduling of active play sessions, to ensure that FMS were intentionally taught, practiced, consolidated, and mastered over time. The KAPAP format for an active play session was:

KAPAP was mapped against the Early Years Learning Framework (EYLF) and National Quality Standard (NQS), and later the Australian Curriculum (Kindergarten and Years 1/2) to assist participating ECEC Services and schools to embed active play into everyday practice and policy.

Mapping documents were created and provided to ECEC Service and school leaders and educators to assist them in their teaching and reporting requirements.

[3] https://healthykids.nsw.gov.au/

1.3 KAPAP Program Components

Two slightly different formats of the model were implemented across the life of the program. Model one was implemented from Term 3 2014 to Term 4 2017 and model two from Term 1 2018 – Term 2 2020. A reduced budget from 2017/18 onwards necessitated a slight change in the delivery format of training sessions and active play visits. These components are described below and a comparison table demonstrating the two models provided in Table 1.

The KAPAP package was comprised of the following key components:

1.3.1 *Leader Training (1 ½ hours) – week two of each term.*

This training for Lead Officers (those in a management position, such as Principals / Executive Teachers / Directors) was designed with the intent of engaging Leader support for, and commitment to, the program to increase their capacity to support their staff with program implementation. The training provided an overview of the program components, and information on the importance of active play and FMS development, active play policy development and creating supportive environments for active play.

1.3.2 *Educator Professional Learning Workshop (Model 1 - ½ day, Model 2 - full day) – weeks two and three of each term.*

This professional learning workshop for early childhood Educators provided information on the importance of active play and FMS development, as well as practical participation in how to teach FMS. Educators were also provided with resources to assist with the delivery of the program. From Term 2 2018, when the workshop was increased to a full day, it also included an active play session with a Preschool/Kindergarten class at the training venue, which demonstrated teaching FMS and encouraging active play through games with the students.

This workshop was initially offered in week two, and then from 2018 in weeks two and three, of each term. When the two workshops were offered Educators were able to choose which week they preferred to attend.

As of Term 1 2018 the workshop was approved for 5 TQI teacher accredited hours.

1.3.3 *Active Play Visit/s (1 ¼ hours) – throughout the term.*

In the remaining weeks of the term following the workshop, a KAPAP Officer visited each participating school/ECEC Service to observe Educators conduct an active play session.

The Educators who had attended the workshop were expected to run the session utilising information and skills gained from the educator workshop. The visit/s also provided Educators with the chance to ask questions of the Officer to further clarify their understanding of teaching FMS and encouraging active play, and for the Officer to provide constructive advice. The aim of the visit/s was to provide the opportunity for Educators to further consolidate and clarify their workshop learnings, and while the Educators were not assessed, their participation in the active play visit provided a degree of accountability for putting the KAPAP workshop learnings into practice.

Model 1 - Term 3 2014 – Term 4 2017, each participating ECEC Service/school received three visits:

- Visit one – the KAPAP Officer ran a demonstration of an active play session with the Educator's class
- Visit two (one week after visit 1) – the Educator ran an active play session, with the KAPAP Officer available to assist if required, and ask questions/trouble-shoot.

- Visit three (three month follow up visit) – the KAPAP Officer re-visited each ECEC Service/school to watch another active play session run by the Educator, see how program implementation was progressing, and answer any further questions.

Model 2 - from Term 1 2018 the visits were reduced to one per ECEC Service/school. To compensate, a full day (instead of a ½ day) workshop was offered, which incorporated an active play session with a Preschool-aged/Kindergarten class. This in effect was what was offered in the original visit one – the opportunity for Educators to observe an active play visit in action.

Table 1. Comparison of the models of KAPAP delivery

PROGRAM COMPONENT	KAPAP Model 1 (Term 3 2014 – Term 4 2017)	KAPAP Model 2 (Term 1 2018 – Term 2 2020)
Leader Training	1.5hrs	1.5hrs
Educator Workshop	**½ day** –theory & practical session on teaching FMS	**full day** – theory, practical session on teaching FMS, including an active play session demonstration
Active Play Visits	**x3** 1. KAPAP Officer demonstration 2. Educator-led session 3. Three Month Follow-up (Educator-led)	**x1** • Educator led session

1.3.4 *Workplace Health and Wellbeing Program* ***(optional)***

As the health of Educators is just as important as the health of the children they care for, KAPAP introduced attendees at the Leader Training to Healthier Work. Healthier Work is a free ACT Government Service to help ACT employers develop and implement health and wellbeing strategies in their workplace. Attendees were provided with an overview of the program by Healthier Work staff, and contact details if they wished to find out more about the program.

1.3.5 *Online Professional Learning for Educators*

This course was introduced in term 1 2018 as an additional form of Kids at Play Active Play professional learning. All early childhood staff, regardless of whether their ECEC Service/school were participating in the KAPAP program, could enrol in this course, and it could be completed either individually or in teaching teams in a minimum of two-hours. The course was available on ACT Health's Healthy Children's Learning Hub. This online course was approved for 2 TQI teacher accredited hours.

1.3.6 *KAPAP Resources*

A range of resources were utilised to support program implementation on a number of levels. Hyperlinks to most of these resources can be found in Table 2 and further details are contained in Appendix B.

Table 2. KAPAP Resources

SYSTEM LEVEL	ENVIRONMENT LEVEL	INDIVIDUAL LEVEL (See Appendix B for explanations of the resources below)
Mapping documents against key education and care frameworks: • Early Years Learning Framework • National Quality Standard • Australian Curriculum	Tools to assist in creating active play-friendly environments (see below: 1.3.6i): • Active Play Audit Tool for ECEC Services • Active Play Audit Tool for Primary Schools • Physical Activity and Screen Time Policy template	KAPAP manual FMS Lanyard Cards Games ideas – available on a Google Drive link KAPAP Web Pages (www.act.gov.au/kidsatplay) Videos: • *Fundamental movement skills* • *Fundamental movement skills session* • *Parent/carer videos* Factsheets Hart Sport vouchers Water bottle/Information packs

1.3.6i. Tools to assist in creating active play-friendly environments

KAPAP also sought to have an impact on the environment that children learn and play in, by encouraging participating services/schools to create active play-friendly environments. Active play friendly environments are those which are conducive to active play, and KAPAP provided the following tools to assist services/school to consider how they could create or further enhance their environments to support active play. Both tools were provided in word format on the KAPAP web pages, to make access and use as simple as possible.

Active Play Audit Tool

This tool was designed for ECEC services to:

- assess how effectively their learning environments supports children's active play;
- identify gaps in their learning environments where active play could be better promoted; and
- develop an action plan to further promote active play. ECEC services could then transfer this action plan to their service's Quality Improvement Plan (QIP) (the QIP is linked to the National Quality Standard and is a mandatory requirement of National Regulations for all ECEC services).

In 2018, the Active Play Audit Tool for Primary Schools was created (by adapting the original version) to cater for lower primary settings.

Physical Activity and Screen Time Policy template

While all ACT Government schools' (Kindergarten to Year 10) environment and practices are guided by the ACT Government's *Physical Education and Sport Policy*, ECEC services and independent/Catholic schools are not.

To assist services and schools to develop their own physical activity/screen time policy, a template was provided. This template was designed to be personalised by and tailored to the individual service/school, whereby non-relevant information could be removed, and additional physical activity/screen time policy activities could be added.

1.4 Cross Government Partnerships

A cross government approach was taken for the development and delivery of the KAPAP program, to ensure that relevant expertise was harnessed to enhance the value of the program. Below are the key partnerships developed over the life of the program.

1.4.1 Child Development Service (Community Services Directorate)

The Child Development Service (CDS) supports families of children aged 0-6 years who live in the ACT and have concerns about their child's development. The CDS team is comprised of Physiotherapists, Occupational Therapists, Speech Pathologists, Psychologists and Social Workers with early childhood experience.

In 2013, ACTH and Therapy ACT (now known as The Child Development Service) formed a partnership to support the development and implementation of the KAPAP program. ACTH funded Occupational Therapists/Physiotherapists to provide their allied health and early childhood expertise to the program. Therapy ACT/CDS contributed supervision costs and transport to enable program delivery, as well as some administration costs.

1.4.2 Education Directorate

Health Promotion, ACT Health had an existing partnership in place with the Education Directorate (EDU) through the employment of the Director of Health Promotion, EDU. This position was responsible for supporting health promotion program recruitment and implementation within the ACT Government public school education system and ensuring program alignment with curriculum. The KAPAP program had access to the support of the EDU Director of Health Promotion throughout KAPAP implementation to support program implementation and ensuring its alignment with EDU policies, procedures and practices.

1.4.3 Healthier Work (Chief Ministers, Treasury and Economic Development Directorate)

ACT Health partnered with Healthier Work to provide information to early childhood workplaces regarding supporting the health and wellbeing of their staff. Healthier Work, as an established program with experience in working with a variety of different workplaces, were well placed to assist workplaces who wished to raise the profile of the importance of employee health and wellbeing.

While Healthier Work does not track how workplaces are referred to their program, seven early childhood workplaces engaged with their program either in the term they heard the Healthier Work presentation at the KAPAP training or in the terms following the training.

1.5 External Partnership – University of Canberra

In 2018 the University of Canberra (UC) and ACT Health partnered together to include completion of the KAPAP online course as a course requirement for pre-service teachers undertaking the semester 2 Practice of HPE (Health and Physical Activity) Unit. This was an opportunity to raise awareness of the course and to build the capacity of pre-service Educators to be actively involved in the program if they entered ACT early childhood and school settings. Completion of the course did not count towards assessment, which (from some student feedback to UC) did not provide incentive to fully complete the course. Course completion records indicated that 1/3 of the students completed the course, with the rest either partially completing or not attempting the course.

In 2019 the course was again promoted to UC pre-service teachers, with only a small number of students (n=16) completing the course (the total number of enrolled students was not known).

However, more promising conversations were held with UC in the first half of 2020 to determine the best way to engage the pre-service teachers with the KAPAP online content in semester 2's The Practice of Teaching HPE Unit. This included recommending that students complete just the first module of the online course (which contained the FMS and active play background information and resources), and KAPAP staff participating in a pre-recorded audio interview to showcase the KAPAP program and highlight the importance of teaching children FMS and facilitating active play opportunities. This recording was to be made available via the lecturer's teaching and learning site.

1.6 Staffing

The KAPAP program was managed by the Health Promotion (HP) section staff of ACT Health, who were responsible for program administration, recruitment coordination, resource development, training coordination and delivery, and back-filling active play visits (due to staff absence).

Child Development Service (CDS) staff, Physiotherapists and Occupational Therapists, provided the technical and practical elements of the training, delivery of the active play visits, providing input to resource development, and administration relating to active play visit reminders/rescheduling and reflections on their visits. In the context of the KAPAP program they were referred to as KAPAP Officers.

The Education Directorate (EDU) Director Health Promotion, funded by ACT Health, was responsible for recruiting ACT Government Preschools and schools to participate in the program and providing educational input to program development, resources and reporting relating to ACT Government schools. A breakdown of KAPAP staffing is provided in Table 3.

Table 3 KAPAP staffing

Year	HP FTE		CDS KAPAP OFFICER/S FTE AVERAGE	EDU FTE
	SOGC	ASO6		
2013/14	0.6 FTE	-	0.2 FTE*	0.1 FTE
2014/15	0.6 FTE	0.6 FTE**	0.3 FTE	0.1 FTE
2015/16	0.6 FTE	0.6 FTE	0.5 FTE	0.1 FTE
2016/17	0.6 FTE	0.6 FTE	0.5 FTE	0.1 FTE
2017/18	0.6 FTE	0.63 FTE	0.35 FTE	0.1 FTE
2018/19	0.6 FTE	0.63 FTE	0.2FTE	0.1 FTE
2019/20	0.6 FTE	0.63 FTE	0.2FTE	0.1 FTE

* commenced February 2014

** commenced January 2015

1.7 Budget

Table 4 provides an overview of the budget allocated for the KAPAP program from 2013/14- 2019/20

Table 4. KAPAP budget

Year	Budget
2013/14	$45,000
2014/15	$118,500
2015/16	$118,500
2016/17	$67,500
2017/18	$38,000
2018/19	$39,000
2019/20	$39,000

The areas of greatest expenditure across the life of the program were:

- CDS staffing costs
- Production and updating of the online learning package
- Production of the KAPAP video clips
- Re-design and printing of the KAPAP manual
- Printing of the lanyard cards and
- Purchase of Hart Sport vouchers.

Training costs were minimal, as free-of-charge venues were utilised, either at the Hedley Beare Centre for Teaching and Learning (EDU venue) or hosted at a local school (from 2018) when the workshop included an active play/FMS session demonstration with a Preschool or Kindergarten class.

1.8 Recruitment

The KAPAP program was piloted in terms 3 and 4 2014, with a target of six ECEC services per term. From term 1 2015, with an increased budget and increased number of KAPAP Officers, a target of 16 schools/ECEC services per term was set.

Recruitment for each cohort was undertaken on a regional basis, i.e. generally one region per term: Tuggeranong, Woden/Weston Creek, Belconnen, Gungahlin, North Canberra, and South Canberra. This regional approach was to minimise travel time of KAPAP officers during the follow-up Active Play Visits to enable the officer to conduct two active play visits to ECEC services/schools in a morning.

However, in many instances 'out of area' ECEC services/schools were included if they had expressed interest in participating and their location was close enough to the targeted region. If they were not located close enough, they were invited to participate in the next available term.

The main recruitment strategy used by the KAPAP team was direct contact with ECEC services/schools. ECEC services/schools in the identified region were contacted each term and invited to participate in the KAPAP program in the following term. Initial contact was made via email and followed up by phone calls (sometimes many), and once an ECEC service or school indicated their interest in participating, they completed a registration form and booked their active play visit/s via a Google Drive booking link.

Health Promotion (HP) KAPAP staff were responsible for contacting the relevant centre-based services, independent Preschools and schools and Catholic Early Learning Centres and schools. The EDU Director Health Promotion was responsible for contacting the relevant ACT Government Preschools and schools.

Other strategies to promote the KAPAP program and recruit ECEC services/schools included: the KAPAP web pages, ACT EDU Schools' Bulletin, flyers distributed through early childhood events/professional learning, ACT Health social media and the 2017 ACHPER Conference.

1.9 Case Studies

Five case studies (listed below in Table 5) were developed to highlight how centre-based services, Preschools and schools have successfully implemented aspects of the KAPAP program to meet the needs of their ECEC service/school. Copies of the case studies can be found in Appendix C.

Table 5. KAPAP case studies: settings and themes

Name of centre-based service/preschool/school	Theme
KU Braddon	FMS delivery across whole centre
Farrer Primary	KAPAP in a primary school setting
Curtin South Preschool	Using outdoor play space and equipment for practicing FMS and encouraging active play
Lyons Early Childhood School	Using a station format to provide FMS opportunities
Anglicare at Southern Cross Early Learning School	Creative ideas for teaching FMS

1.10 2014-15 KAPAP Evaluation

In 2016 KBC Australia were commissioned to review the first 12 months of the KAPAP Program (July 2014-June 2015).

The evaluation focused on program delivery, acceptability and sustainability, using the multiple data sources at various stages of the program.

The review found that overall KAPAP was a well-designed and highly regarded program that appeared to have supported sustained improvements in the teaching of FMS and incorporation of active play in participating ECEC services in the ACT. The delivery of the program was rated highly as were the resources provided through the program.

One of the key questions included in the evaluation was whether the program could be sustained using a fee-for-service model. The evaluation suggests that ECEC services are unlikely to pay for the program due to competing priorities and limited budgets. This was and continues to be congruent with anecdotal feedback from KAPAP staff received during KAPAP leader training and site visits. While sustainability via fee-for-service was not an option for longer term sustainability, an additional sustainability strategy was the investment in the production of online resources and tools throughout the life of KAPAP. These will be a capacity building legacy of the program, available for use by the sector past the life of the program.

The report included suggested approaches to strengthen the program that were actioned over the life of the KAPAP program including:

- provision of online training to extend the reach to those unable to attend face-to-face training;
- making KAPAP resources available to all ECEC services, regardless of their participation (or not) in the KAPAP program.

Other recommendations outlined in the report that were not able to be addressed due to logistical and resourcing constraints and could be considered as part of future models include:

- re-structuring active play visits based on identified areas of need (i.e. those educators who are already confident receiving less visits than those who require more assistance);
- offering active play visits to educators at participating ECEC Services who didn't attend the workshop to extend the reach of the KAPAP program;
- targeting the program to areas of greater need in relation to rates of childhood overweight and obesity.

1.11 KAPAP Reach

1.11.1 Face-to-Face Training

Table 6 provides a summary of the educators, leaders and ECEC Services/schools that participated in face-to-face KAPAP training.

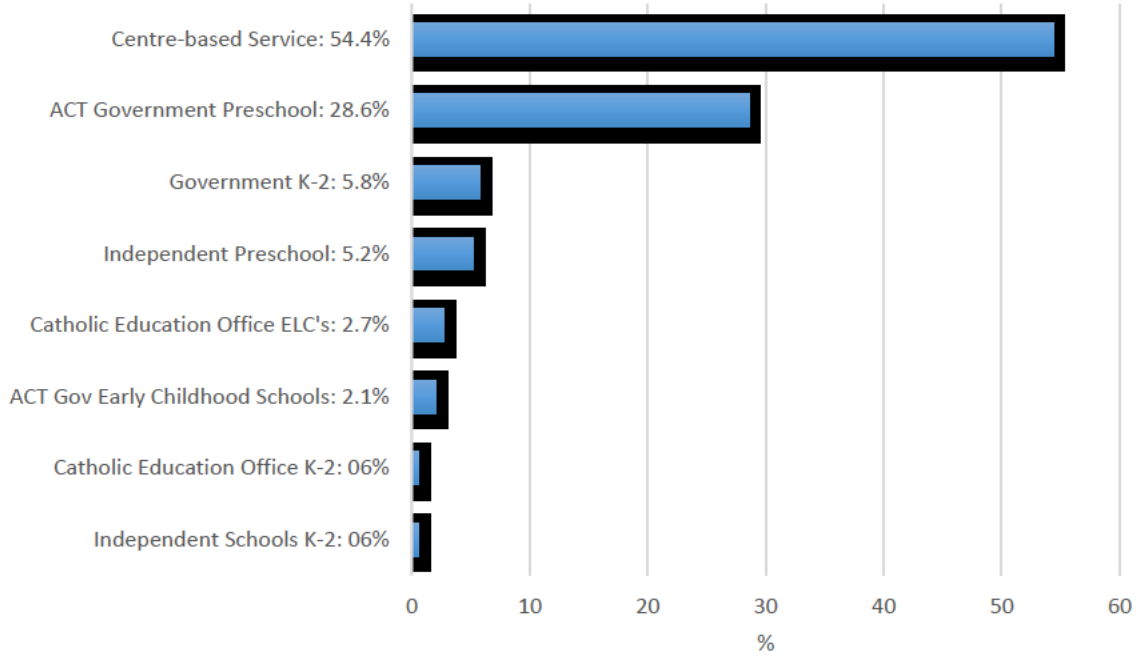
Between term 3 2014 and term 2 2020 289 Leaders and 651 Educators attended face-to-face KAPAP training from 329 ECEC Services/schools and 35% of the ECEC Services/schools that participated did so more than once. Of the 329 ECEC Services/schools who participated in the program, just over half (54%) were centre-based services and a just over a quarter (29%) were ACT Government Preschools. Figure 1 provides a breakdown of sector participation in KAPAP training.

Table 6. KAPAP face-to-face training participation

Cohort	Term/year	Region	No of Leaders	No of Educators	No of ECEC Services/ schools	Yearly total
1	Term 3 2014	Tuggeranong	6	12	6	34
2	Term 4 2014	Woden/Weston Creek	7	13	7	
	Jan 2015	*Cluster training**		*16*		
3	Term 1 2015	Belconnen	15	31	12	
4	Term 2 2015	Gungahlin	12	23	9	
5	Term 3 2015	North Canberra	16	22	14	65
6	Term 4 2015	South Canberra	21	47	15	
7	Term 1 2016	Tuggeranong	18	35	17	
8	Term 2 2016	Woden/Weston Creek	17	42	19	
9	Term 3 2016	Belconnen	18	25	16	64
10	Term 4 2016	Gungahlin	18	30	16	
11	Term 1 2017	North Canberra	12	26	15	
12	Term 2 2017	South Canberra	11	26	17	
13	Term 3 2017	Tuggeranong	15	27	17	64
14	Term 4 2017	Belconnen	15	27	16	
15	Term 1 2018	Gungahlin	8	26	15	
	April 2018	*Home schooling workshop***		*6*		
16	Term 2 2018	South Canberra	15	30	17	
17	Term 3 2018	Tuggeranong	20	37	18	64
18	Term 4 2018	Belconnen/Gungahlin	14	29	17	
19	Term 1 2019	North Canb/South Canb	7	20	15	
20	Term 2 2019	Tuggeranong/Weston	6	24	14	
21	Term 3 2019	Belconnen/Gungahlin	7	32	12	38
22	Term 4 2019	North Canberra	5	17	11	
23	Term 1 2020	South Canberra/Woden	6	28	15	
24	Term 2 2020	Cancelled to due COVID-19	-	-	-	
		TOTALS:	**289**	**651**	**329**	**329**

**cluster training – organised and paid for by a cluster of schools. No Active Play visits associated with training.*
***request from a group of parents who home school their children. No Active Play visits associated with training.*

Figure 1. Sector participation in KAPAP face-to-face training

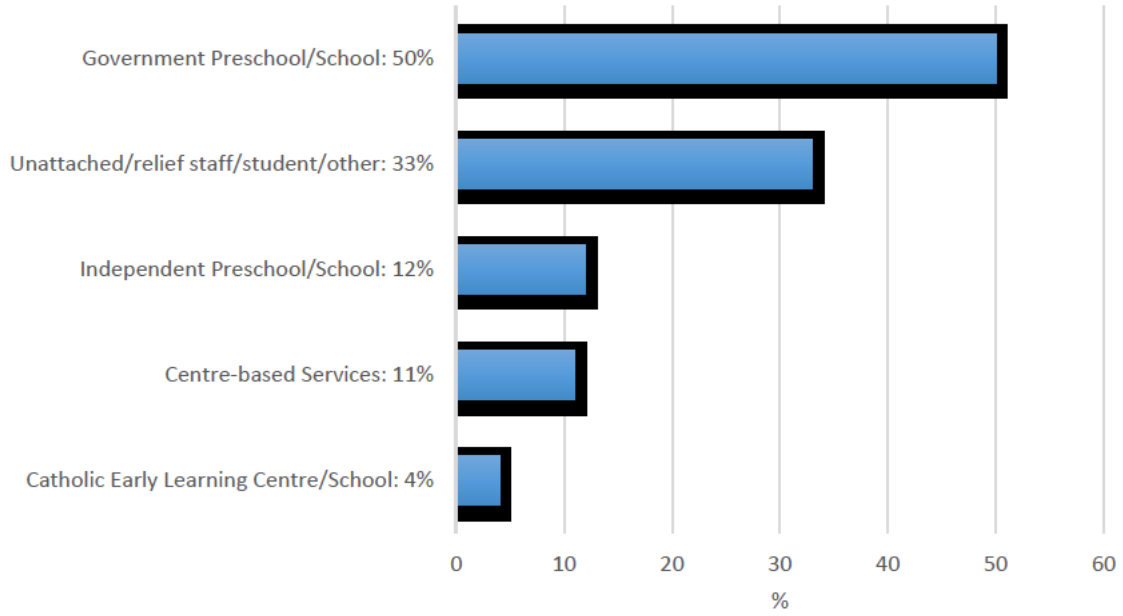


1.11.2 Online Professional Learning for Educators

From January 2018 to June 2020, 110 Educators completed the Kids at Play Active Play online course. Figure 2 provides a breakdown of sector participation in online training.

Only 10% of course completers were from the centre-based services, whereas 65% were from a Preschool or School setting. The difference may be attributed to Educators from a Preschool/School having the added incentive of acquiring TQI hours by completing the course, whereas centre-based service educators do not have any professional learning incentives.

Figure 2. KAPAP Online Course Completers



2. Program Findings

A range of program monitoring tools were used to capture information from participants and KAPAP Officers at various points of program implementation to help inform quality improvement and track program progress. These included:

- Pre-training and post-training survey: provided to both Educators and Leaders on the day of their face-to-face training;
- Three-month follow-up survey: a survey-monkey link was emailed to Educators three months post-training and followed up by the KAPAP Officers in hard copy at the three-month active play visit;
- 12-month follow-up survey: a survey-monkey link was emailed to Leaders 12 months post training;
- Online Professional Development pre and post surveys;
- KAPAP Officer's Active Play Visit reflections.

2.1 Leaders Training

Surveys of the Leaders identified the following:

- Leaders were very satisfied (98%) with the structure and presentation of the KAPAP materials at the Leaders training. This was also followed up with 99% of Leaders very satisfied with the presentation skills of the trainer;
- Despite 98.6% of Leaders reporting prior to the training that they were confident in their knowledge of why active play and learning fundamental skills is important for children, the majority of Leaders (85%) indicated that they learnt new content at the training;
- 100% of Leaders felt that the content covered in the KAPAP training was relevant to their area of work, with 61% expressing it was 'very relevant';
- The majority of Leaders expressed that they were confident in their knowledge and understanding of the different elements of the KAPAP program following the training.

Qualitative feedback for the Leaders training included:

> *"I love how the program has developed over the years. I attended in early days (of KAP). The program has progressed effectively to support services in the management areas, right through to policy development, audit tools for QIP and support to engage families. Thank you"*

> *"I think it is a great PL for staff who are less confident in teaching FMS."*

Feedback for suggested improvements to the Leaders training included:

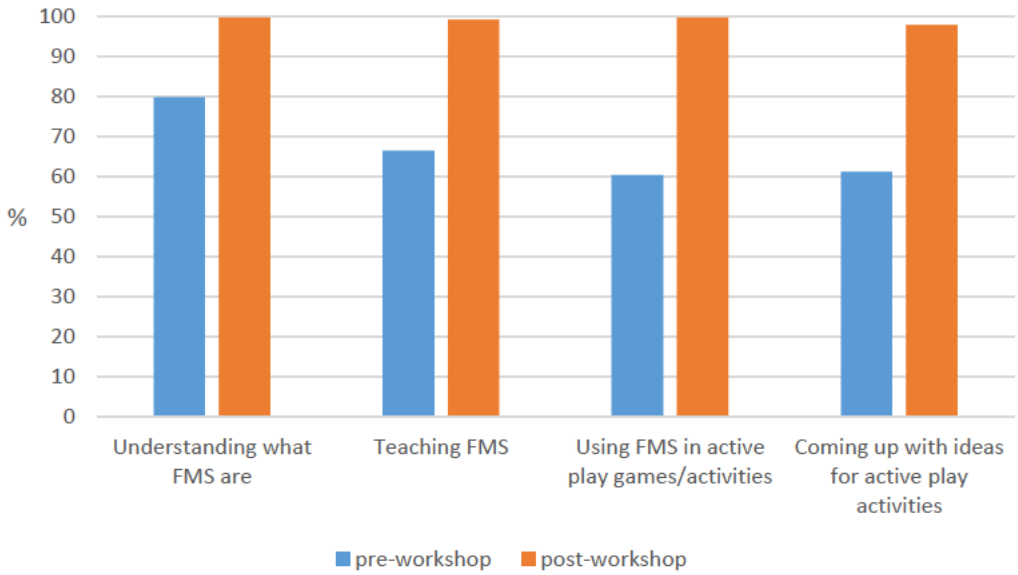
- condense to an hour and only include information that Leaders need to know, not the information relating to Educators implementing the program;
- sending the presentation via email or delivered via a webinar to minimise time away from the workplace.

2.2 Educators Workshop

The pre and post Educators workshop surveys found that:

- **Over 95% of the Educators found that the content covered in the KAPAP workshop was either 'quite relevant' or 'very relevant' to their area of work;**
- **The majority of the Educators (88%) indicated that they learnt new information at the training;**
- **Following the KAPAP Educators workshop, a majority of educators reported confidence in teaching FMS (see Figure 3). For example, 99% of educators reported either being 'confident' or 'very confident' in their understanding of FMS compared to 79% reported prior to the workshop.**

Figure 3. Educator's confidence levels pre and post-training



Qualitative feedback for the Educators training included:

> *"This session filled in the gaps and will really facilitate my implementation and creation of a scope and sequence/program for our Preschool. A fantastic program and resource!"*

> *"After 5 years teaching this was very valuable to me remaining active in what I need to teach my students. The focus on this age group and their development physically lacked in my uni training. Teachers need to be skilled and are not given opportunities in this learning area often."*

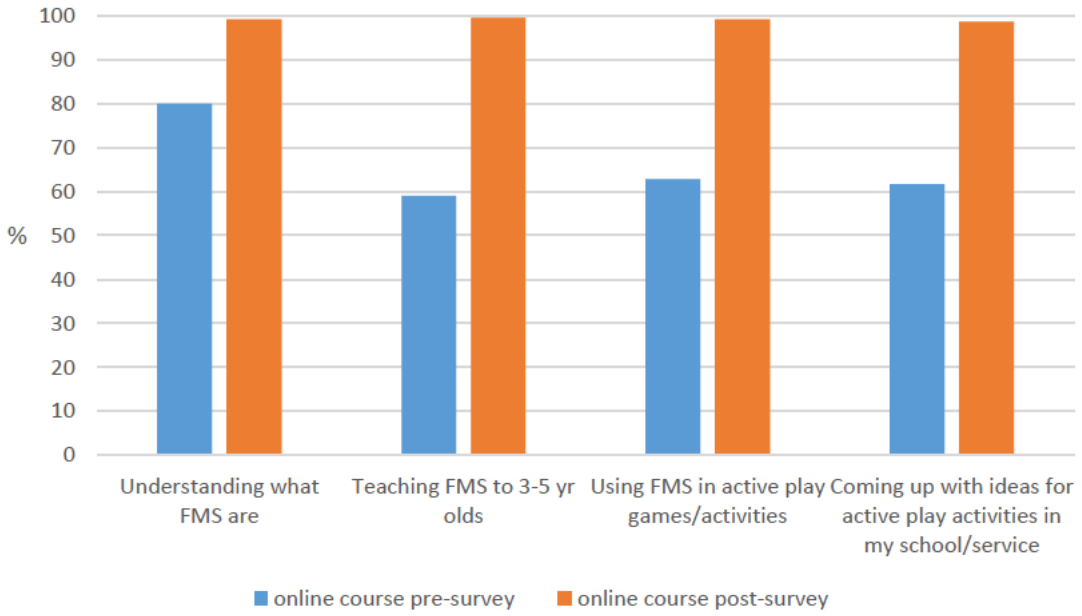
Feedback for suggested improvements to the Educator training included:

- **inclusion of more practical sessions and less background information;**
- **using the FMS videos as mandatory viewing before the workshop to create more time for other content;**
- **provision of individual sessions for centre-based services so that all staff can attend;**
- **providing a similar program for parents.**

2.3 Online Learning

The online learning package implemented from 2018 was well received by Educators. A clear majority (>97%) of participants that responded to the survey after completing the online course indicated that they were either 'confident' or 'very confident' in their knowledge and understanding (see Figure 4) of the KAPAP program, FMS, active play and games/activities, and linkages with NQS, EYLF and the Australian Curriculum.

Figure 4. Confidence levels of online participants



Most of the participants found the following aspects of the online course to be either 'very good' or 'good':

- **structure and presentation of the course;**
- **length;**
- **ease of use;**
- **practical activity;**
- **online resources.**

2.4 KAPAP Officer Active Play Visit Reflections

Following each active play visit to a school/ECEC service, the KAPAP Officer/s reflected on their observations to inform quality improvement and future models.

The key implementation observations included:

- **Educators liked the lists of games provided, as it expanded their sometimes-limited repertoire;**
- **The simple active play session format was generally appreciated, particularly by Preschool/lower Primary Educators.**
- **The provision of information on how to break skills down and simplify and advance skills was acknowledged as important to ensure that all children were either supported or challenged.**
- **The FMS skills lanyard was one of the more utilised resources, as it was easy to use and carry.**
- **Centre-based services often shared the manual across the whole centre, ensuring that Educators of each childcare room had access to KAPAP information and activities.**
- **Some Educators have used the FMS videos to introduce the skills to their class.**
- **Incorporating outdoor play equipment into active play sessions led to an increased use of the equipment and continued practice of the featured FMS.**
- **The use of stations was popular for Preschool and lower primary groups, as this provided a variety of FMS activities and reduced waiting times for the children.**

- The engagement/interest/ability of Educators and their attitudes towards being active themselves can impact on the implementation of active play sessions for children. Where Educators are unable or unwilling to participate and demonstrate skills to children, the scope of FMS teaching can be severely restricted.
- The active play visits allowed for further discussion on implementing the program in their particular setting, including use of their equipment, overcoming challenging physical environments (such as uneven ground or tiered play space) and managing large groups of children.
- Educators who do not participate in the active play session often results in decreased participation of children. When educators join in the session/games more children tend to participate and be engaged.
- Even with active play visit reminders, some Educators were not prepared for the active play visit (either because they had forgotten or were not aware of the visit). This mainly occurred in centre-based services where the only point of contact was a generic centre email address and information was not passed on.

2.5 Longer Term Findings

Staff knowledge and confidence

Responses from the 3-month follow-up survey indicate that educators maintained their knowledge and confidence in teaching FMS after participating in the educator training and active play visits:

- 96% had an increased understanding of what FMS are;
- 93% felt more confident in teaching FMS;
- 96% had an increased ability to come up with ideas for active play games;
- 87% felt more confident to take part in active play games themselves.

Changes to teaching practices

The 3-month survey also indicated that educators that took part in the KAPAP training and active play visit/s:

- increased their use of FMS in active play games/activities (97%);
- more frequently encouraged active play (91%);
- included more structured teaching time for active play (>60%) as well as more time for active play (>40%).

Changes to equipment and play spaces

When asked if any changes had been made to inside or outdoor play spaces or equipment to increase opportunities for active play, almost 80% of respondents to the 3-month follow-up survey indicated that they had. These changes included:

- the way the outdoor spaces are used (mix of free play and activities/equipment to choose from);
- introduction of an indoor/outdoor continuum to encourage children to filter between indoor and outdoor play;
- establishment of outdoor programs that incorporates organised activities;
- purchase of extra equipment and using existing equipment in a different way.

Knowledge transfer

Results from the 12 months follow up survey found that information about FMS and active play had continued to be provided to new staff and shared amongst existing staff in schools/ECEC services that participated in KAPAP training.

- 63% of the Leaders expressed they had included information about the importance of active play with the induction of new staff members.
- Several Leaders also commented on how staff had shared their KAPAP training learnings with other staff:

> *"We have professional development nights and all the staff participated. Staff shared their knowledge to other team members"*

> *"Our staff have brought the knowledge that they have learnt in the training back into the centre and mentored their junior staff to feel confident and comfortable to teach FMS/active play to the children."*

Some Directors also reported that they liked their new staff to attend the KAPAP workshop and subsequent active play visits in order to gain practical skills that they did not obtain via their online Certificate III in Early Childhood Education and Care courses.

Comments from the three month and 12-month follow-up surveys indicate a diversity of ongoing application and challenges in continuing to implementation of the program.

> *"The initial staff PL was informative and engaging - the visits from the team kept us using the program and embedding active play in practice - once visits ceased, we have not been as vigilant about our practice as we should be!"*

3. Key Learnings

On 20 November 2019, the KAPAP staff hosted a system mapping workshop with representatives from the ECEC services sector, and lower primary school and the Education Directorate (EDU Director, Health Promotion and staff from Learning and Teaching Policy and Service Design). The aim of the workshop was to look at the key factors that contributed to the successful implementation of KAPAP and what is needed for the longer-term sustainability of the program. See Appendix D for details of the Systems Map.

In reflecting on the program's implementation, in combination with the findings from the systems mapping workshop, program data and observations from the KAPAP team, the following key learnings and implications for a future model were identified:

1. **Face to face training is essential for Educators for not only learning how to teach FMS but also to learn how to break down the FMS skills and how to simplify or extend an activity/skill.** This increases the Educator's knowledge and understanding of child development of FMS and why it is important for FMS to be taught and practised regularly.
2. **Including an active play session in the workshop (instead of during visit 1 at schools/ECEC services) has been very beneficial.** Educators report that it provides them with the opportunity to observe the active play session (putting all the components together) without the distraction of their own workplace or dealing with children's behaviour. This has allowed them to leave the workshop with confidence and knowledge on how to run a session and start putting it in place immediately. It also gives opportunity for discussion at the workshop about how to integrate these sessions into their routines and environment and start the process of working out how to implement at their school/ECEC service.

3. **Multiple active play visits are beneficial for participants.** While having an active play session modelled at the workshop and then providing Educators with the opportunity to run their own active play session with support from the KAPAP officer (at the one-off visit) has been helpful, many Educators require further follow-up or more modelling on how to run sessions and set up their environment to encourage the practising of FMS. With the current one-visit format, many Educators (particularly those in centre-based services) are not supported enough for the program to continue in their setting.
4. **The KAPAP program provides more than just active play/FMS professional learning.** Directors of centre-based services have indicated that the KAPAP training has also taught their staff how to run activities and sessions with the children, how to interact in outdoor play, strategies for keeping children's attention and reducing distractions, and the importance of using child friendly language and age-appropriate activities. These are skills they had not necessarily gained via their Certificate III or IV in Early Childhood Education and Care training.
5. **Future models of KAPAP should consider more intensive support for the centre-based services.** Educators from centre-based services generally required more assistance to implement the program than those from Preschools and lower primary. This may be because teachers from preschools/primary schools are used to planning and programming activities, and their tertiary training better equipped them to tailor programs/information to their classes. Feedback from centre-based service staff indicates that teaching of fundamental movement skills or active play is not generally covered in Certificate III or IV in Early Childhood Education and Care training.
6. **Interested and enthusiastic Leaders/Principals/Executive Teachers are a key enabler for the program to gain support and for ongoing implementation.** Ideally there is commitment from both Leaders and Educators within the schools/ECEC services. The importance of leadership for the uptake and sustainability of KAPAP in the schools/services has been recognised by the program and is the basis for the inclusion of the Leader training component.
7. **The resources developed as part of the program have been well received and rated by participants.** The introduction of the 12 FMS online videos has ensured a wide range of resources available from all learning areas can be adaptable for Educators' teaching needs. The lanyards are an easily accessible resource, for both Educators who have been trained and other staff in services who want to refer to simple and clear advice about teaching FMS. Although the Google+ Community was only in operation for a short period of time, it was a highly regarded sharing resources and information tool amongst the schools/ECEC services.
8. **The collaboration between Health Promotion, the Child Development Service, and the Education Directorate has been essential in making the program successful.** CDS provided technical expertise in FMS and age-appropriate developmental milestones. The partnership helped to promote the services of CDS and provide Educators with information on how families can access the services of CDS. It was also noted that the partnership with the Education Directorate greatly assisted with ensuring the program and curriculum resources met the needs of schools and Educators and helped to navigate the policy and governance structures of the Education Directorate.
9. **Staff turnover is a key challenge in establishing and sustaining KAPAP in ECEC's, particularly in the centre-based services.** In some instances, staff who have been trained have left their schools/ECEC services between the training and the on-site visits. On other occasions staff have been sick or away at the time of one or more of the active play visits. These occurrences severely impact on the integrity of the program implementation, particularly if there are no other staff who have been trained and/or the original staff have not passed on their expertise. Future models will need to explore options to address this challenge including placing greater emphasis on site training for Educators who have not had the opportunity to attend the face to face training.

10. **Encouraging the development of an ECEC Service/school physical activity and screen time policy was a challenge.** Whilst not a requirement for participating in the KAPAP program, all participating schools/ECEC services were provided with a physical activity and screen time policy template that could be adapted for implementation in their setting. However relatively few appear to have adopted this policy. While some may have already had a sound active play policy in place, it remains a challenge for the program to increase the number of schools/ECEC services adopting an appropriate policy.
11. **Engagement with families regarding the importance of active play is difficult to assess and parental engagement strategies in the future require further investigation.** KAPAP predominately relied on the ECEC services/schools to engage with families on the importance of active play through their communication channels. Although ECEC services/schools were provided with resources which could be provided to families, such as electronic factsheets, other website content and water bottle/information packs (for part of the KAPAP program) – see Appendix B - it was up to the discretion of each school or ECEC service as to whether information was utilised or not. Future models should consider strengthening the parental engagement strategies.

Information obtained across the six years of implementation of the Kids at Play Active Play program demonstrated that the KAPAP program had a broad reach, with gains in early childhood educator's FMS/active play confidence, knowledge, skills, and practices. It was also shown to be a highly valued program that has met an unfulfilled need in the early childhood sector in the area of active play and FMS development.

The key learnings and feedback from participants indicate that, while the program met the needs of the ECEC services/schools, there are some distinct differences between the school-based setting and the long-day care/centre-based settings that future models may address by providing a more tailored approach in order to better meet each sector's needs and provide further benefits to educators in these settings.

The experience of the KAPAP officers and key learnings from the program will help inform potential future models of the KAPAP program or similar health promotion initiatives delivered in this setting.

Appendix A - Kids at Play Project Overview

KIDS AT PLAY
2004-2006

From 2004-2006 Sport and Recreation ACT operated the Kids at Play vans, in partnership with University of Canberra and Heart Foundation ACT. These vans contained active play equipment and attended community events to encourage interest and enjoyment of physical activity in children 12 years and under in response to childhood obesity and sedentary youth lifestyles.

In July 2006, a tripartite agreement was established between Sport and Recreation ACT, the Health Promotion Unit (ACT Health) and the Heart Foundation ACT to expand the scope of Kids at Play to support Early Childhood Education and Care (ECEC) services to integrate and promote active play and healthy eating messages, and, to a limited degree, increase knowledge of healthy eating and active play messages with parents/carers.

A joint management committee was established, and project development activities commenced. This included a literature review, a needs assessment of nutrition in the ACT Early Childhood Sector; stakeholder consultations using the ANGELO Framework[i]; and baseline surveys with LDCC, FDC and parents. The resulting project was renamed Kids at Play – Active Play and Eating Well.

KIDS AT PLAY – ACTIVE AND PLAY AND EATING WELL
2007 – 2013

The Kids at Play – Active Play and Eating Well (KAP) program was developed and piloted over three years (2007-2010), focused on children aged birth to five years and targeted long day care (LDC) and family day care (FDC) settings. The ACT Branch of the Heart Foundation was commissioned to support the development and implementation of the program, in partnership with the ACT Government (ACT Health's Health Improvement Branch, and Sport and Recreation Services).

Based on its positive early outcomes, the program was extended for a second phase from 2010 to June 2012 and a third phase from July 2012 to September 2013. The program's target group was expanded during this time to also include playschools and preschools.

Project interventions/resources included:

- Active play and healthy eating training packages
- Active play visits, utilising the Kids at Play van
- KAP manual
- Website
- Posters
- Family tip sheets
- Active play DVD
- Facebook page
- Physical activity audit tool

[i] The ANGELO Framework (Analysis Grid for Elements Linked to Obesity) is a tool developed to help communities analyse the environmental influences affecting their physical activity and eating patterns and then to work out which factors they can more readily alter. Facilitated by Boyd Swinburn, Deakin University.

Appendix B - KAPAP Resources

a) KAPAP manual

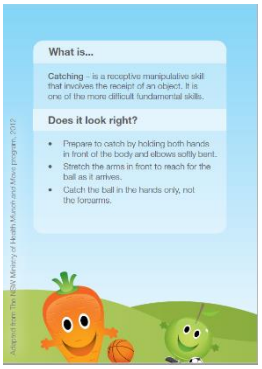
The KAPAP manual was adapted from the content of the original KAP manual. While the KAPAP program had a focus on children aged three and up, the manual retained the information relating to children aged birth to five+, as childcare centres could share the manual across the whole centre. It was also recognised that some Educators may need to scale back activities for those children who were developmentally behind their peers, and information for younger children would be useful for them to do this.

The manual contained sections on:

- Physical activity overview, FMS development and safety
- Physical activity for babies
- Physical activity and FMS for toddlers to pre-schoolers*, including planning and structuring FMS/active play sessions
- Activity plans, including games, for children aged birth to five*.

* noting that the pre-schooler information was also relevant for the lower primary years.

b) FMS Lanyard Cards



The front of the card contained a visual representation of the skill, and the back provided a description of the skill and how to perform the skill.

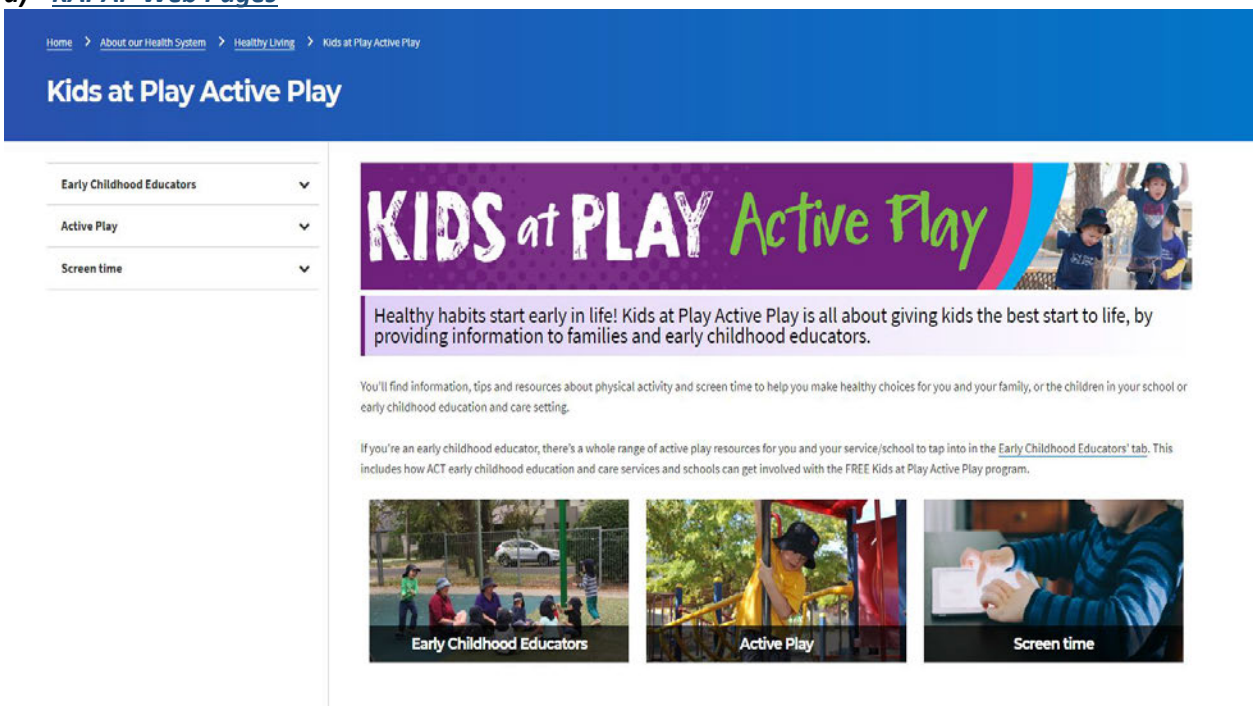
The 12 KAPAP fundamental skills included in the KAPAP program were depicted on heavy duty cards, with each card representing a different skill (ie 12 cards in total).

The 12 cards were attached to a lanyard, so that it was easy for the Educators to utilise them when running an active play session, without needing their hands to hold them.

c) Games ideas

A number of FMS games for children of various ages were included in the KAPAP manual. However, after consistent requests from early childhood Educators for additional games ideas, KAPAP staff collated a variety of games from the internet for each FMS included in the KAPAP program. These games ideas were provided to training participants via a Google Drive link and were categorised into the skill types.

d) KAPAP Web Pages



The KAPAP webpages were developed as a resource for both Educators and families.

While the webpages were updated and re-housed on the ACT Health website several times throughout the life of the program, a shortcut URL (www.act.gov.au/kidsatplay) was maintained to ensure that a consistent URL was utilised on resources and that past users were able to continue to locate the Kids at Play Active Play information and resources.

e) FMS teaching resources

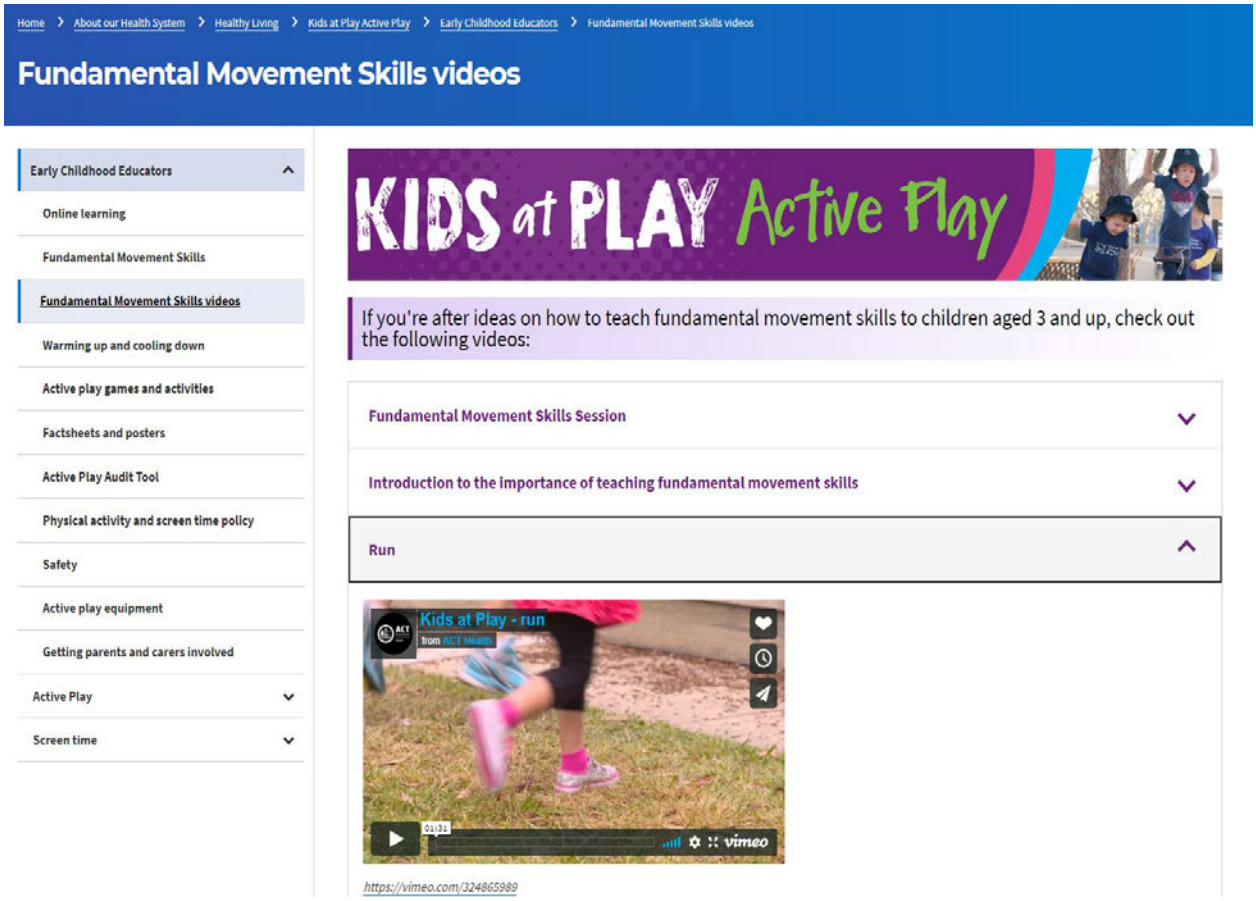
A series of teaching resources were developed by the KAPAP team to assist Educators to implement the KAPAP program. These were available from a Google Drive link and included:

- Active play home activity sheets
- Class checklists to track student's progress in FMS development
- Checklist for teaching FMS
- Language prompts for teaching FMS
- Blank lesson plan templates (along with sample lesson plans) both for ECEC services and lower primary classes
- Sample schedule for sequence of teaching FMS
- Age appropriate skills for children aged less than three, and linkages to FMS development.

The Child Development Service also provided resources for Educators and were available on a Google Drive link. These included:

- Information about the Child Development Service and how to access their services
- Movement activities for busy beaver (for Educators of high-energy children)
- Developing vocabulary and body awareness through active play
- Red flag identification guide (for children aged birth to five years) – to help identify developmental concerns

f) Videos



The following videos were produced and housed on the KAPAP web pages.

Fundamental movement skills

In 2016, fourteen 1 ½ minute video clips were produced as a capacity building tool for early childhood Educators to show how to teach each individual fundamental movement skill. These included:

- an introduction to the importance of teaching FMS video clip,
- 12 FMS videoclips, each one featuring one of the skills included in the KAPAP program, and
- A summary of teaching FMS video clip.

While produced as a learning tool for Educators, the video clips could also be shown to children to help teach them FMS.

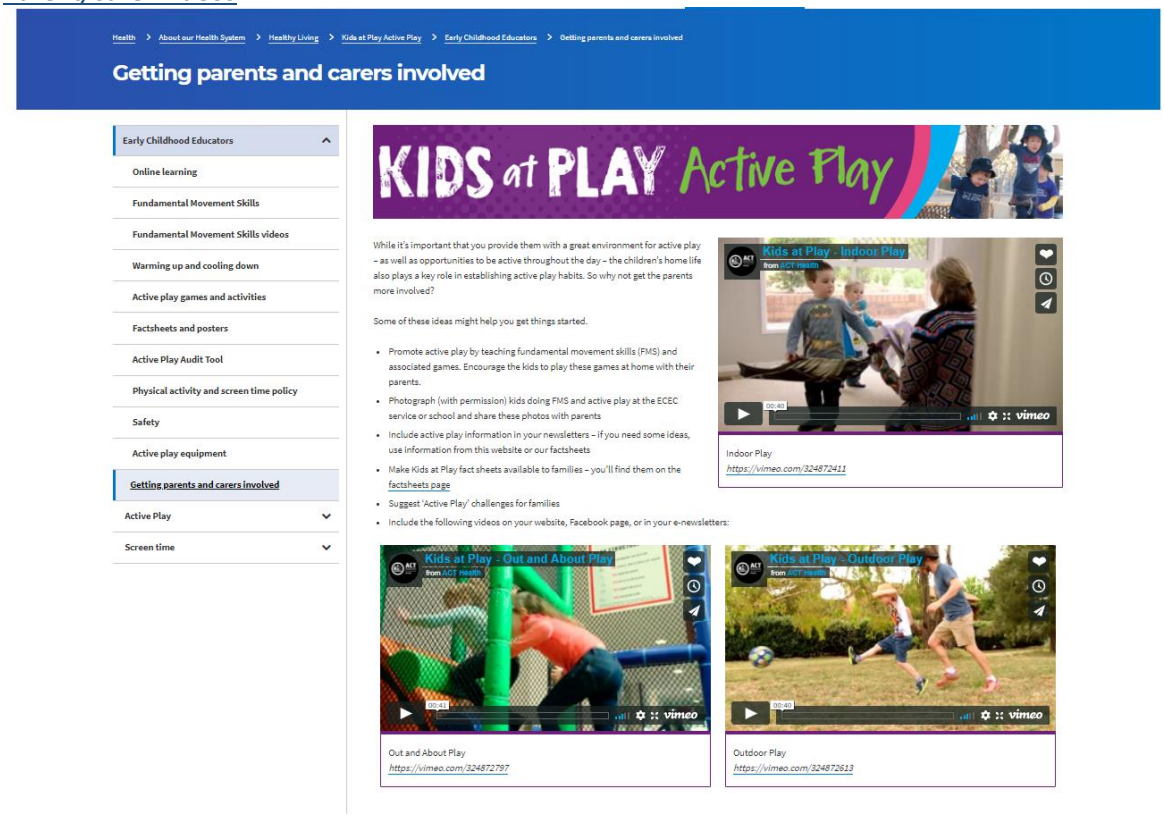
These video clips were filmed at Kaleen Preschool, and utilised KAPAP staff to demonstrate teaching fundamental skills and the preschool children practicing the FMS.

Fundamental movement skills session

In 2017, a six minute video clip was developed for Educators to demonstrate how to structure an active play session for teaching fundamental movement skills. Based on the active play session format promoted through the KAPAP training, the video explains and demonstrates the five components of an active play session.

This video was filmed at St Philip's Kindergarten, O'Connor, and depicts a KAPAP staff member running the active play session with three and four-year-old children participating in the session.

Parent/carer videos



In 2016, three 40 second videos were produced for parents. These videos featured different active play ideas for parents/carers with younger children and each had a different theme:

- Indoor play
- Outdoor play
- Out and about play.

While aimed at parents and carers, the videos were also promoted to early childhood settings, who were encouraged to include the video links in their e-newsletters, on their website or via their social media platforms.

These videos were filmed at local locations and used local talent to depict families from varying backgrounds.

g) Factsheets

A series of 10 factsheets, retained from the KAP program, were available to download from the KAPAP web pages or hard copies were free of charge.

These factsheets could be ordered or downloaded by both Educators and families. Schools and services were encouraged to order copies to make available to families or use information from the factsheets to include in their active play promotions.

h) Hart Sport vouchers

In 2016 $100 vouchers were purchased from Hart Sport, an online supplier of sports/active play equipment, including equipment suitable for early childhood settings (ie age appropriate equipment).

These vouchers were used to encourage services and schools to undertake an active play audit of their learning environments (using the active play audit tool) complete a physical activity and screen time policy for their setting. Once services and schools provided KAPAP staff with a copy of their completed audit and policy they were given a $100 Hart Sport voucher to purchase active play equipment.

In 2019 this was increased to two x $100 Hart Sport voucher to further incentivise completion of audits and policies.

During the life of the KAPAP program 39 services and schools completed both audits and policies.

i) Waterbottle/Information packs

Designed as a parental engagement strategy, these waterbottle packs were provided to each service/school participating in KAPAP each term to send home with children participating in the KAPAP program. The pack consisted of a 'Tap into Water' waterbottle, with printed information attached. The printed information was:

- A KAPAP information flyer about why active play was important for young children, what the KAPAP program was, the importance of encouraging their child to drink water (especially while being active) and where to access further information;
- an active play tip sheet for parents/carers; and
- a water information sheet

These packs were distributed to all children participating in the KAPAP program from cohort 1 (term 3 2014) to cohort 17 (term 3 2017). From term1 2018, the KAPAP budget did not allow for continuation of this strategy.

j) Mapping Documents -Linkages to key education and care frameworks

KAPAP was mapped against the Early Years Learning Framework (EYLF) and National Quality Standard (NQS), and later the Australian Curriculum (Kindergarten and Years 1/2) to assist participating services and schools to embed active play into everyday practice and policy.

The mapping documents were provided to service and school Leaders and Educators to assist them in their teaching and reporting requirements by identifying:

For ECEC Service providers:

- how participation in KAPAP can assist ECEC service providers to achieve EYLF outcomes and NQS quality areas, standards and elements.
    - For the EYLF, of greatest relevance is Learning Outcome 3: Children have a strong sense of wellbeing (which is inclusive of health and physical wellbeing).
    - For the NQS of greatest relevance is Quality Area 2 (Children's Health and Safety), Standard 2.1, Element 2.1.3 which states that "…physical activity are (sic) promoted and appropriate for each child."; and

For lower primary schools:

- Linkages with the Australian Curriculum Achievement Standards (K and Years 1/2) Health and Physical Education Learning Area
- Movement and Physical Activity Strand: moving our body, understanding movement and learning through movement.

k) Tools to assist in creating active play-friendly environments

KAPAP also sought to have an impact on the environment that children learn and play in, by encouraging participating services/schools to create active play-friendly environments. Active play friendly environments are those which are conducive to actively play, and KAPAP provided the following tools to assist services/school to consider how they could create or further enhance their environments to support active play. Both tools were provided in word format on the KAPAP web pages, to make access and use as simple as possible.

Active Play Audit Tool

This tool was designed for ECEC services to:

- assess how effectively their learning environments supports children's active play;
- identify gaps in their learning environments where active play could be better promoted; and
- develop an action plan to further promote active play. ECEC services could then transfer this action plan to their service's Quality Improvement Plan (QIP) (the QIP is linked to the National Quality Standard and is a mandatory requirement of National Regulations for all ECEC services).

In 2018, a second tool was created (by adapting the original version) to cater for lower primary settings (see hyperlink above).

Physical Activity and Screen Time Policy template

While all ACT Government schools' (Kindergarten to Year 10) environment and practices are guided by the ACT Government's *Physical Education and Sport Policy*, ECEC services and independent/Catholic schools are not.

To assist services and schools to develop their own physical activity/screen time policy, a Word template was provided. This template was designed to be tailored to the individual service/school, whereby non-relevant information could be removed, and additional physical activity/screen time policy activities could be added.

KIDS at PLAY Active Play

PROGRAM CASE STUDY

ANGLICARE
NSW SOUTH | NSW WEST | ACT

Anglicare at Southern Cross Early Childhood School

This early childhood school has creative ideas to teach Fundamental Movement Skills (FMS), in a play-based curriculum. They use recycled materials provided by families.

How we started:

- We used the *Kids at Play Active Play* manual for our planning with our children aged 2-5 years. This way we could blend intentional activities with the spontaneous adaptations the children came up with.
- In our play-based curriculum, we always try to think of different ideas to keep the children engaged and excited. *Kids at Play Active Play* helped us to expand our play options for practising FMS.
- We came up with ideas by starting with the skill the children need to focus on, then thinking about new ways of using the resources we have available.

> "I feel so thankful for the active play training. It gave me lots of insight into ideas, types of play for development and the skills children need to acquire at each age."
>
> Gakey, Educator

Where we are now:

- *Kids at Play Active Play* is embedded in our program. We display photos each day of the children's active play experiences for families in all the rooms.
- We get physically involved in the planning and experiences. If we're engaged as educators, we have more fun and so do the children. Experiencing what the children are feeling during the activities helps with planning, our physical wellbeing and role modelling for the children.

Top tip

Recycled resources are great for fun active play, while supporting the environment and reducing costs.

Benefits we've noticed:

Centre: Using recycled materials supports our sustainability policy. The action plan we developed from the *Kids at Play Active Play* audit tool helped us with our Quality Improvement Plan and added a lot to our curriculum.

Educators: The children are fully engaged by how much they enjoy the games. This both increases the physical health benefits while reducing disruptions. *Kids at Play Active Play* engages children who have difficulty with focusing their attention, as well as bringing enjoyment to the whole group.

Children: The children love the games so much, especially the variety. They take the ideas home and ask to play with their families.

Families: Families love the *Kids at Play Active Play* activities and hearing how their recycled resources are used. We work in partnership with them, discussing activities, curriculum and resourcing at parent/educator meetings.

Our activities include:

- Some of our activities are inspired by the materials we have. We ask families for any and all resources that they don't need at home so we can use them in our active play and FMS activities.
- We incorporate FMS into other curriculum areas, for example, using a clean old sheet from one of our families, we hung it on the wall as a canvas. We filled balloons with water to a size the children could hold like a ball, then filled containers with different paints. The children were very excited to dip the balloon in paint and then throw it at the sheet. This gave them the opportunity to practise throwing, sharing and waiting for turns. The children are proud of the artwork that is now in the classroom and we talk about it.
- On rainy days, there isn't enough room to practise jumping skills with hula hoops and 30 children. So, we use tape to make circles on the carpet to jump into.
- We still use the outdoor equipment on rainy days, but every child gets the choice to either play outside or stay in with other learning experiences.
- Big boxes are very versatile. It can be a tunnel for an obstacle course, by cutting out a large hole. Or it can improve gross motor skills through house-building or rocket-building.

KIDS at PLAY Active Play

ACT Government | ACT Health

KIDS at PLAY Active Play
PROGRAM CASE STUDY

KU Braddon Children's Centre

This childcare centre uses *Kids at Play Active Play* across all rooms—from Nursery, to Toddler, to Preschool. Every month, each room focusses on a different Fundamental Movement Skill (FMS).

How we started:

- We selected interested staff to do *Kids at Play Active Play* training.
- At a professional development day, staff shared their learning and demonstrated a *Kids at Play Active Play* lesson.
- We supported the development day with a month of lesson plans for all staff.
- We made a roster of one staff member in each room leading one focus FMS per month.
- The monthly focus FMS for each room is chosen based on weather, children's interests and skills needs.

> "Children need to learn to manipulate their body and develop spatial awareness. *Kids at Play Active Play* is phenomenal for that."
>
> Jo-Ann, 2IC

Where we are now:

- Three years in, *Kids at Play Active Play* is now embedded across the centre.
- Feedback from educators was that a 30-minute lesson was too long for younger children, so we now tailor the lessons to suit the ages of the children, e.g. shorter sessions for younger children.
- Although we originally planned for one staff member from each room to lead the FMS activities for the month, we found that the workload was too high for that staff member and didn't allow for staff absence. Now, staff members each lead for a week, with planning ready by Friday. We still have one focus FMS per month for each room.
- Lesson plans are laminated for reusability so that we always have them on hand and don't have to keep printing them out.
- We include *Kids at Play Active Play* questions in our annual staff survey, to keep supporting educators' needs.

Top tip

Don't reinvent the wheel – you can pick up the *Kids at Play Active Play* folder and follow it word for word.

Benefits we've noticed:

Centre: *Kids at Play Active Play* is a really easy way to introduce a physical education component.

Educators: The *Kids at Play Active Play* tools help you to get hands-on, especially if re/entering the vocation. The materials are simple, concise, cover lots of age groups and provide lesson plans. *Kids at Play Active Play* games are fun for you and the children (as long as everyone's wearing movable clothes to get active). The training empowered educators with confidence.

Children: *Kids at Play Active Play* supports children's learning about using their bodies. As they become more active, it can help with behavioural issues, as well as encouraging resilience, asking for help, social skills, developing friendships and learning about differences of ability.

Families: We use Storypark every day and use *Kids at Play Active Play* resources to share active play stories, like Ride2School Day and daily activities. Parents have visibility of active play across rooms and are encouraged to take on active living by walking and riding with their children to the centre.

Our activities include:

- Music makes movement fun and develops speech through lyrics. We have a portable speaker in every room.
- Open-gate time between our playgrounds allows younger children to play on larger equipment, and Preschoolers to revisit toddler equipment.
- Tummy time for the nursery is great outside. Sunshine and fresh air are big parts of active play.

KIDS at PLAY Active Play

ACT Government | ACT Health

KIDS at PLAY Active Play
PROGRAM CASE STUDY

Curtin South Preschool

This Preschool creates obstacle courses with their outdoor play space and equipment to encourage Fundamental Movement Skills (FMS) development, active play and problem-solving

How we started:

- We started the day with active play, which is a great way to engage the brain for learning. Doing a warmup, teaching the skill, doing a cool down, then stretches.
- We were adaptive to how much children wanted to do within the session, then built it up.
- We love using the videos to introduce a new FMS. We play them on the interactive whiteboard, then model the skill, breaking down the parts and showing the correct and incorrect techniques. Then we would take the children outside for an activity to practise the skill, followed by a cool down such as running, then walking, then stretching.

> "I feel comfortable teaching *Kids at Play Active Play* because the resources are so succinct. They provide a great overview of what to do and how to do it."
>
> Inge, Preschool teacher

Where we are now:

- In Term 1, staff did all the planning of the FMS activities. We started with the basics: balancing, hopping, jumping. Then every 2 weeks, we did a new FMS.
- At the end of Term 1, we invite parents and carers to a big fundraiser Obstacle Course-athon. It's a celebration to showcase what the children have learnt. Funds raised go towards buying new equipment.
- In Terms 2, 3 and 4, the program becomes more child-directed. Children build the obstacle course for the day, picking activities for different skills named by the educator.
- Obstacle courses work well for larger groups, for consistency across staff availability and monitoring the children. While the children wait their turn, they practise balancing and star jumps.
- We have integrated *Kids at Play Active Play* with the CymbaROO program, finding the right balance through trial and error.

Benefits we've noticed:

School: After 5 years, *Kids at Play Active Play* is now fully embedded as a valuable part of our Preschool.

Educators: You can follow the *Kids at Play Active Play* resources at your own pace. The obstacle course is a great way to assess how the children's technique is going because you can station yourself at the focus FMS point and mark off their accuracy.

Children: As well as a way to practise FMS, the obstacle course teaches waiting, turn-taking and creating personal space while children wait for their cue. As it becomes familiar, their engagement and stamina increase and they ask to play for longer. Once the obstacle course becomes child-directed, they are very inventive. When the children move to lower primary, the physical education teacher says they arrive with a high level of FMS.

Families: Each week we inform families, via email, of our weekly focus skills.. We use information from the *Kids at Play Active Play* resources to explain the skills in our weekly emails so that parents and carers have a better understanding of FMS. Families love seeing what their children have learned at the Obstacle Course-athon.

Our activities include:

- On rainy days, we adapt the activities so we can do them inside. The children make great obstacle courses from chairs and tables, we do relay races and we use bean bags for throwing and catching. This indoor time is a chance to revise and refine FMS techniques by rewatching the *Kids at Play Active Play* FMS videos.
- The obstacle course can include anything, including jumping in hoops, sidestepping with beams, then more obstacles as the term goes on.
- We buddy the children with Year 4's from the local primary school and show them the *Kids at Play Active Play* FMS videos, so they can practise together while playing group games.

Top tip

Follow the *Kids at Play Active Play* suggested FMS session format and start with the basics, e.g. balancing, jumping. Then build up step by step.

KIDS at PLAY Active Play

ACT Government | ACT Health

KIDS at PLAY Active Play
PROGRAM CASE STUDY

Farrer Primary: Preschool and Lower Primary

This school uses *Kids at Play Active Play* in Lower Pimary, from Preschool to Year 2. The program supports the physical education curriculum and consolidates age-appropriate Fundamental Movement Skills (FMS).

How we started:

- The *Kids at Play Active Play* Physiotherapist was really helpful in tuning into children's needs, noticing any physical development concerns and planning accordingly.
- For some children, Preschool is their first time in a structured environment away from families, so we started small; not a full lesson – do a stretch, then one game.
- We had 2 Preschool groups of 22 children in each group. We varied the lesson based on each group's ability to follow instructions and work together.
- We used the *Kids at Play Active Play* manual for new ideas or improving FMS elements of existing games.

> "The resources are brilliant, the lanyard is really useful, both in its digital and physical forms. I refer to it weekly when I plan my sessions."
>
> Mariana, Executive Teacher for Preschool to Year 2

Where we are now:

- Halfway through the year, Preschoolers were ready for a longer session. We start with stretching inside and warming up outside. We then teach the skill (a new one every 2 weeks), play a game, then cool down.
- Now children know the activities, they can direct some of their learning – choosing games, leading them, and even modifying them.
- *Kids at Play Active Play* is the basis of our Kindergarten sports program.
- The children love watching the *Kids at Play Active Play* videos to mimic the skills.
- In Kindergarten, the gap is getting bigger between children who have mastered the skills and those who are beginning. We are looking at ways to keep both challenged at the right level.

Top tip

Look at the 12 FMS and become familiar with them, to find opportunities to use them.

Benefits we've noticed:

School: *Kids at Play Active Play* aligns well with the Early Years Learning Framework (EYLF) – engaging children's strengths and interests, working with others, contributing to groups, and managing emotions. It can be incorporated into the gross motor skills program for Kindergarten to Year 2.

Educators: *Kids at Play Active Play* fills the gap in professional and tertiary learning for physical education, to learn about what types of, and how much, active play children need. The lesson plans are very helpful, and the children are more receptive to other curriculum components through active play.

Children: They learn how to physically play and stay safe, maintain their wellbeing and persist with difficult situations. Children use rich language in describing how to play games and spontaneously encourage others. It gets them ready for upper primary, where those skills are expected and physical education moves on to higher-level sports with more complex rules.

Our activities include:

- We practise numeracy with counting, e.g. "How far can you run? How many jumps can you do? How many cones can you touch? Jump towards the number '6' (written on the ground)."
- We look for FMS opportunities in transition points, e.g. "Hop or jump on your way to wash your hands before eating."
- The Kindergarten sports program usually sets up eight rotations in a station format, with each focussing on one FMS.

> "It's been really helpful; the resources are amazing. Especially in my first year teaching Kindergarten, they provided a picture of what needs to happen with the children."
>
> Jasmin, Kindergarten teacher

KIDS at PLAY Active Play

ACT Government | ACT Health

KIDS at PLAY Active Play

PROGRAM CASE STUDY

LYONS
Early Childhood School

Lyons Early Childhood School

This school uses *Kids at Play Active Play* activities to teach Fundamental Movement Skills (FMS) in a station format. The format supports large group management and activity variety.

How we started:

- The *Kids at Play Active Play* staff introduced us to the scoping and sequencing of skills.
- We decided on a station format for activities to introduce variety, allow educators to observe all 40 students, and reduce waiting and disengaged behaviour.
- In Preschool, we planned 3-4 stations, with 2-3 turns per station.
- In Kindergarten, we planned 6 stations, with about 6 children per station. We made sure they knew how to do the activity properly, so they could manage it more independently as we moved around the stations.
- We made time for active play every week, so it became integrated over time. For example, one week we would teach a skill and a game, then the next week we would set up some stations.

"The Preschoolers love the lanyard cards because they're so visual. I can hang it around my neck and it shows what the body position should look like."

Nicola, Preschool teacher

Where we are now:

- Now we use a sequence of introducing the lesson, warming up, then introducing the skill. Throughout the week, we refresh with a demonstration, then practise the skill in a game.
- After the introductory educator-directed day, the children can vote on what activities they would like to do. This increases throughout the year as they learn the activities.
- We use an online document to go through and tick how well they're performing each FMS.
- In Preschool, we found the right time to introduce the skill was immediately after a food break. They are engaged at that point, and then we practise the skill in more spontaneous moments.
- In Kindergarten, these skills are a curriculum priority, so we carved out a regular time to teach the skills.
- We now build on the *Kids at Play Active Play* framework with our own ideas.

Benefits we've noticed:

Educators: We share ideas and resources, splitting up the *Kids at Play Active Play* folders to the various age group educators. The stations create one-on-one opportunities, manage behaviour and build resilience, teamwork and engagement. They're also great for managing a large class, making it feel quite contained with the children and the resources. *Kids at Play Active Play* has made physical education lessons more enjoyable. We developed confidence in what our learning goals were, in how to set up the stations and in coming up with ideas.

Children: Stations are great to hold Preschoolers' focus – they spend 2-3 minutes at each station. For Kindergarten children, it helps them to learn that while they might not be good at one skill yet, they can move on and realise they've mastered another skill at another station. They take ownership, by packing the equipment away or resetting the station for the next group. By pulling 'experts' out to demonstrate the activity (that is, children who have mastered a skill and activity), it gives them a sense of responsibility.

"When we plan, we always use the *Kids at Play Active Play* online drive which has 1001 activities you can use."

Luisa, Kindergarten teacher

Top tip

Pick one FMS, then look at activities for that skill. You don't have to do everything at once.

Our activities include:

- An adaptable obstacle course outside.
- Using hoops, whiteboards and balls to practise throwing and literacy. The children throw the ball to, or at, a target letter.
- Introducing language from other learning areas such as measurement and shapes, e.g. "Pick up the spheres."
- Bowling to practise underarm throwing – using recycled drink bottles as skittles.

KIDS at PLAY Active Play

ACT Government | ACT Health

Appendix D - KAPAP Systems Mapping

The systems mapping workshop held in November 2019 identified the key factors that have contributed to the successful implementation of KAPAP (and will contribute to sustainability):

- Having KAPAP embedded in system initiatives – i.e. it is valued systemically (at the Education Directorate level)
- Linkages with physical play spaces & learning environments
- Embedding KAPAP into program expectations (of the ECEC Service or school)
- KAPAP's alignment to pedagogy and curriculum.

Other key factors of the program that have contributed to the success are:

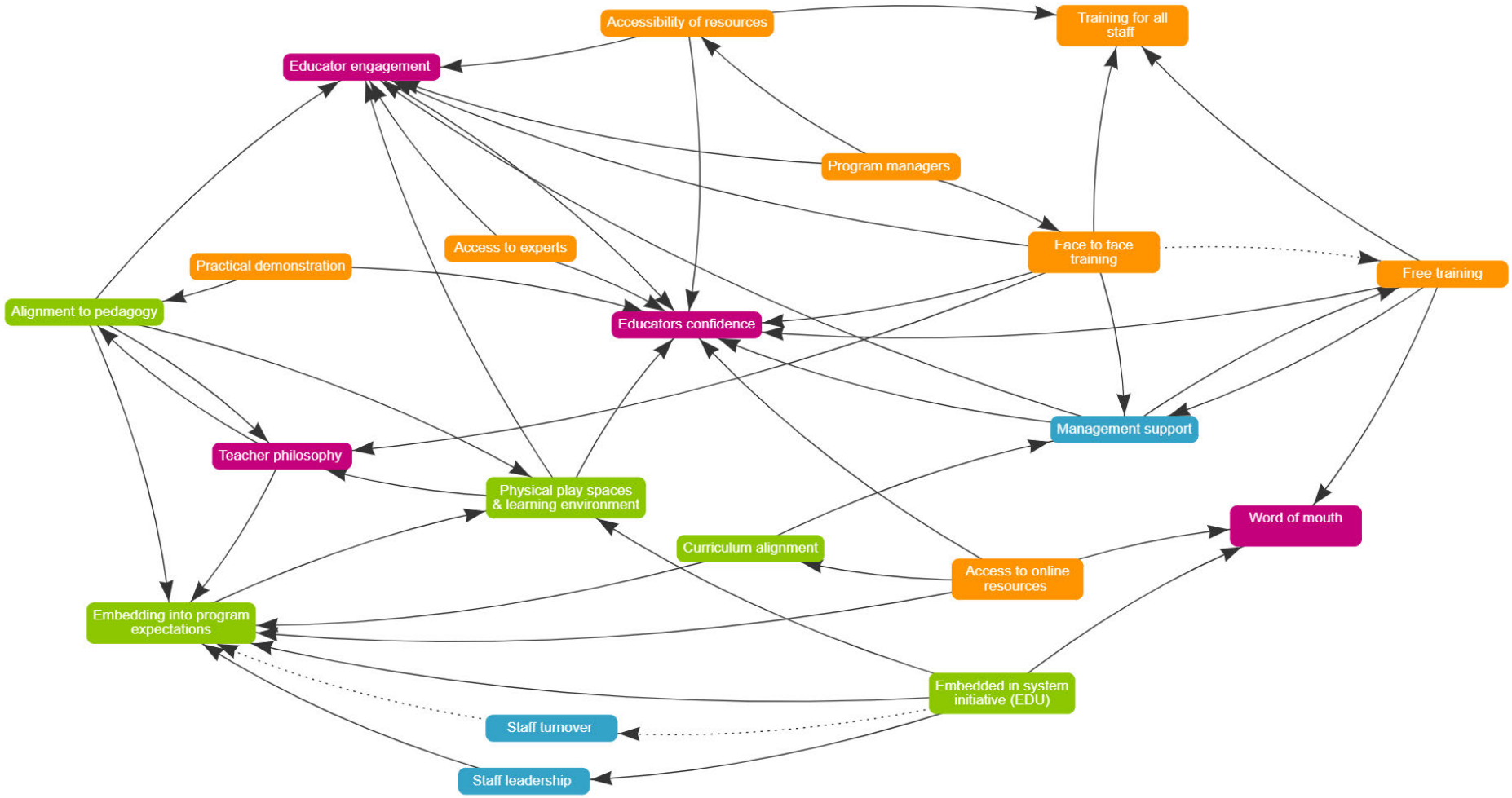
- Educator confidence and engagement
- Access to free face to face training
- Teacher philosophy (their beliefs and values are seen in what they are delivering) i.e. they believe in the value of the program and physical activity. They also engage with the children rather than providing a supervisory role.

Other positive aspects noted were:

- Staff leadership: Educators who are trained in KAPAP can then lead the KAPAP implementation process with other staff
- Word of mouth: positive reviews of the program
- Face to face training: the integrity of the training which is underpinned by evidence-based research.

Please see over page for the Systems Map developed.

Appendix D



KEY:

_____ positive association
…… negative association
Educators
Program elements
System
Staff/leadership

Insight
CONSULTING AUSTRALIA

Process and impact evaluation of Healthier Choices Canberra: Business

Contents

1. Executive Summary

This evaluation study seeks to explore the implementation, adoption and reach of the Healthier Choices Canberra program to date (process evaluation) and consider its effectiveness, sustainability and scalability (impact evaluation).

The study used a range of methods to explore how the program is being delivered, and considers the impact the program is making. Research methodology included desktop review, examination of website and social media metrics, and the facilitation of 46 qualitative telephone interviews with representatives from 57 businesses (out of a total of 104 enrolled businesses).

Background: Need for the intervention under consideration

A significant proportion of Canberran children, young people and adults are not consuming sufficient amounts of the foods needed for health and well-being (as outlined in the Australian Dietary Guidelines), and are consuming too much discretionary, energy dense food and sugar sweetened drinks. Poor diet can lead to a range of health problems such as being overweight or obese, and chronic health conditions including stroke, coronary heart disease, type 2 diabetes and some forms of cancer.

Canberrans are spending an increasing proportion (37 per cent) of their food budget on dining out and take away foods. Foods eaten away from home have been shown to be more energy dense and of larger portion size than meals prepared at home. The bulk of food spending in the ACT (63 per cent) occurs at supermarkets. Australian studies show that parents find it hard to know which foods are healthy, or how much added sugar is in food products purchased for their children.

Background: Overview of the intervention

The Healthier Choices Canberra Program aims to make it easier for consumers to find healthier food and drink choices while out and about, through the mechanisms of in-store signage and icons, social media posts, and the availability of a google map indicating participating businesses.

Implementation: Was HCC delivered to participating businesses as planned?

Since the initial project pilot in 2017, and subsequent project launch in September 2018, the program has formally engaged more than 100 ACT businesses, comprising 22 supermarkets, 71 restaurants/cafes/take away shops, 8 children's entertainment venues and 3 food suppliers. The number of businesses currently enrolled in the program has exceeded project targets, by three times.

The evaluation found there was a need for improved consistency in the menu assessment and negotiation process, and auditing of business implementation of the deed criteria. If the program moves toward a tiered approach for deed criteria (for example by placing different requirements on those that already have substantial healthier food and beverage offerings compared to those that need additional advice and support), it will need to ensure that any alternate requirements are based on choice architecture research evidence.

Reach: How many ACT residents did HCC reach?

Businesses enrolled in the program are performing more than 200,000 food and beverage transactions each week, or more than 10.4 million transactions each year. A transaction may be a purchase of a basket of groceries at a supermarket, a meal purchase, or a takeaway order for a

customer. When purchase of groceries from enrolled supermarkets is considered, this reach represents a substantial opportunity for influencing the dietary intake of Territorians.

The HCC website is receiving a large number of visits, and the HCC Facebook page is producing a large number of high-quality posts. There is potential for extending current reach, and for the introduction of content that promotes healthy social norms and/or nutrition education.

Adoption: To what extent did participating businesses adopt HCC?

Most restaurants, cafes, take away shops and children's entertainment venues interviewed made changes to their menus or already had adequate menu offerings prior to enrolment. In addition to menu changes, some businesses also altered prices and displays, and actively promoted healthier food options. Children's entertainment venues expressed some challenges in implementing the program, stating that parents were willing to indulge their children with energy dense food or sugar sweetened drink on special occasion visits to their centre.

The advent of drought, bushfires and COVID-19 temporarily disrupted normal business practice for many restaurants/cafes/take away venues in the ACT during 2020, resulting in a drop in customer numbers, staffing changes, a necessary focus on business survival, adaption to COVID restrictions, and a shift from dine in to take away meals. These changes caused a number of eating out businesses to temporarily reduce, or delay implementing commitments made for the program.

For supermarkets, the main changes resulting from the program were the introduction and display of blue tickets in supermarket aisles indicating which grocery or fresh food items were a healthier choice. Supermarkets expressed a willingness to display collateral such as outdoor signs, posters, laminate basket inserts, and HCC branded calico bags. Supermarkets requested fresh promotional material be provided on a regular basis. Some respondents suggested they could also provide customers with written nutritional information such as brochures in shopping bags or display areas.

Almost all interviewed supermarkets raised concerns about whether the current blue tickets are correctly aligned with their corresponding products on their supermarket shelf. Representatives requested assistance with auditing, stating that they did not have the knowledge or time to maintain ticketing.

Effectiveness: To what extent did HCC achieve its objectives?

Restaurants and cafes introducing new, altered or expanded healthier food and drink choices generally reported a positive customer response. Whilst less healthy options are still being purchased by some; new healthier options are being purchased by customers.

Most interviewed supermarkets stated that they did not know if the program had impacted customer choice, and this led businesses to question whether the program was being effective.

There was broad discussion with many business interviewees around the nature of supply and demand. Interviewees requested that the ACT government put renewed efforts into community education campaigns to encourage residents to eat well. The role of retailers in creating demand and shaping food choice is not well understood by many businesses.

The available research provides useful guidance on the effectiveness of strategies to improve healthy eating. Cognitive interventions which seek to increase customer knowledge by strategies such as evaluative labelling, or increasing the prominence of display of healthier options, show a small impact. Affective strategies aimed at changing how people feel, through strategies such as

positive healthy eating messages, show the next largest effect. Behavioural orientated interventions have the largest impact on eating behaviours. These interventions seek to influence the behavioural domain without necessarily changing a customer's knowledge or feelings. Strategies can include making a healthier option or sides a standard option; decreasing the size of less healthy meals or portions; and improving convenience such as grab and go healthier options. This research shows that retailers can shape food choices even if customers are not cognisant of an intervention. The evaluation identified a need for the HCC team to better communicate this evidence base to retailers to show likely program impact, and strengthen business commitment.

HCC currently uses a range of cognitive, affective and behavioural strategies which complement and strengthen each other. It is recommended that the suite of strategies not be narrowed to ensure that a cumulative impact is achieved.

Sustainability and scalability: How sustainable and scalable are the activities of the program?

Building customer patronage was a key motivating factor for businesses signing up to the program. Interviewees stated that an increase in social and other media promotion of their business is needed and would be highly regarded, in conjunction with the promotion of healthy eating more broadly.

Overall, the majority of participating businesses who took part in interviews expressed satisfaction with the program intent and delivery, were willing to continue, and believe there is greater potential for impact.

Evaluative conclusion

Overall, the level of business engagement with the program indicates that this is a relatively low-cost strategy with significant potential for impact, covering as it does about one in fourteen relevant businesses. While measuring actual behaviour change would require a much more intensive evaluation design, the strategies used align with current evidence and can reasonably be expected to deliver benefits for Canberrans if implemented well – through shaping vendor supply; informing consumer choices at point of purchase, and raising consumer awareness for making healthier choices.

The feedback and data available are consistent with a likely positive impact. The feedback from participating businesses identifies strategies to strengthen implementation.

The evaluation found that recruitment targets set for the program had been exceeded, and that participating businesses had an extensive reach into the community. The willingness of businesses for ongoing engagement indicates value in continuing to work with a broad range of businesses, not only those with an existing commitment to healthy diets. The program is able to be further scaled up over time, however it does require a range of program activities to be resourced including the standardisation of initial engagement and negotiation, and ongoing participant maintenance and promotion. The HCC team report already being stretched by activities such as the maintenance of blue ticketing in supermarkets.

The reach of the HCC Facebook page should be extended. Businesses made a range of changes in response to the program, with understandable interruptions taking place due to the impact of COVID-19. While businesses found it difficult to measure impact, the research evidence suggests that current strategies, when implemented in the intended method, will improve the diets of local residents, so business commitment could be strengthened by communicating this research. A

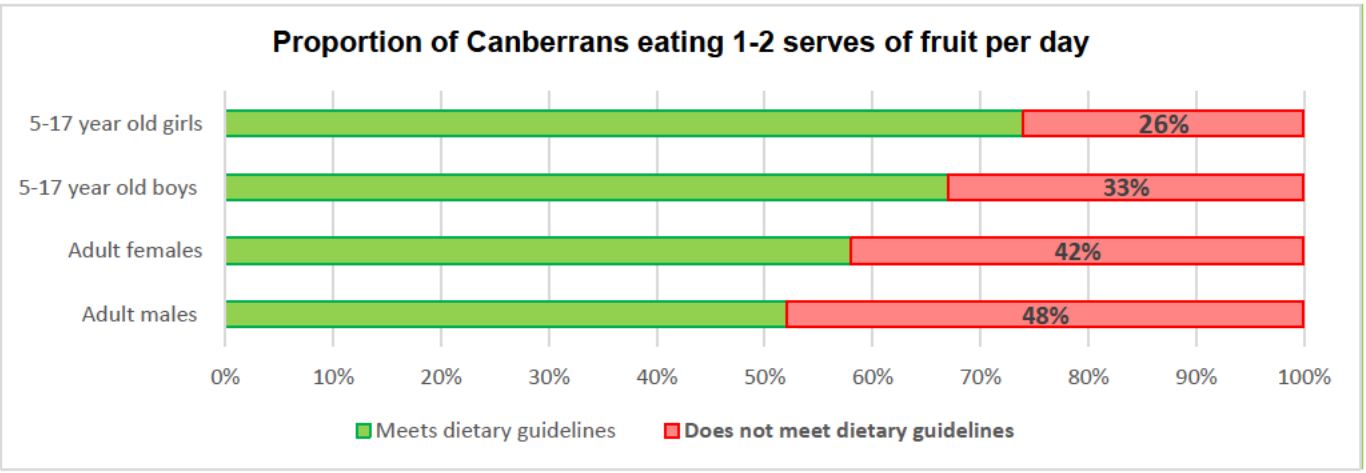
number of enabling supports were requested by participating businesses including assistance with ticketing and expansion of media reach. The majority of interviewed businesses expressed support for the program, and a desire to continue participation. Overall, the study found value in the intervention and believes that further refinements can increase its ability to impact on the diets of Territorians.

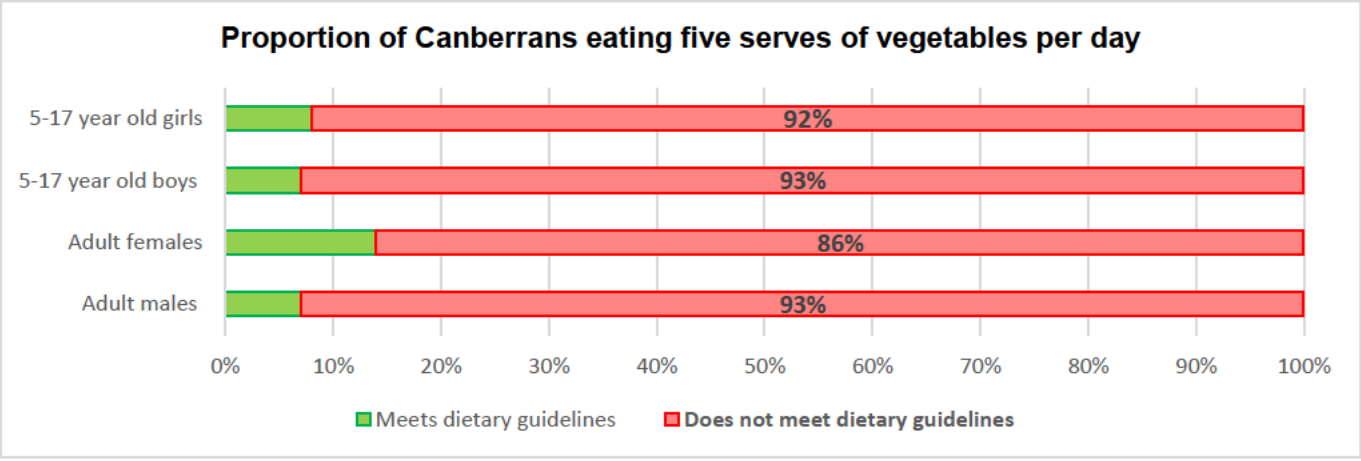
2. Introduction

This evaluation study seeks to explore the implementation, adoption and reach of the Healthier Choices Canberra program to date (process evaluation) and consider its effectiveness, sustainability and scalability (impact evaluation).

2.1 Need for the intervention

A significant proportion of Canberran children, young people and adults are not consuming sufficient amounts of the foods needed for health and well-being (as outlined in the Australian Dietary Guidelines), and are consuming too much discretionary, energy dense food and sugar sweetened drinks.





In 2015-2016, a large number of children and adults living in Canberra did not consume the recommended serving of fruit each day, with an even greater number failing to consume the recommended serving of vegetables. [1] [2] Almost 1 in 4 children in the ACT consumed at least two

[1] 2013 Australian Dietary Guidelines, National Health and Medical Research Council
[2] ACT General Health Survey data collection, 2015-2016, ACT Health

sweetened drinks per week,[3] and 1 in 5 children in Year 6 were overweight or obese.[4] More than 3 in 5 adults in the ACT were overweight or obese.[5]

Poor diet can lead to a range of health problems such as being overweight or obese, and chronic health conditions including stroke, coronary heart disease, type 2 diabetes and some forms of cancer.

As at 30 June 2019, there were 1,412 food businesses operating in the ACT, as shown below:

Business type	Number operating as at 30 June 2019
Supermarkets and Grocery stores ANZSIC Code 4110	147
Cafes and Restaurants ANZSIC Code 4511	832
Takeaways ANZSIC Code 4512	393
General Line Grocery Wholesaling ANZSIC Code 3601	4
Other Grocery Wholesaling ANZSIC Code 3609	36
Total	**1,412**

Source: Cat. 8165.0 Counts of Australian Businesses, including Entries and Exits, June 2015 to June 2019

In the ACT, the purchase of food is the second highest item of household expenditure after housing costs, and Canberrans are spending an increasing proportion (37 per cent) of their food budget on dining out and take away foods.[6] Around half of all households have at least one person ordering takeaway food each day.[7]

Foods eaten away from home have been shown to be more energy dense and of larger portion size than meals prepared at home. Restaurant customers can experience difficulty estimating energy content of foods, and when presented with larger portions they tend to consume more food and more calories.[8] [9]

The increasing rate of expenditure on eating out and take away food presents retailers with a growing opportunity to shape consumer food choices.

The bulk of food budgets (63 per cent) are spent in supermarkets.[10] Australian studies show that parents find it hard to know which foods are healthy, or how much added sugar is in food products purchased for their children.[11]

[3] ACT General Health Survey data collection, 2015-2016, ACT Health
[4] ACT Year 6 Physical Activity and Nutrition Survey, 2015, ACT Health
[5] Australian Bureau of Statistics 2016. National Health Survey 2014-15: First Results. Category Number 4264.0.55.001. ABS, Canberra
[6] 6530.0 - Household Expenditure Survey, Australia: Summary of Results, 2015-16. Released 2017
[7] Eating Out in Australia 2019, Hospitality Magazine
[8] Story M, Kaphingst KM, Robinson-O'Brien R, Glanz K. Creating healthy food and eating environments: policy and environmental approaches. Annu Rev Public Health. 2008;29:253-72. doi: 10.1146/annurev.publhealth.29.020907.090926. PMID: 18031223.
[9] VanEpps, E. M., Roberto, C. A., Park, S., Economos, C. D., & Bleich, S. N. (2016). Restaurant Menu Labeling Policy: Review of Evidence and Controversies. *Current obesity reports*, *5*(1), 72–80. https://doi.org/10.1007/s13679-016-0193-z
[10] Spencer S., Kneebone M. (2012) *FOODmap: An analysis of the Australian Food Supply Chain*. Canberra, Department of Agriculture, Fisheries and Forestry.
[11] Royal Children's Hospital Melbourne Child Health Poll, December 2017

2.2 Overview of the intervention

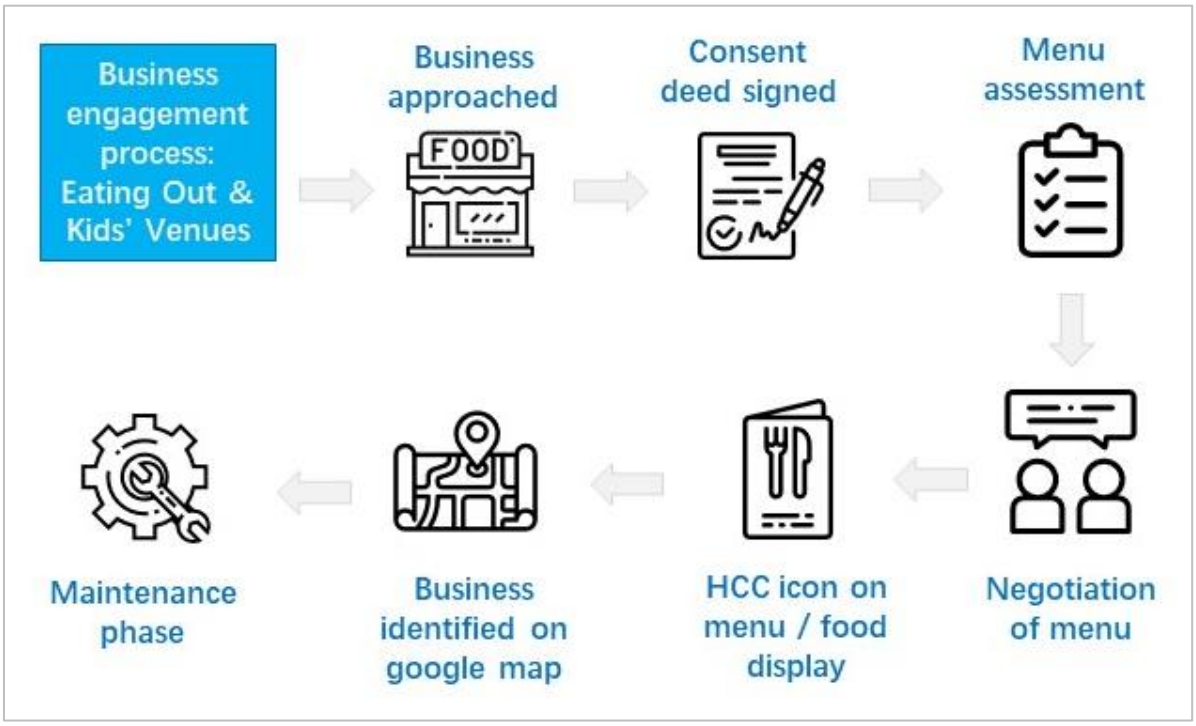
The Healthier Choices Canberra strategy has been shaped by significant community input and consideration, including input from 500 community members in a 2015 consultation process, a successful pilot of the program with five businesses in 2017, and a 2018 omnibus survey which found that:

- More than 6 out of 10 respondents wanted more healthier food and drink choices when out and about
- Less than 4 in 10 were satisfied with the availability of healthier choices at sporting venues, junior sport or children's entertainment venues
- 58% supported the idea of the ACT Government working with eating out venues.[12]

Healthier Choices Canberra (HCC) was launched in September 2018 comprising a business initiative and a junior sport initiative. The Healthier Choices Canberra business program aims to make it easier for consumers to find healthier food and drink choices while out and about, through the mechanisms of in-store signage and icons, social media posts, and the availability of a google map indicating participating businesses.

HCC partners with restaurants/cafes/take away shops, food suppliers and children's entertainment venues to help businesses make any necessary menu changes (via a free menu assessment by ACT Nutrition Support Service), and articulate healthier options to customers via logos and icons on menus, menu boards and display areas. HCC also provides free advice on a range of supporting strategies such as pricing, prominence and promotion to reinforce healthy eating messages.

The process of business engagement for Eating out and Kids' Venues is shown as follows:

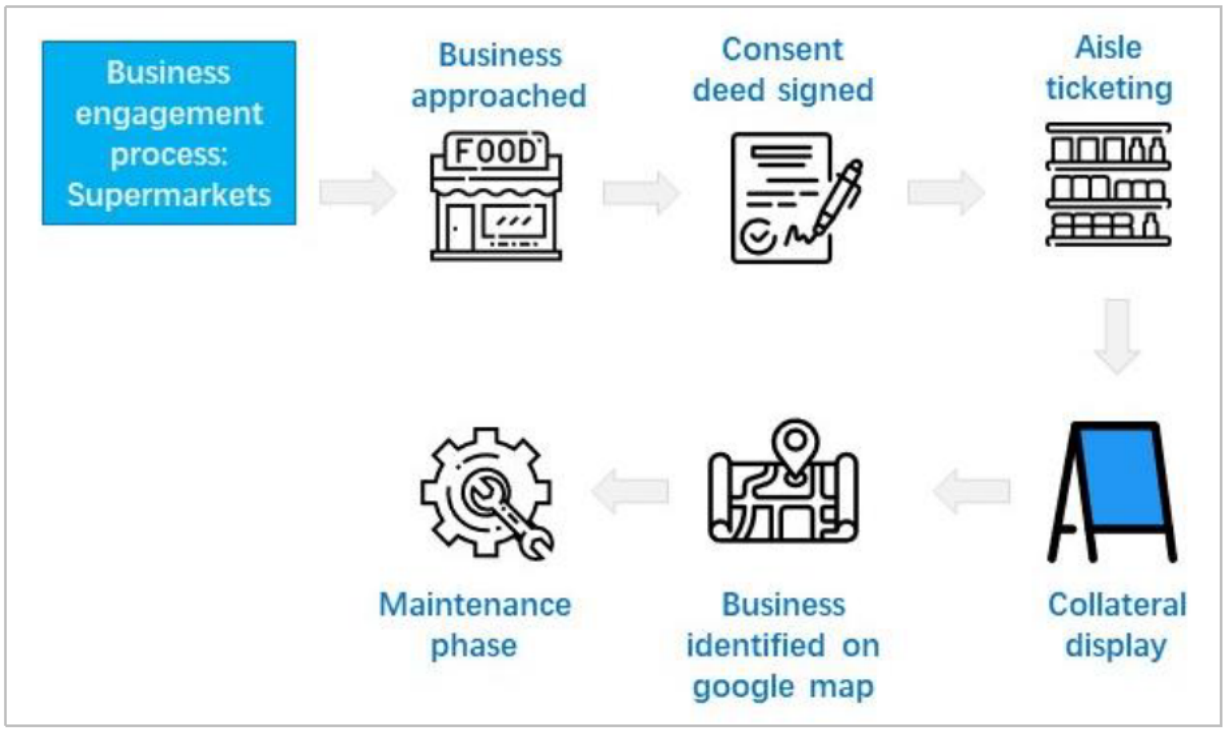


HCC also partners with independent supermarkets, installing product ticketing in grocery and fresh food aisles to indicate to customers which items are a healthier choice. In the past, the HCC team carried out regular audits to ensure tickets were in the correct position corresponding to the correct

[12] Canberra Omnibus Survey, Preventative and Population Health, ACT Health

item. Supermarkets have been provided with a range of collateral materials including posters, plastic laminate inserts for shopping baskets, corflutes, and HCC branded calico shopping bags for customers.

The process of engaging supermarkets is shown below:

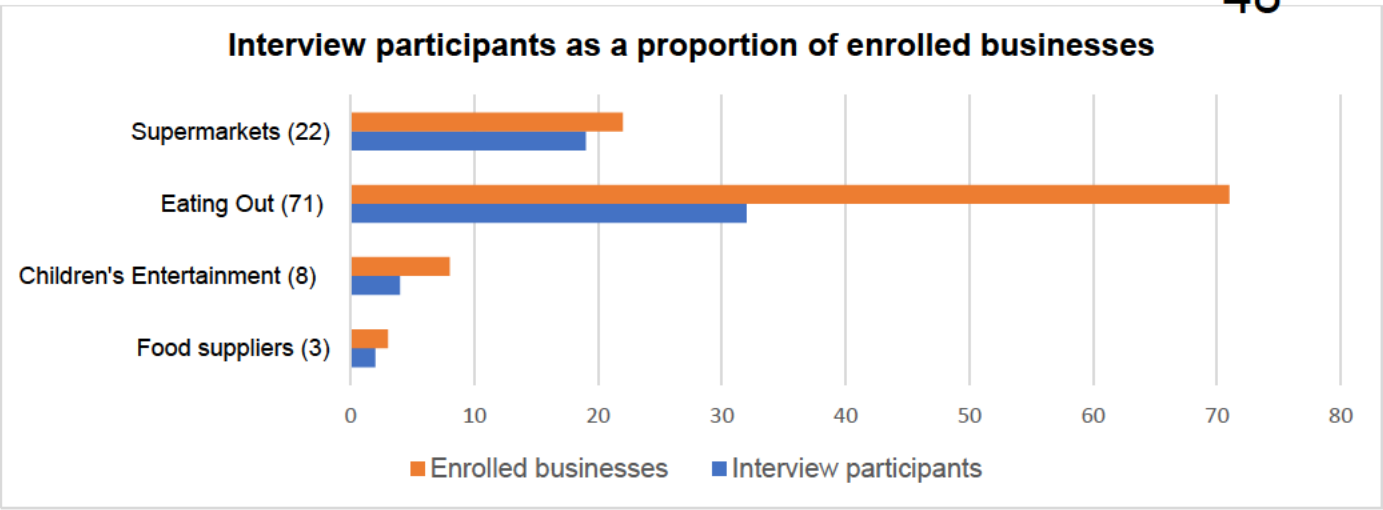


3. Methodology

The evaluation study used a range of methods to explore how the HCC program is being delivered, and considered the impact the program is making. Key evaluation questions were:

Key evaluation questions	
1. Implementation	Was Healthier Choices Canberra delivered to participating businesses as planned?
2. Reach	How many ACT residents did Healthier Choices Canberra reach?
3. Adoption	To what extent did participating businesses adopt Healthier Choices Canberra?
4. Effectiveness	To what extent did Healthier Choices Canberra achieve its objectives?
5. Sustainability and scalability	How sustainable and scalable are the activities of the program?

Research methodology included desktop review, examination of website and social media metrics, and the facilitation of 46 qualitative telephone interviews with representatives from 57 businesses.



Documents considered in the desktop review included the Business Deed; Criteria for Eating Out Venues and Quick Service Restaurants, Entertainment Venues, and Supermarkets; and training evaluation forms.

A flexible, qualitative telephone interview guide was developed, with input from staff from the ACT Health Directorate, to ensure consistency of data collection across all respondents. A semi-structured approach was adopted to explore topics in a conversational way, allowing participants to share their experiences and views in their own words. The interview questions (see appendix 6.1) explored motivations for joining the program, resultant changes, customer response, support received from HCC and partners, barriers and enablers to program participation, and individual business reach.

Interview participants were drawn from 19 supermarkets, 32 restaurants/cafes/take away shops, 4 children's entertainment venues and 2 suppliers. The average interview duration was 9 minutes, with almost seven hours and 16,000 words of feedback collected.

A limitation of the study was that objective pre and post intervention data, such as sale figures, dockets and receipts, were not available for analysis. For this reason, it is not possible to quantify the degree to which the program is impacting on customer food and drink purchases. Several interviewees stated that it would be extremely difficult to measure change in this way due to limitations in their record keeping, or because, in the case of supermarkets, there were thousands of products in store that would need to be compared and tracked.

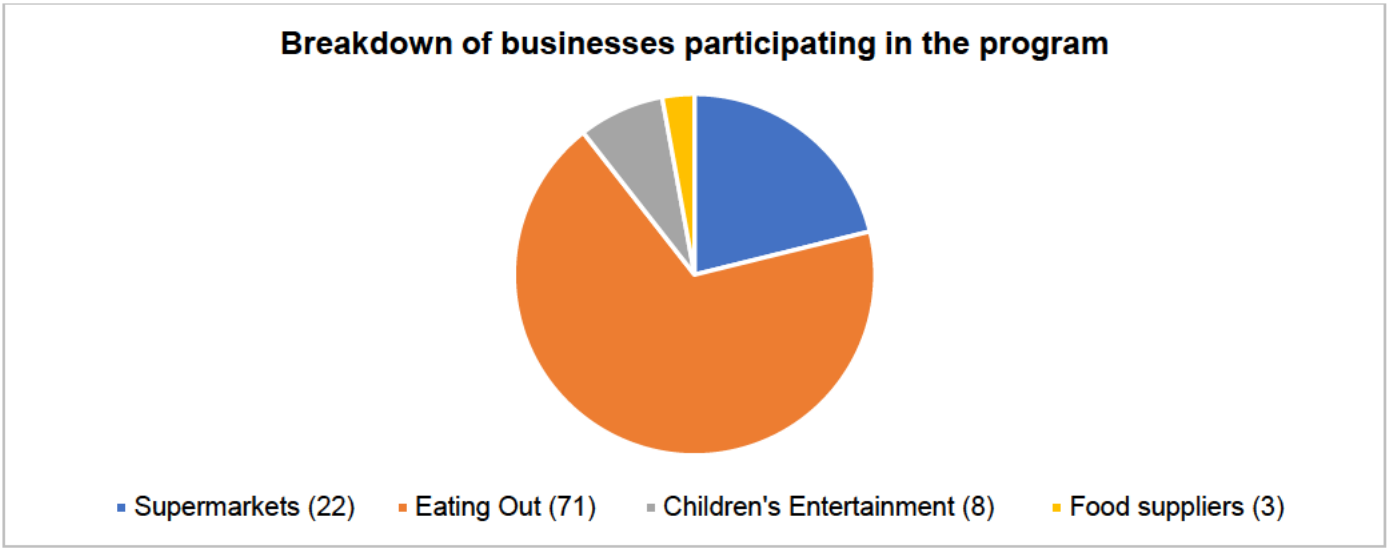
A potential approach for measuring program impact through objective data may be to establish a randomised control trial at a single restaurant site, where for example, food purchases can be compared between a control group which receive a standard menu and an intervention group which receive a menu highlighting healthier choices. This type of study has been conducted for other research sites, demonstrating that menu labelling, and initiatives such as changing the order of listings on a menu, have a positive impact on consumer purchasing decisions.

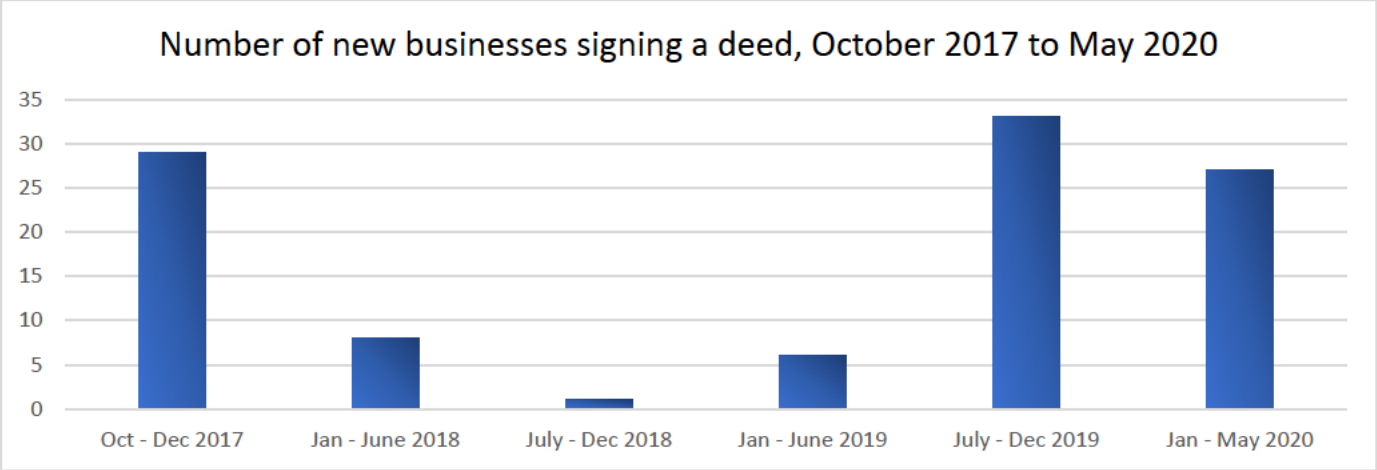
Opinion based research methods such as customer exit surveys or customer focus groups are not recommended for evaluation of this type of intervention due to the possibility of introducing bias via expectancy effect, hawthorne effect or social desirability bias. It is also well recognised that up to 95 per cent of purchasing decisions occur sub-consciously, and that customers are most often unable to explain with accuracy why they selected one product above other options.

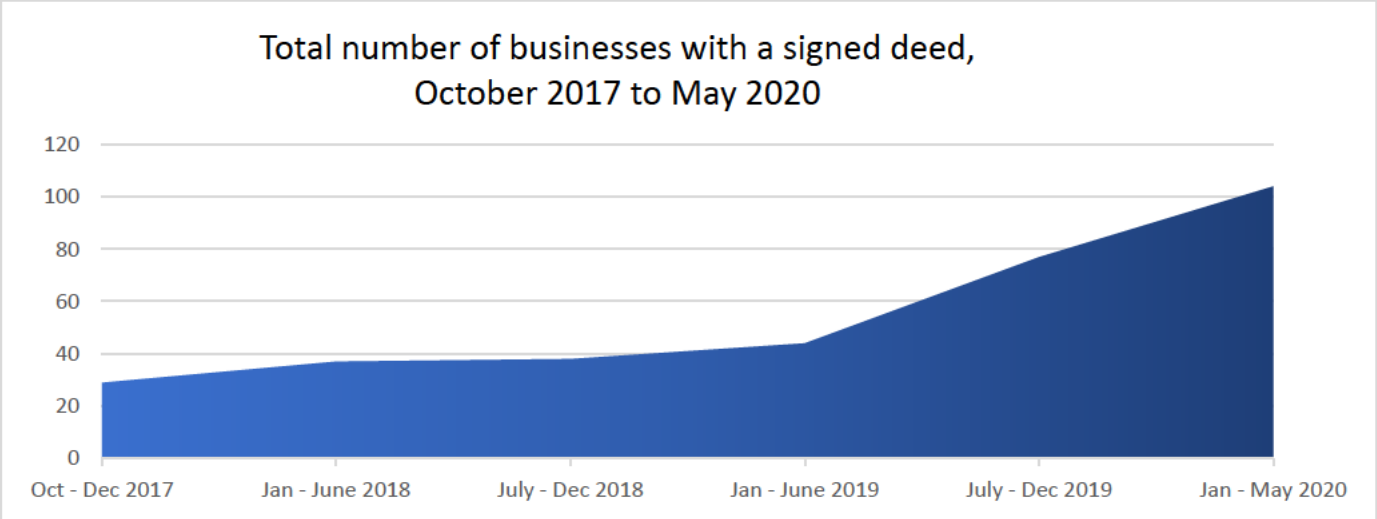
4. Results

4.1 Implementation

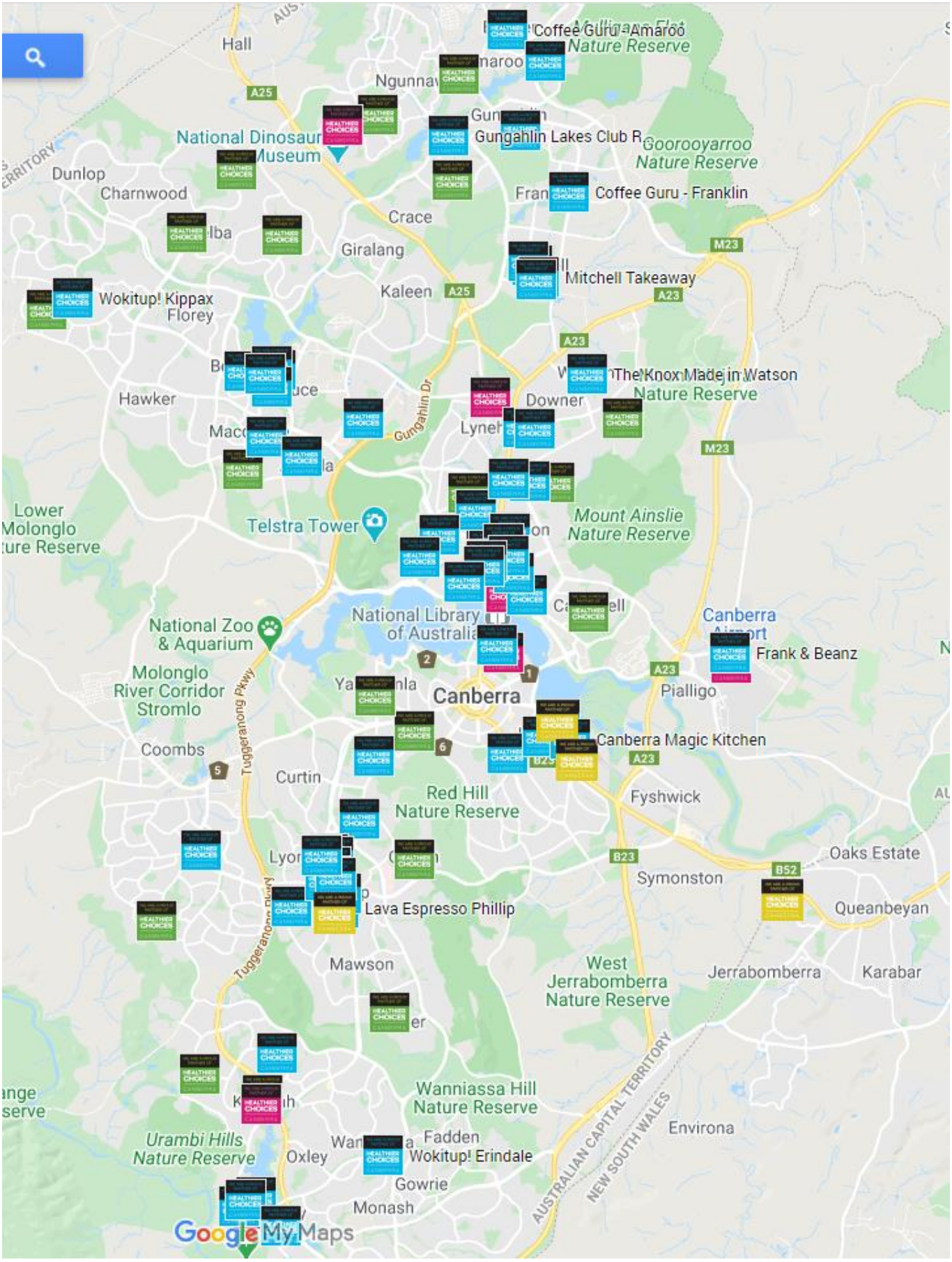
Since the initial project pilot in 2017, and subsequent project launch in September 2018, the program has formally engaged 104 businesses across Canberra, comprising 22 supermarkets, 71 restaurants/cafes/take away shops, 8 children's entertainment venues and 3 suppliers. A google map has been developed to help ACT residents locate businesses participating in the program. The number of businesses enrolled in the program has grown over time and now exceeds project targets, by three times.







The following google map shows the geographic spread of program partners, by business type.



Restaurants/cafes/take away shops which signed a deed to enrol in the program displayed varying levels of commitment, knowledge and practice related to nutrition. For some, their core business values relate to promoting healthier lifestyles, and their menu reflected this prior to program involvement, they did not need to make many changes. For these businesses, signing up to the program provided an opportunity to be recognised and promoted. In contrast, other businesses had limited nutritional knowledge and subsequently made changes to their menus and/or displays to become eligible for inclusion in the program. These businesses had broad agreement with the program intent, and were willing to make some changes to benefit the community and increase their customer patronage.

Interview participants expressed a range of motivations for joining, including program alignment with their business values, a desire to attract more customers, and a willingness to bring positive change in the community.

- *"Everything you guys are about is everything we are trying to promote"*
- *"See if we can attract more people"*
- *"A lot of people are thinking about eating healthier and we want to be part of that"*

It is important to consider the motivations that businesses have for joining the program, because if these initial expectations are not met, ongoing commitment to the program will be undermined. The deliverables required to sustain existing partnerships not only include promoting participating businesses to a wider customer base, but also clearly communicating to business how their efforts are likely to benefit the community.

Implementation issues

Overall, the majority of interviewees expressed satisfaction with the program sign up process, program intent and delivery.

A business training session was held on 11 September 2019 at the Canberra Business Chambers for 10 participants. The general feedback was that the session was informative, well presented, comfortable and that attendees learnt a lot.

- *"I attended the training session to learn more about marketing HCC and now I have some tips and ideas on how to do this"*

The evaluation found there was a need for improved consistency in the menu assessment and negotiation process, and auditing of business implementation of the deed criteria.

There were a small number of businesses who failed to receive a menu assessment or did not receive feedback following a menu assessment, yet these businesses were formally recognised as being a program partner.

- *"I have the sticker but have never been contacted directly. I would love to work together because I think it is because we are in this journey together to try and eat healthy. Haven't had menu assessment"*

There also appears to be varying degrees of 'enforcement' or negotiation of the deed criteria, with some businesses indicating that menu negotiation was extensive, while others felt that negotiation was very simple.

- *"The formality and procedure take a long time. Menu was complicated to go back and back forth many times was quite a hassle, I have a lot of back and forth with head office anyway. They came back saying it doesn't look good and redo the menu then go back to head office. It's quite time consuming. This time I cut logos off because it was too costly. To get the logo on the menus extra cost, an extra $40 or $50. I thought it was obvious and people would know which one was healthy. Make things a bit easier. What matters is time and the cost. For businesses, (the menu assessment) is too much back and forth"*
- *"I literally just sent a one-page document for them to have a look at. It was really, really easy to get involved. I was happy with how easy it was"*

To reduce the amount of time required for the assessment of regularly or seasonally updated menus, a menu guideline could be issued for previously assessed businesses which stipulates the broad type of meals and ingredients which would be considered a healthier choice. This type of guidance could also be promoted more broadly to other businesses that are not participating in the program.

Some businesses made efforts to meet the deed criteria during the pandemic, while others stated that they either did not make or sustain a lot of changes during this time.

- *"During COVID, every item that was a HC we kept on, other items we rotated them in. We kept the HC so we didn't have to get in contact and reassess anything"*
- *"Currently we don't have HCC logos on our menus anymore. We had to reduce our menu offerings substantially by about a third which we are slowly starting to build back up. But like everyone in our industry we have been absolutely hammered so had to consolidate it. We had to star the best performing dishes. Most of our HCC items are not on display"*

A review of the available research evidence shows that menu labelling is an effective strategy for encouraging the selection of low energy food options in setting such as cafes, restaurants and some fast-food restaurants.[13] Observational studies show that customers who report noticing and using nutritional information or icons on menus/menu boards consume fewer calories than other customers.[14] A Cochrane review of 28 research studies found that menu labels reduce calorie consumption by an average of 12 per cent per meal.[15] Given that a typical ACT household spends more than a third of their food budget at eating out venues each week, a reduction in calorie consumption of this magnitude may, over time, provide a valuable inroad to reducing health problems and chronic health conditions in the wider population.

During the interview process, it became apparent that a number of enrolled businesses were not indicating healthier choices on their menus/menu boards/display areas, stating that they believed a sticker on their door or window was sufficient. The explanations provided by interviewees for not participating in menu labelling were that it was too difficult or expensive to include an icon on menus; that the icon did not match their branding; a belief that it should be obvious to customers which items were a healthier choice; or that businesses were too busy to update their menu. While placing a sticker on the exterior of a participating business may increase the odds of a customer

[13] VanEpps, E. M., Roberto, C. A., Park, S., Economos, C. D., & Bleich, S. N. (2016). Restaurant Menu Labeling Policy: Review of Evidence and Controversies. *Current obesity reports*, *5*(1), 72–80. https://doi.org/10.1007/s13679-016-0193-z

[14] Mozaffarian, D., et al. American Heart Association Council on Epidemiology and Prevention, Council on Nutrition, Physical Activity and Metabolism, Council on Clinical Cardiology, Council on Cardiovascular Disease in the Young, Council on the Kidney in Cardiovasc (2012). Population approaches to improve diet, physical activity, and smoking habits: a scientific statement from the American Heart Association. *Circulation*, *126*(12), 1514–1563. https://doi.org/10.1161/CIR.0b013e318260a20b

[15] Crockett R, King SE, Marteau TM, Prevost AT, Bignardi G, Roberts NW, Stubbs B, Hollands GJ, Jebb SA. 2018. Nutritional labelling for healthier food or non-alcoholic drink purchasing and consumption. Cochrane Reviews. https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD009315.pub2/full

randomly selecting a healthier food or beverage item, there is no evidence to suggest that this intervention alone will guide customers to make healthier selections.

During discussions with ACT Health staff, it was suggested that the current deed agreement and deed criteria could be varied for different types of businesses, for example differentiating between businesses that already had substantial healthier food choices prior to joining and those who require menu alterations and negotiation. It is recommended that any alternate requirements contained in the deed criteria are based on choice architecture research evidence. For example, while a business may be unwilling to participate in menu labelling, they may be willing to alter the order of their menus to locate healthier options at the start, a practice that has been shown to boost selection of these items.

4.2 Reach

Businesses enrolled in the program are performing more than 200,000 food and beverage transactions each week, or more than 10.4 million transactions each year. A transaction may be a purchase of a basket of groceries at a supermarket, a meal purchase, or a takeaway order for a customer. This reach represents a substantial opportunity for influencing the dietary intake of Territorians.

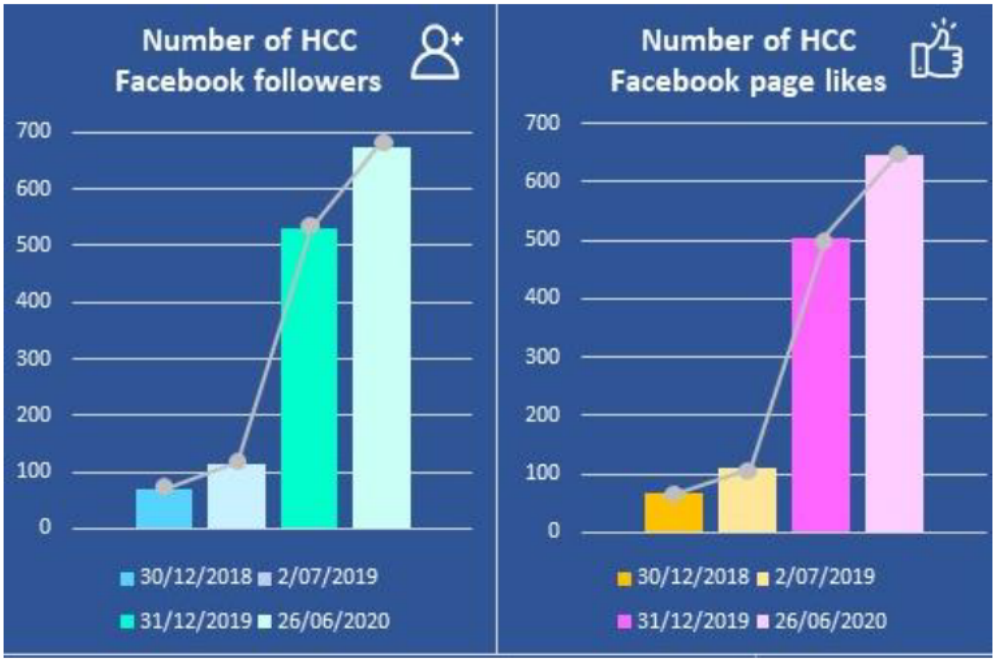
To change the food environment in the ACT, it is important that the program work with a range of food businesses, including those that already have substantial healthier food and beverage offerings and those that need additional advice and support to improve their menus.

Information about the program has been promoted through a range of print and online forums including local papers, HerCanberra, RiotAct, and the Canberra Weekly.

Business representatives were appreciative of positive coverage they had received through social media posts but believed this reach could be further extended to ensure their business was promoted to a wider customer base.

“Anything that gets any type of media coverage, whether its social media or newspapers, TV - anything like that.

The HCC Facebook page is producing a large number of high-quality posts, on average more than one post is being produced per day. Posts are short, sharp, visually appealing and generally tend to focus on promoting local businesses that are part of the program.



VIDEO VIEWS							
Post	**Reactions**	**Shares**	**Date**	**Organic impressions**	**Total reach**	**Organic views**	**Unique views**
Guinea Pig Vege Table	5	0	12/08/19	387	233	62	51
Women's Health Week: It's Your Move	8	2	02/09/19	216	132	45	39
Fiesta recipe	4	1	31/07/19	264	158	37	26
Gather Park and Gather Braddon	10	1	08/08/19	301	174	41	32
When your local grocer makes it easier for you to find Healthier Choices!	8	1	21/08/19	547	340	173	133
Canberra Southern Cross Club	10	0	11/09/19	311	193	116	80
Thanks to our local heroes for making healthier choices easier!!	23	10	10/09/19	2,754	1,765	882	713

A comparison of other relevant Australian Facebook sites (see Appendix 6.2) shows wide community interest in online content on topics such as nutrition, eating out, news and events related to the Canberra community.

Currently, most of the HCC Facebook posts focus on promoting a single business. While this is valued by those profiled, it is unlikely that such content would be shared by other competing businesses. To extend the current reach of the Facebook page and build community awareness of the program, it is recommended that additional, shareable content be posted related to nutritional education and information, and the promotion of relevant social norms.

The HCC website is receiving a large number of visits, with information about the program being the most viewed page.

Website data: 01/01/2018 – 31/7/20	
Page views	27,543
Unique views	14,323
Sessions	5,261
Session duration	3:33
New visitors	14,123
Returning visitors	13,419
Most viewed page	Healthier Choices Canberra: 3,322 page views and 1,089 sessions

4.3 Adoption

Restaurants/Cafes/Take away shops

Most restaurants, cafes, take away shops and children's entertainment venues interviewed made changes to their menus or already had adequate menu offerings prior to enrolment. In addition to menu changes, some businesses also altered prices and displays and actively promoted healthier food options.

- *"A lot of menu options have been changed. We now have options that customers can change. Some kids' menu been changed to Healthier Choices. We used to have deep fried chicken but now we do grilled chicken for tandoori chicken"*

For businesses with managers or chefs with limited nutritional knowledge, there appears to be a role for HCC to provide nutrition education and ideas.

- *"Skill level is something that is a little bit tricky. Chefs don't have skills to produce good, healthy tasty food that is innovative"*

The advent of drought, bushfire and COVID-19 has presented a range of significant challenges for businesses in the ACT, including instability and uncertainty in business planning; forced temporary business closure; restrictions on dining in; new requirements related to enforcing social distancing of patrons; improved hygiene or food preparation requirements; staffing changes; an increase in the price of fresh fruit and vegetables; and changes in the availability of supplies and deliveries including state boarder shutdowns affecting agricultural supply chains.

Restaurants/cafes/take away shops have also seen a drop in customers and therefore a drop in business income. As a result, a number of businesses have temporarily reduced or delayed implementing commitments made to the program, to focus on other priorities which was often simply stated as "survival".

- *"It's really tough and become even tougher. Food prices have skyrocketed. Profitability is at an all-time low with the cost of goods being highest it's ever been. We've had drought, bushfire and now COVID. I don't know if you could see a worse scenario in history for the food and beverage industry for the supply chain. It's really, really bad. It affects all ingredients"*

Children's entertainment venues

Children's entertainment venues implemented menu changes in accordance with the HCC deed criteria.

- *"We made some slight chances. We made changes to our menu to make it obvious what the healthier choices were. We definitely added a lot more healthier choices into our display fridge, and also added that information about what technically was a healthier choice. We already had a healthy party package - we didn't need to change it. It was just that extra feedback from someone outside of our centre, that conversation was good. We use our icon on our menu next to healthier choices items. We have shelf toppers in our display fridge and drinks fridge emphasising what are the healthier choices. We have quite a big range of products"*

A number of children's entertainment venues expressed difficulties promoting healthy options as they felt parents viewed visits to their centre as a special treat and were willing to indulge their children with energy dense food or sugar sweetened drink for a special occasion visit.

- *"We had a fairly long discussion with the nutritionist about the fact that we are a kids' play centre and they (parents and children) don't want to have a juice with their chicken nuggets. We are quite happy to give the option of salad but they still want chips. People don't come here for a healthy meal necessarily they come here to have a fun outing and a special treat. We needed to make sure there was a good balance"*

There were also practical difficulties experienced in changing drink choices or drink displays due to conflicting commitments with soft drink suppliers.

- *"We've got Coke as a supplier. They don't sell a lot of products that meet the HCC guidelines as to what is considered a healthy alternative. We have a contract to have a certain percentage of their products in our fridge. It is difficult to stock other brands in our fridge without them kicking up a stink"*

Supermarkets

For interviewed supermarkets, the main changes made as a result of the program were the display of blue tickets in supermarket aisles indicating which grocery or fresh food items were a healthier choice. These businesses also displayed collateral such as outdoor signs, posters and laminate basket inserts, and gave away provided HCC branded calico bags with the purchase of fresh food.

- *"We displayed blue tickets as much as possible. Yes, we do have a poster"*

Research evidence shows that point of purchase prompts such as posters containing motivational messages, and item ticketing, can positively influence the purchase of healthier food choices.[16] [17] [18] [19]

[16] Escaron AL, Meinen AM, Nitzke SA, Martinez-Donate AP. Supermarket and grocery store-based interventions to promote healthful food choices and eating practices: a systematic review. *Prev Chronic Dis*. 2013;10:E50. Published 2013 Apr 11. doi:10.5888/pcd10.120156

[17] Mary J Christoph, Ruopeng An, Effect of nutrition labels on dietary quality among college students: a systematic review and meta-analysis, *Nutrition Reviews*, Volume 76, Issue 3, March 2018, Pages 187–203, https://doi.org/10.1093/nutrit/nux069

[18] Hobin, E., Bollinger, B., Sacco, J., Liebman, E., Vanderlee, L., Zuo, F., Rosella, L., L'abbe, M., Manson, H., & Hammond, D. (2017). Consumers' Response to an On-Shelf Nutrition Labelling System in Supermarkets: Evidence to Inform Policy and Practice. *The Milbank quarterly*, *95*(3), 494–534. https://doi.org/10.1111/1468-0009.12277

[19] Reed JA, Powers A, Greenwood M, Smith W, Underwood R. Using "Point of Decision" Messages to Intervene on College Students' Eating Behaviors. *American Journal of Health Promotion*. 2011;25(5):298-300. doi:10.4278/ajhp.090511-ARB-162

Almost all supermarkets raised concerns about whether the current blue ticketing is correctly aligned with its corresponding product on the supermarket shelf. Representatives requested help with maintaining ticketing, and stated that they did not have the necessary knowledge or staff time to maintain these in the correct position. Retailers explained that although they did their best to maintain it, with some reducing the size of tickets to facilitate this, they did not feel that they had the right information to check that tickets corresponded to the right items, and stated that senior staff really struggled to find time to complete the task, particularly given increased business demand during COVID. There were consistent concerns that current tickets may now be in the wrong spot and requests for program staff to visit the store periodically to audit the tickets.

- *"We did have the HCC staff come through and regularly audit the shelves and put the tickets up and we try and maintain it as much as possible. Unfortunately, in an environment like ours they do come off quite a while, kids move them and things like that. They are a little bit big in some instances - it depends on the product they are in front of. If the product is bigger then there is more room for the tickets. If smaller, there is not quite enough room. We don't actively remove tickets so there would still be some up. The way the program was running before when the team would come through and do a regular audit of them was every 3 or 6 months. They would reticket and replace, that seemed to be beneficial because you would have a refresh"*

Supermarkets are willing to display HCC collateral and requested fresh promotional material on a regular basis.

- *"Might be good to get a top up of products every now and then, and the laminates that go into the baskets. I thought they were a good idea too"*

A number of business representatives stated that they were asked to provide free food or vouchers for the program, and this was not well received by them.

- *"She asked me for a voucher for an event that was running, which I thought was ok – I'm happy to provide it but I don't feel like I have been that well supported by the program itself in order to warrant me providing a voucher. When they did a give-away, it was to do with a Facebook promotion campaign – the way that they ran it, we were not tagged in the post, so it's not like we were receiving that mutual benefit as well"*

Some supermarkets suggested that they were in a position to provide customers with written nutritional information by including brochures in shopping bags or in a display area.

- *"What would be good is to have some health information (brochures) about what specific foods do, how they help you. What are the health benefits of olive oil, avocado etc? That type of thing would be a really powerful way for people to look at things and incorporate it into their diet. Sell it on the benefits and payback for their health"*

4.4 Effectiveness

Restaurants and cafes introducing new, altered or expanded healthier food and drink choices generally reported a positive customer response. Whilst less healthy options are still being purchased; new healthier options have experienced an uptake by customers.

- *"Prior to COVID - our salad sales, our salad roll sales, sushi were all increasing in volume. We have ones coming in now saying yeah I'll have the fresh fruit or salad"*

Most interviewed supermarkets stated that they did not know if the program had impacted customer choices. They found it too difficult to tell any changes from sales data, and had not received verbal feedback from customers. This led people to question whether the program was being effective.

- *"I don't think we can measure that with any certainty"*

There is an opportunity for HCC to provide information to these businesses which outlines research evidence on the business strategies promoted and how these strategies can help customers make better food choices.

There was broad discussion with many businesses around the nature of supply and demand. Many stated that, as a business, their role was to meet demand.

- *"The main barrier is we will supply what there is a demand for. So, if there is a huge demand for healthy options so you would be stupid as a business not to offer it, star it, feature it and everything else"*

This led many to request that the ACT government put renewed efforts into community education campaigns to encourage residents to eat well.

Businesses stated that if there was a demand for healthier food then they would supply items to meet the demand. While retailers respond to consumer demand, they also play a major role in shaping food choice.[20] The role of retailers in creating demand and shaping food choice is not well understood by many businesses.

The available research evidence provides useful guidance on the effectiveness of strategies to improve healthy eating. Cognitive interventions which seek to increase customer knowledge by strategies such as descriptive or evaluative labelling, or increasing the prominence of display of healthier options, show a small impact. Affective strategies aimed at changing how people feel, through strategies such as positive healthy eating messages, show the next largest effect. Behavioural orientated interventions have the largest impact on eating behaviours. These interventions seek to influence the behavioural domain without necessarily changing a customer's knowledge or feelings. Strategies can include making a healthier option or sides a standard option; increasing the size of healthier meals or portions; changing the order of food items on a menu; decreasing the size of less healthy meals or portions; and improving the convenience of healthier options such as grab and go.[21] This research shows that retailers can shape food choices without customers being cognisant of interventions.

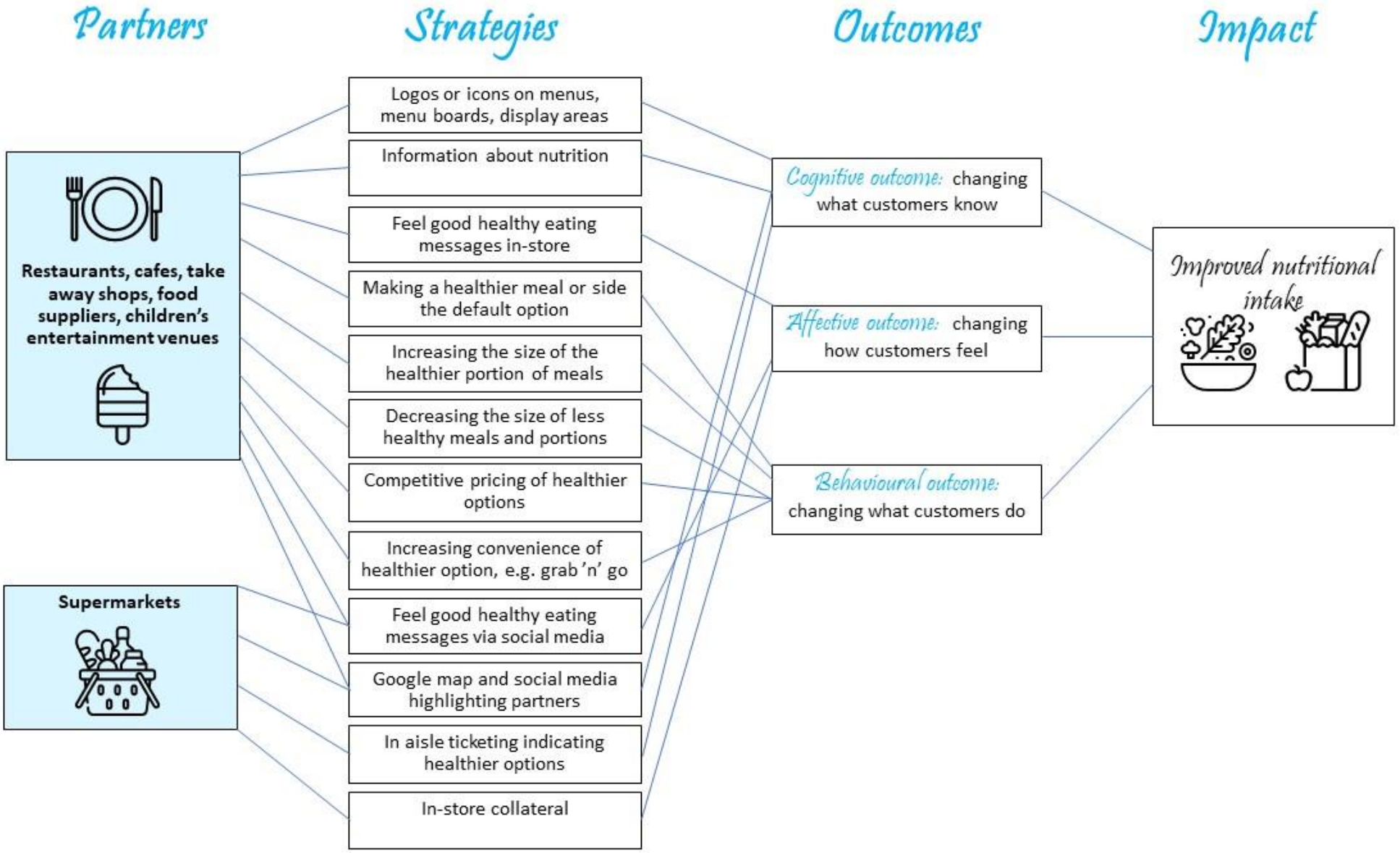
The evaluation identified a need for the HCC team to better communicate this evidence base to retailers to show likely program impact, and strengthen business commitment.

HCC currently uses a range of cognitive, affective and behavioural strategies which complement and strengthen each other. It is recommended that the suite of strategies not be narrowed to ensure that a cumulative impact is achieved.

[20] Dawson, John. (2013). Retailer activity in shaping food choice. Food Quality and Preference. 28. 339–347. 10.1016/j.foodqual.2012.09.012.

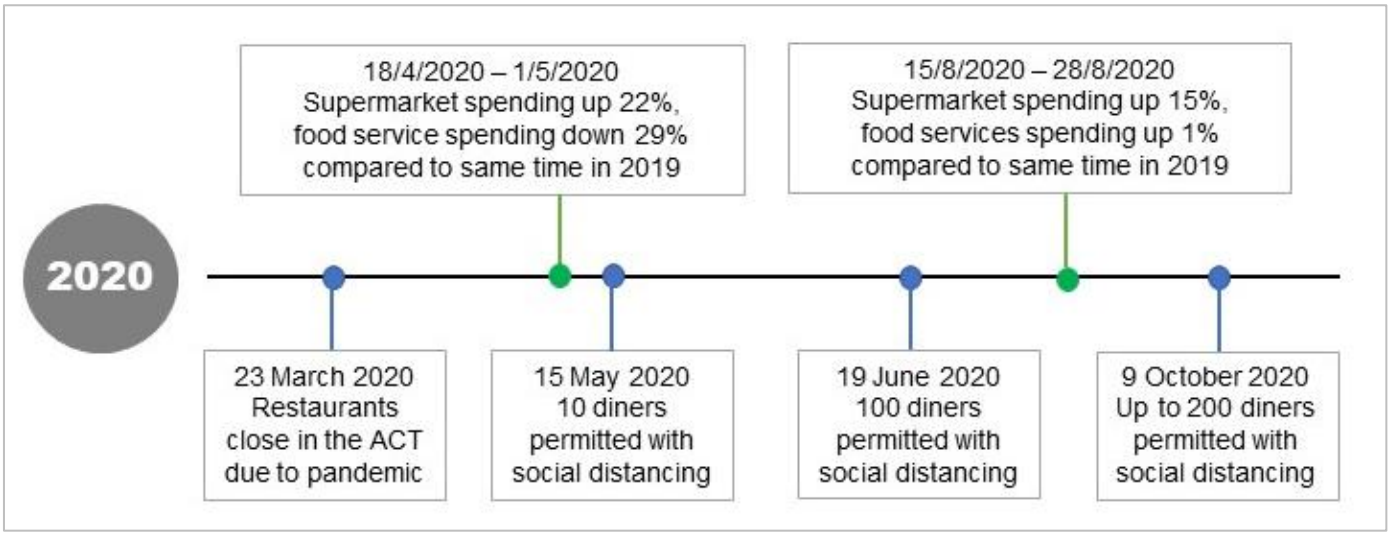
[21] Cadario, Romain & Chandon, Pierre. (2020). Which Healthy Eating Nudges Work Best? A Meta-Analysis of Field Experiments. Marketing Science. (Forthcoming). 10.1287/mksc.2018.1128.

RESULTS LOGIC DIAGRAM



4.5 Sustainability and scalability

Many restaurants, cafes and take away shops experienced significant financial loss and upheaval during 2020 as a result of the COVID-19 pandemic. Spending data from the Commonwealth Bank of Australia (as shown below) shows that food service spending in April 2020 had decreased by 29 per cent when compared to the same time in the preceding year.[22]



Some restaurants, cafes and take away shops recently recovered their customer base and returned to pre-COVID trading numbers (albeit with a range of safety precautions such as social distancing still in place) while other businesses are still operating on a greatly reduced customer base.

- *"Our dining capacity is at 25 per cent but it changes what people can buy, but we are doing a bit more takeaway and we had to adapt our menu to have take away friendly options there. Overall, our meals are down 40 to 50 per cent"*

The long-term effect on business trading is still unknown and will depend on a range of factors such as any subsequent waves of infection in the Territory; changes in government restrictions; consumer confidence; the availability of JobKeeper wage subsidies and Coronavirus Supplement payments; overall economic activity in the ACT; surety of agricultural supply chains; and the potential continuation of consumer trends such as increased rates of at-home cooking.

The HCC team may be in a position to advise business on strategies for delivering the program under a "new normal" business environment, for example healthier options for take away foods.

Building customer patronage was a key motivating factor for businesses signing up to the program. Interviewees stated that an increase in social and other media promotion of their business is needed and would be highly regarded, in conjunction with the promotion of the importance of healthy eating more broadly. The current media approach was deemed appropriate and supportive, but businesses requested additional effort be placed in extending the reach of the HCC Facebook page audience. Targeted local promotion is an area that could also be further pursued.

[22] Commonwealth Bank of Australia, 2020, Global Economic & Markets Research report

- *"I am just wondering if the public is aware enough about the healthier choices program. I haven't seen a lot of advertising. The public can see that blue card but would they understand what that means?"*

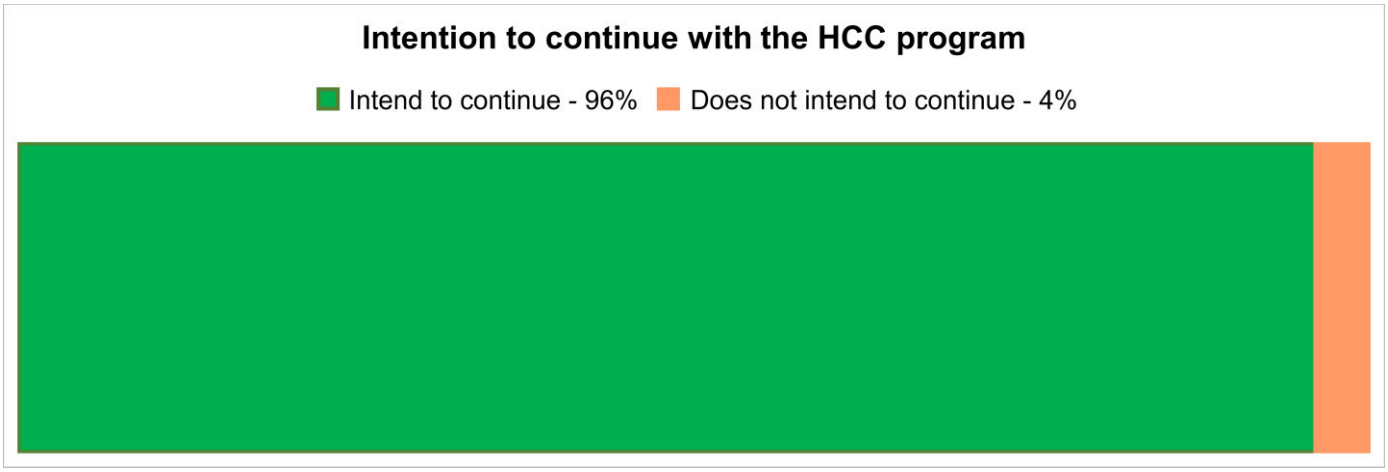
Social media presents an opportunity to promote healthy social norms in the broader community. Social norms have a direct impact on eating behaviour, with studies finding that individuals consume more fruit and vegetables, or unhealthy snacks, if they believe their social media peers are doing so. Social messages focused on positive healthy eating can prompt people to adopt healthy eating behaviours, [23] in regards to food choice and portion sizes consumed.[24] [25] Impacts are particularly strong when individuals perceive themselves to be similar to their social media peers or have a desire to be known by them.[26]

One strategy suggested for extending the reach of HCC social media was the engagement of Instagram influencers to reach a broader audience.

- *"People in nutrition and fitness game. Use them to push healthier choices. They already have a big following"*

Overall, the majority of participating businesses who took part in interviews expressed satisfaction with the program intent and delivery, and believe there is greater potential for impact. 96 per cent of interviewees expressed a willingness to continue with the program, particularly if enablers such as ticketing support and further media promotion are provided.

- *"This is a fantastic program because it's not placing restrictions on our customers, it's giving them extra choices. I think that's really appreciated"*



4.6 Evaluative conclusion

Overall, the level of business engagement with the program indicates that this is a relatively low-cost strategy with significant potential for impact, covering as it does about one in fourteen relevant businesses. While measuring actual behaviour change would require a much more intensive

[23] Aston University. "Social media users 'copy' friends' eating habits." ScienceDaily. ScienceDaily, 7 February 2020. www.sciencedaily.com/releases/2020/02/200207074715.htm

[24] Higgs S. Social norms and their influence on eating behaviours. Appetite. 2015 Mar;86:38-44. doi: 10.1016/j.appet.2014.10.021. Epub 2014 Oct 22. PMID: 25451578.

[25] Cruwys T, Bevelander KE, Hermans RC. Social modeling of eating: a review of when and why social influence affects food intake and choice. Appetite. 2015 Mar;86:3-18. doi: 10.1016/j.appet.2014.08.035. Epub 2014 Aug 28. PMID: 25174571.

[26] ibid.

evaluation design, the strategies used align with current evidence and can reasonably be expected to deliver benefits for Canberrans if implemented well – through shaping vendor supply; informing consumer choices at point of purchase, and raising consumer awareness for making healthier choices.

The feedback and data available are consistent with a likely positive impact. The feedback from participating businesses identifies strategies to strengthen implementation.

The evaluation found that recruitment targets set for the program had been exceeded, and that participating businesses had an extensive reach into the community. The willingness of businesses for ongoing engagement indicates value in continuing to work with a broad range of businesses, not only those with an existing commitment to healthy diets. The program is able to be further scaled up over time, however it does require a range of program activities to be resourced including the standardisation of initial engagement and negotiation, and ongoing participant maintenance and promotion. The HCC team report already being stretched by activities such as the maintenance of blue ticketing in supermarkets.

The reach of the HCC Facebook page should be extended. Businesses made a range of changes in response to the program, with understandable interruptions taking place due to the impact of COVID-19. While businesses found it difficult to measure impact, the research evidence suggests that current strategies, when implemented in the intended method, will improve the diets of local residents, so business commitment could be strengthened by communicating this research. A number of enabling supports were requested by participating businesses including assistance with ticketing and expansion of media reach. The majority of interviewed businesses expressed support for the program, and a desire to continue participation. Overall, the study found value in the intervention and believes that further refinements can increase its ability to impact on the diets of Territorians.

5. Recommendations

It is recommended that:

1. The program be continued as a strategy aligned with evidence, successfully engaging appropriate businesses, and now with a critical mass of participants

2. A literature review be conducted to establish the range of cognitive, affective and behavioural evidence-based strategies suitable for inclusion in the program. High level research findings should be articulated clearly and succinctly and communicated to potential and enrolled businesses, to maximise the range of strategies utilised by business, and strengthen commitment to the program.

3. The program implementation process be strengthened by:
    - contact with all participating Eating Out & Children's Entertainment Venues to ensure that each participant receives a menu assessment and feedback
    - the issuing of a menu guideline outlining the types of meals and ingredients which are considered a healthier choice
    - improved negotiation and documentation of particular evidence-based strategies used by each Eating Out & Children's Entertainment Venue, with menu labelling promoted as a key strategy

- more detailed documentation undertaken to record the date of all business visits by the HCC Program Manager, and issues raised by business
- the introduction of a pre-intervention assessment tool for each new business entrant, to ensure that program impact over time is more fully captured.

4. The HCC team work to expand public awareness of the program and showcase all businesses active in the program via promotion of the existing google map; posters and other collateral for supermarkets; additional Facebook content focused on healthy social norms and/or nutrition education; the creation of a HCC Instagram account; further Facebook advertising to the general Canberra community; further efforts for positive media coverage through local media outlets.

5. The HCC team commit to a regular process of supermarket ticket auditing, and assist supermarket staff to maintain ticketing through the provision of written material which indicate which products should be ticketed.

6. ACT Health continue to promote nutrition information and education more broadly to the ACT community.

7. The number of businesses involved in the program be expanded, including businesses with a healthy ethos and those who are open to including healthier choices.

6. Appendix

6.1 Interview guide for HCC business contacts

Background information filled in by interviewer prior to interview
Business name: _____
Business type: ☐ club / restaurant / café ☐ supermarket ☐ children's entertainment venue
Length of time active in the program: ☐ 0-6 months ☐ 6-12 months ☐ 1-2 years ☐ More than 2 years

(Instructions: record all comments. Options have been provided as prompts – record full responses)

Interviewer: Good morning/good afternoon. My name is _____, I'm an evaluator looking at the impact of Healthier Choices Canberra on local businesses. Would you be willing to answer five questions for our survey today? Fantastic. Thank you.

1. **Can you tell me about your involvement with Healthier Choices Canberra? What motivated you to join the program?**

   (Prompts)

   ☐ When did you join the program? / How long have you been involved?

   ☐ How did it align with the values of your business?

   ☐ What does HCC mean to you and your business?

2. **Could you please tell me, what changes has your business made as a result of taking part in the program?**
   (*Note any action that the business was already doing pre-intervention)

   (Prompts)

   ☐ Displayed Healthier Choices collateral, information, icons, campaign material

   ☐ Provided training or instruction to staff

   ☐ Adapted existing menu items by changing portion sizes, cooking techniques, ingredients used, sides

   ☐ Introduced new healthier menu options

   ☐ Removed less healthy menu options

   ☐ Given greater prominence in display of healthier food and drink

   ☐ Price nudges / package deals

   ☐ Marketing to encourage healthy food choices

   Comments:

   _____

   (Make summative comment regarding changes made)

   And what has the customer response been to those changes?

   Comments:

   _____

3. To date, what kind of support have you received from Healthier Choices Canberra? What was most helpful? In what way was that helpful? What additional support would you have liked to have received or to receive in the future?

   (Prompts)

   ☐ Training

   ☐ Resources

   ☐ Mentoring

   ☐ Menu assessment

   ☐ Business promotion

   Comments:

   _____

4. Looking forward, what factors would help you continue in the program, or be a barrier to continuing?

   (Barrier prompts)

   ☐ Customer demand for less healthy options

   ☐ Lack of staff time

   ☐ Lack of staff knowledge

   ☐ Cost of healthy ingredients

   ☐ Sourcing a supplier for healthy ingredients

   ☐ Profit margin difference between healthy and unhealthy choices

   Comments:

   _____

   (Explore barriers and what support may be useful)

   (Prompts)

   ☐ What would you need/expect to continue with the program?

   ☐ What is the value-add/benefits of participating in the program?

   On balance, do you think your business will continue with the program? ☐ yes ☐ no ☐ undecided

5. Just before I wrap up, may I please ask, prior to the impact of COVID19, what was the average number of customers/foot traffic through your business in a day? _____

   (Prompts, if reluctant to provide details)

   ☐ To assess the reach of the program/potential program awareness

   Thank you so much for taking the time to be part of our interview. Your feedback will really help us improve the support provided to local businesses

6.2 Comparison of relevant Australian Facebook sites: October 2020

Website	Likes
Recipe tin	2,914,045
I quit sugar	969,152
Delicious Australia	832,229
Wholefood simply	229,004
Healthy Little Foodies	104,501
Ann Reardon how to cook that	92,775
Australian healthy food guide	76,682
Her Canberra	46,187
The riotACT	43,039
The fitness chef	36,601
Canberra mums	34,468
True Canberra	27,811
It's not complicated recipes	27,576
Nutrition Australia	27,259
Canberra life	25,479
Canberra notice board	15,562
Capital region farmers market	14,647
The Aussie coeliac	14,455
Eat Canberra	11,446
Vegans of Australia	10,620
Belly rumbles	9,761
Night market Canberra	7,985
Sydney food bloggers	7,471
Australian foodies ladies group	7,210
Good food Gold Coast	6,608
Grab your fork	4,439
Australian food news	2,969
Plant based folk	2,439
Healthy Eating Advisory Service (VIC)	1,053
Healthier Choices Canberra	719

6.3 A selection of interview quotes

Motivation to join the program

- *"It helps parents making choices for their children"*
- *"A lot of people are thinking about eating healthier and we want to be part of that"*
- *"Just to try and help people"*
- *"We try and do everything we can for the community"*
- *"Everything you guys are about is everything we are trying to promote"*
- *"We thought it would be a good way to be recognised for the health aspect of our business"*
- *"We wanted to offer healthier food to our customers"*
- *"Someone came along and offered it to us from the government and we thought why not get on board and see what happens?"*
- *"Help people make a better choice as opposed to implementing taxes and negative things"*
- *"We always promote healthy lifestyles as much as we can"*
- *"Being a kids' centre as well, it's a good idea to promote a healthy lifestyle to them"*
- *"Good for Canberra"*
- *"We felt it was a good initiative by the government"*
- *"I've been wanting something exactly like this for a long time"*
- *"We had a lovely lady come and visit us from the program and it sounded good"*
- *"The demographic in this area make healthy choices anyway"*
- *"There was an opportunity for people to see that we sold more than hamburgers and greasy take away food"*
- *"See if we can attract more people"*
- *"Someone came and in and asked if we wanted to sign up and we said yes"*
- *"Try and get on the ACT government's procurement list"*
- *"Everyone is doing it, we might as well jump on board"*
- *"I want to promote healthy choices and I want HCC to promote me"*
- *"I see the importance of having healthier offerings"*
- *"We already had a good offering but never had that great of marketing to attract people"*
- *"It was a really worthwhile opportunity to infuse the program into the tertiary sector"*
- *"To see what else we could do and keep our parents happy"*
- *"It is free and a good thing for Canberra"*
- *"It wasn't going to cost me anything"*
- *"It helps parents making choices for their children"*

Business training workshop

- *"I went to one of the workshop things. It's good but I am just so busy, you know. It's just me implementing it well timewise"*
- *"I attended the training session to learn more about marketing HCC and now I have some tips and ideas on how to do this"*
- *"I leant lots of tips and tricks to improve our store and socials"*

Issues with menu assessment process

- *"You wanted to look at our menus eventually but you haven't done that yet"*
- *"Nothing has been put forward to me. Nothing happened. Nothing eventuated"*
- *"Maybe we can submit our menu to you and the dishes that you think fit the bill"*
- *"I have the sticker but have never been contacted directly. I would love to work together because I think it is because we are in this journey together to try and eat healthy. Haven't had menu assessment"*
- *"There was no kind of follow up in regards to our menu. I don't think I received an assessment back"*
- *"The formality and procedure take a long time. Menu was complicated to go back and back forth many times was quite a hassle, I have a lot of back and forth with head office anyway. They came back saying it doesn't look good and redo the menu then go back to head office. It's quite time consuming. This time I cut logos off because it was too costly. To get the logo on the menus extra cost, an extra $40 or $50. I thought it was obvious and people would know which one was healthy. Make things a bit easier. What matters is time and the cost. For businesses, (the menu assessment) is too much back and forth"*
- *"We jumped through all the hoops that procurement wanted including salt free and sugar free and fat free. Our experience wasn't exactly positive. We put forward a few menus. They put forward a few criteria of what they wanted, i.e. in sandwiches. We also put forward suggestions of what we do. We had to submit our recipes. They were just knocking us back on ridiculous things. Butter chicken had salt in it. It's made from scratch. Quite limiting. It didn't give anyone any great reason to choose us"*
- *"Let people say what they actually do in their catering rather than just sticking to light ham sandwiches and salad. We roast our own meats daily, we weren't allowed to put those in. Letting caters put out what they actually do, it might be detrimental to HC but I don't think its unhealthy either. One of the things they had on their criteria was chiko roll but then they said we couldn't use our ham because it wasn't light ham. Let suppliers do what they do, and do well. There would be a lot of people that do food that is different and attractive but we are not allowed to advertise it"*
- *"The initial guidelines were pretty good. I'm a pretty stubborn person so I was quite willing to put my foot down about things that would not work for us. As long as the HCC person is willing to listen and acknowledge that and not push you in a direction that is not going to work for your busines"*
- *"I literally just sent a one-page document for them to have a look at. It was really, really easy to get involved. I was happy with how easy it was"*

Efforts to meet deed criteria during COVID-19

- *"During COVID, every item that was a HC we kept on, other items we rotated them in. We kept the HC so we didn't have to get in contact and reassess anything"*
- *"There hasn't been a requirement for us to do anything. So, I'm happy to be part of the program because it doesn't require us to do anything"*
- *"We haven't made any changes. Due to COVID we try to cut all the costs. We just stay at the moment with the current menu to make it easier for us to organise"*
- *"We were planning on getting a menu change but then the whole COVID 19 thing happened. Week before last we had the food court open up so we are considering a menu change again"*

- *"Currently we don't have HCC logos on our menus anymore. We had to reduce our menu offerings substantially by about a third which we are slowly starting to build back up. But like everyone in our industry we have been absolutely hammered so had to consolidate it. We had to star the best performing dishes. Most of our HCC items are not on display"*
- *"I really want to do the program with you guys but at the moment it is really hard to move on"*
- *"Prices went up. I have never spent that type of money at the supermarket. I try and buy organic food. When I went to the register, I couldn't believe it. I don't want to put my prices up because I know the situation that we are all in this together, but I need to earn a living"*
- *"It's really tough and become even tougher. Food prices have skyrocketed. Profitability is at an all-time low with the cost of goods being highest it's ever been. We've had drought, bushfire and now COVID. I don't know if you could see a worse scenario in history for the food and beverage industry for the supply chain. It's really, really bad. It affects all ingredients"*
- *"Cost of food going up because price went up"*
- *"Because of the fires all the food swapped as they got cut off from suppliers. They cannot provide the regular stuff. Like grilled chicken for example, is not so popular - my business was the only one that got that from the supplier so they cut that from the supplier during April/May/June. We had to do our own version of chicken in the shop. Then people don't like it because it is not the same so grilled chicken not the same"*
- *"Fresh fruit and veg has gone up across the board, so we are factoring that into our pricing"*
- *"As we have gone through the shutdown, we have had a rotation of staff across sites, so it's at the back of their mind rather than at the front of their mind to mention we have healthier choices"*
- *"We have menu restrictions and changing delivery schedules and getting on top of all the hygiene restrictions we have in place. Healthier choices got put on the back burner"*
- *"When we go shopping, the price of fruit and vegetables is through the roof. We cannot really pass this on to the customer. Price gone up - normally takeaways work around 30-35 per cent food cost, but it's already hitting 45 per cent. Becoming a bit hard to sustain. JobKeeper is keeping us at the moment but it will be hard if prices are not going back. Definitely affecting us at the moment"*
- *"The suppliers are supplying less often with reduced hours"*
- *"I really want to do the program with you guys but at the moment, it is really hard to move on"*
- *"Our dining capacity is at 25 per cent but it changes what people can buy, but we are doing a bit more takeaway and we had to adapt our menu to have take away friendly options there. Overall, our meals are down 40 to 50 per cent"*

Adoption: restaurants/cafes/take away shops

- *"We have a couple of big open fridges and we just have a label showing the price and a Healthier Choices label next to each one that was deemed healthy"*
- *"A lot of menu options have been changed. We now have options that customers can change. Some kids' menu been changed to Healthier Choices. We used to have deep fried chicken but now we do grilled chicken for tandoori chicken"*
- *"We didn't change anything because health has always been a big focus for us. We didn't need to change anything in terms of what we offered. We have a sticker at our front door. We have a bench in the cafe where we put up stickers from all the accreditations - for people to know what we are involved in at a community level"*

- *"We have pretty much done everything; we just need to put the ticks on the menu. Had a menu assessment. Didn't have to make a lot of changes. The menu is pretty much the same. I pretty much knew everything that would be ticked. We already had suitable items because healthy is trendy. Menu has a bit of healthy and a bit of unhealthy on it"*
- *"When we had combos we made it slightly cheaper for healthy than going for an unhealthy combo"*
- *"We started vegetarian pasta but it's not going very well. It is just an option. Some people who are vegetarian or vegan might choose to go to some shops with more options. We have a big breakfast with all veggies and fruit juice which is very popular. People like that option on our menu so we keep them. Avocado on toast is popular. We already had these on our menu"*
- *"New menu items"*
- *"It's been great to have extra salads"*
- *"We got an A frame as people enter the café. I can see one poster right now. We have got stickers that line the fridge"*
- *"Occasionally I take a photo of our salads and put it on social media and hash tag HCC and it get shared on the page"*
- *"When they went through our menu and worked out which ones were healthier choices, pretty much everything. I already had a fairly good idea of nutrition and what makes a dish healthy and balanced. We had the sticker on the window but the window cleaners took it down. We were going to add the Healthier Choice logo to the menu but we haven't really done that. It was part of the plan but we haven't done it yet. I think it is good for customers who are not as informed as we are about certain foods. It is good to mark which dishes are healthier and which ones are not. Some people are like "I want something healthy but I don't know what's healthy". We had to change to change our menu - there was a drop in quantity of sales, especially at the start of COVID, and it had to be takeaway - grab and go. Other dishes from a la carte became unpractical. We had a pretty omelette with a big line of sides next to it but that's just impossible to do as a takeaway so we changed it to bacon and egg rolls with rocket. Takeaway meals are generally less healthy because they have to be wrapped in bread or roll a lot of the times"*
- *"We are still using collateral. On our TV screens we got the Healthier Choice flag next to our items. We also have stickers on our display units. We are not trying to push it we are just trying to frame it as "you've got more choices now". You've still got unhealthy if you want to and now you have a healthy option"*
- *"I don't think there were any changes, especially now we have to remake everything for COVID. We have limited menus"*
- *"We had a menu assessment. I reduced our menu. We took a few options off. We probably have less healthier options than we did before but we have been making vegetarian, vegan salads and they are available every day, just to maintain the healthy and dietary requirement type items. We are still on board with it but everything is downsized. Less options but we are still catering for that market. The salads are not on a menu because they rotate weekly / twice a week. Sometimes it depends on what ingredients we have at the time. We didn't want to print a specific salad on the menu. We were offering that before the program, but not every day. But we did have a greater range of salad sandwiches, non-processed meat sandwiches and Sushi, but we are not offering these at the moment. We had rice paper rolls as well that were a Healthier Choice but we are not doing this. A number of things have come off. We didn't just take them off the menu. When you end up with things left over every day you are going to go what are you going to do"*

- *"I give the service person a menu and she gave us some advice and suggestions. We have a new menu now. Nothing changes too much. We might increase a bit vegetarian option. Fried things are still popular here. Chips and gravy as well. Still on the menu. Given logos but I will put on later"*
- *"We haven't done much. We would like to but we haven't really. We already do sandwiches and grill wraps"*
- *"We are a vegetarian café and we sell salads and fresh juices and pretty much 90 per cent of our menu fell in the requirements, so we haven't added anything. We haven't received any promotional material yet."*
- *"No changes as yet. We only heard 3 weeks ago we had the approvals back. We will just put HCC on our menu (like gf) and a QR code that links to the website. Obviously training our staff to point out those options to people as well"*
- *"We have a logo in front of the door but not on my menu"*

Nutrition education for restaurants/cafes/take away shops

- *"Chefs make the food they want to make"*
- *"Skill level is something that is a little bit tricky. Chefs don't have skills to produce good, healthy tasty food that is innovative"*
- *"Educate about what makes a dish really healthy"*

Adoption: Children's entertainment venues

- *"We made some slight chances. We made changes to our menu to make it obvious what the healthier choices were. We definitely added a lot more healthier choices into our display fridge, and also added that information about what technically was a healthier choice. We already had a healthy party package - we didn't need to change it. It was just that extra feedback from someone outside of our centre, that conversation was good. We use our icon on our menu next to healthier choices items. We have shelf toppers in our display fridge and drinks fridge emphasising what are the healthier choices. We have quite a big range of products"*
- *"We cut back on a lot of our ranges in particular the snacks, we cut that back massively. Things like ice creams we got away from the milk-based ones and changed to water based ones which was a recommendation made by HCC previously with the dietician"*
- *"We were already had a good variety of healthy offerings but it was just identifying those and communicating that a bit better to people. That was the main change for us. Included logos on menu and on display shelf. We didn't really need to make changes to our menu, we didn't really need to. We only put identifying markers. We already had enough offerings on there that passed the criteria for it"*
- *"No posters or logos on menu. Offer a healthy choice"*
- *"To begin with, when we had parents that were aware of the program they were like "That's really cool you're part of that, I just found out about that" but definitely it is not such a big thing anymore. Quite often people ask what HC is. They aren't that interested, even though it says it on the menu. People say "O my goodness you have such a good range of choices".*
- *"We had a fairly long discussion with the nutritionist about the fact that we are a kids' play centre and they don't want to have a juice with their chicken nuggets. We are quite happy to give the option of salad but they still want chips. People don't come here for a healthy meal necessarily*

they come here to have a fun outing and a special treat. We needed to make sure there was a good balance"

- *"Customers can still bring in whatever food they like. There is a Domino Pizza store across the road and a Hungry Jacks down the street. 80% of people that bring in food, it is either pizza or Hungry Jacks. It was always a hard sell to push HC in that environment"*
- *"We used to sell some kids drinks and stuff and we changed them to juices but the juices were just under the recommended percentage to what is considered healthy"*
- *"For every item on our party menu we had to have a healthy option. 50 per cent is too hard. Trying to get people to buy a cheese platter instead of hot dogs or sausage rolls for a venue like us is too difficult"*
- *We've got Coke as a supplier. They don't sell a lot of products that meet the HCC guidelines as to what is considered a healthy alternative. We have a contract to have a certain percentage of their products in our fridge. It is difficult to stock other brands in our fridge without them kicking up a stink"*

Adoption: supermarkets

- *"We displayed blue tickets as much as possible. Yes, we do have a poster"*
- *"We put up the little blue tickets - still here. We recently just renovated so we don't have any posters up at the moment. I did have the laminated basket liners but other than that nothing has changed"*
- *"Really it is just putting things at the point of sale and doing little Facebook bits and pieces every now and again. Had various signage and reminders at point of sale. We have little business card signs all through the shops that show healthy products and we had foam corflutes in the meat and veg section and then we have an A-frame sign out the front. We still have them"*
- *"We have the tickets but haven't made any other changes. We don't have an online presence. We don't have any posters up in store"*
- *"We have the A4 business cards that stick in front of each product"*
- *"We already try and put the healthier option at the front"*
- *"You've marked things that are healthier. I can't really see any other ways you can force people to eat healthier"*
- *"Displayed HCC signage in-store"*
- *"I did put the tickets in and I had posters at the front of the shop. Program worker gave us bags to give out to customers. Just the signage. Our shop is laid out in a manner consistent with Coles or Woolworths. Fruit and veg at front of the store. We have changed prominence of healthy options. We do have health bars and muesli bars at the front of the store because that is what my customers are wanting, but there are chocolate bars there too. I haven't replaced an unhealthy choice with a healthy choice"*
- *"We got some shelf toppers and rearranged a couple of shelves to highlight some healthy choices. It was done initially"*
- *"Tickets have gone in"*
- *"We got all the blue tickets. I need to go around and replace as some of them have moved. We've got in the fridge we've got all the signs"*
- *"We got some big posters in store. We had something come through for the winter warmers about 3 or 4 weeks ago"*
- *"More and more consumers look for healthier products"*

- *"We do have blue cards in front of products, probably need a bit of updating I would say. We did the free fruit for kids, but we didn't have a lot of takers on that. Children were welcome to take a free piece of fruit that we had in a basket with a sign up. We have the healthier choices cloth bags, when someone is buying 1 or 2 healthy things among their groceries. If they forgot to bring a bag you say here you can have one of these. We had some floor decals down and an A frame out the front. I don't know if it is still there - we had to put other posters up about safer shopping and COVID. We don't like so many posters on the windows - that looks messy so we alternate them. I'm not completely sure if they are up at the moment"*

Issues with supermarket ticketing

- *"The tickets fall off and get pushed into the wrong sections. They need to make sure the signs are in the right place. It probably needs someone from healthier choices to come more regularly and make sure the tickets haven't been misplaced or lost and keep it all nice and tidy. It's not something we focus on"*
- *"Someone in to update things a bit. I can't really tell my staff to check what is in a product and put those little blue cards up as we get new lines on. Need someone to pop in and check things"*
- *"Blue things need redoing"*
- *"I try to move tickets. Sometimes I am not 100 percent sure if it is that one, then I take it off. Muesli bars I am not 100 per cent sure because some people say too much sugar. Some things are very tricky"*
- *"Make sure the tickets are on healthy products. Use a scale or colour guide to say this is super healthy, this is better. You need to communicate this quickly to customers"*
- *"The regular audits are the best possible help we can get"*
- *"The movement of the tickets. Whoever is putting the stock on the shelves, sometimes they won't shuffle across the healthier choices ticket to the corresponding product. Customers when they are moving a product, they can sometimes move the alignment. Need a more fixed option, maybe a shelf wobbler rather than an insert, that way it won't get moved around. Something a bit more prominent rather than a blue ticket is my preference. An inserted ticketing strip that captures the whole bay or the whole shelf as opposed to one ticket to one product. That is a better solution"*
- *"I can't expect a 16-year-old to move ticketing on the weekend. It is something that I need to set time aside for, which I just don't have. It's all well and good to put the tickets on the shelf but to maintain it is tiresome. For us, things get shoved around regularly. If something sells out and I can't get that item then I am going to replace it with something else. That means tickets get pulled out. In this climate it has been very difficult to spend time on things like that, it's been really difficult. Not a priority at the moment"*
- *"Maybe once every 6 months reassess what is healthy in a new line"*
- *"We did have the HCC staff come through and regularly audit the shelves and put the tickets up and we try and maintain it as much as possible. Unfortunately, in an environment like ours they do come off quite a while, kids move them and things like that. They are a little bit big in some instances - it depends on the product they are in front of. If the product is bigger then there is mor room for the tickets. If smaller, there is not quite enough room. We don't actively remove tickets so there would still be some up. The way the program was running before when the team would come through and do a regular audit of them was every 3 or 6 months. They would reticket and replace, that seemed to be beneficial because you would have a refresh"*

- *"We cut them down to size to half the size and they now sit nicely. They were falling on the floor before. We keep a fairly consistent placing of products. Most things stay in same place. But some things are moved for fresh lines. Cards are still up at the moment"*
- *"The way they do their ticketing doesn't really work. It gets in the way of the product. People are pulling things in and out and they just get ruined. Items are pretty much kept in the same location but might move slightly depending on how things come and go."*
- *"The only time it gets confusing with the blue tickets is when we have sold out of a particular product and we get something else in, and some of the staff may put something that is not healthy behind the blue ticket. Maybe if you can get someone to come and check that every now and again"*
- *"We do have blue cards in front of products, probably need a bit of updating I would say. You do move products because you have different varieties of things and different flavours. You push one along a bit etc but you try and move the tickets and cards with them. They get a bit tacky after a while"*
- *"The tickets are forever flicking out of the shelves, as opposed to the one in the windows which obviously stay where they are, constantly. They are too big about an inch too high up. Every time we fill the shelves the tickets fly out. Because we don't have a list of what is healthier choice, we can't pinpoint where it has come from"*

Promotional material for supermarkets

- *"Might be good to get a top up of products every now and then, and the laminates that go into the baskets. I thought they were a good idea too"*
- *"Would help to get extra signage and pop ups"*
- *"Need maybe more collateral and graphic design"*
- *"In the beginning we got posters and displayed them as well but we haven't seen any new posters for quite some time. We already try and put the healthier option at the front, even HCC"*
- *"If you got posters - get new posters"*
- *"Rechange some of our posters"*
- *"What would be good is to have some health information (brochures) about what specific foods do, how they help you. What are the health benefits of olive oil, avocado etc? That type of thing would be a really powerful way for people to look at things and incorporate it into their diet. Sell it on the benefits and payback for their health"*
- *"Have a little table with all the healthier choices. From a seasonal point of view - if there is anything changing with fruit or veg if you wanted to do something seasonal or promoting healthy foods. Could gain some attention to the program"*

Business sponsorship

- *"There was a radio program suggesting that we give away fruit and veg. I didn't know what it was all about and I didn't know how much I had to give. Need to be very specific about how much we are giving. I would be more comfortable with that"*
- *"She asked me for a voucher for an event that was running, which I thought was ok – I'm happy to provide it but I don't feel like I have been that well supported by the program itself in order to warrant me providing a voucher. When they did a give-away, it was to do with a Facebook promotion campaign – the way that they ran it, we were not tagged in the post, so it's not like we were receiving that mutual benefit as well"*

Effectiveness: restaurants/cafes/take away shops

- *"People come down specifically for the salads now. We might have 5 or 6 on display in any one day so it's not like we are selling huge volumes but for the niche it's an option for those people"*
- *"We do a lot of grilled fish and salad now"*

Effectiveness: supermarkets

- *"The response from customers is great because they have seen it on social media. We've got those cards as well. Everything seems to be pretty positive from the customers I've spoken to. A few things that they couldn't believe were healthy versus contrary to popular belief, for example plain unpopped popcorn versus the microwave butter packets. Definitely improved perception"*
- *"If we get it right it provides a lot of benefits to people who may not know which things are and are not healthy"*
- *"Some people say yeah it's a good idea"*
- *"On an individual level, people are a bit more discerning with their choices. People look at the labelling a bit closer now with if a similar product has a HC and another doesn't, they will try and see why - one is a bit higher in sugar or salt and they try to work out why. There is a bit of education going on"*
- *"I perceive that in a section where you've got choices between different types of products, for example tuna in spring water or flavoured. In areas like that it is quite educational and it would help people make a better choice. But it is so hard to measure"*
- *"I don't think we can measure that with any certainty"*
- *"No feedback from customers at all"*
- *"I don't know how well it is going as a program"*
- *"I don't know if the program works"*
- *"No one has commented. We have posters outside the building. No one has commented on those either"*
- *"They see a little sign in front of the wall in front of water instead of soft drink - that's pretty obvious, I don't think you need a sign to tell you. I don't think people need it. I don't know how successful it is as a program. There might be better way. But who am I to say that?"*

Effectiveness: demand and supply

- *"There is no one glaring factor. If you could put it down to one it would be supply and demand. If there is a demand then we can supply it"*
- *"The main barrier is we will supply what there is a demand for. So, if there is a huge demand for healthy options so you would be stupid as a business not to offer it, star it, feature it and everything else"*
- *"People want what they want, they will order it"*
- *"If there was an overarching high demand for healthy options most business people would follow suit"*

Media support

- *"I don't think the media launch and any follow up media has been enough to really have the HCC concept gain traction with consumers"*
- *"Bit of marketing around here so people know. When you are a hot food place, they think that everything is fried, it's not the case anymore. We can work that way if marketing is in place"*
- *"Anything that gets any type of media coverage, whether its social media or newspapers, TV - anything like that. When it comes to small business, promoting business can be very, very expensive. We can't afford a TV spot in peak hour!"*
- *"I am just wondering if the public is aware enough about the healthier choices program. I haven't seen a lot of advertising. The public can see that blue card but would they understand what that means?"*
- *"Further media selling the HCC message"*
- *"The previous lady was great. If we put up a post about something healthy, she would always comment, it was really helpful for our page because it caused other people to have a look at our page. It was very proactive of her and we appreciated that"*
- *"People liking the post are not the people in this area"*
- *"Help me reach me reach more people to help people eat healthier"*
- *"The best thing would be the promotional image that we are healthier businesses trying to promote healthier choices, and to get a good reach on the market. Be out promoting that. It's the most powerful thing they can do for us. It takes a while to build your following. Push that image out as much as you can to the audience"*
- *"The program itself is working. It is a brilliant idea""*

Satisfaction with the program

- *"I think youse done a good job to be honest, I'm happy with everything you've done"*
- *"We are very keen on really promoting healthier eating"*
- *"I always felt like we were well supported. 9 times out of 10 it was HCC reaching out to us. There was no issues with how it was run or the support"*
- *"You doing an amazing job. Throughout the COVID-19 thing you guys were keeping in touch and helping us promote it and giving us as much help as you can"*
- *"It's been great so far. I didn't expect to have so much support from HCC. You guys did a lot of posts with dishes from our café, which is really nice to have that support. Other accreditations we joined unfortunately you get the accreditation and it ends there"*
- *"We quite like the program and dealing with you guys is always great. You guys have helped support us and we are quite happy to keep doing the same. I will keep working with you guys"*
- *"This is a fantastic program because it's not placing restrictions on our customers, it's giving them extra choices. I think that's really appreciated"*

Insight
CONSULTING AUSTRALIA

Process evaluation of Healthier Choices Canberra: Junior Sport

Contents

1. Executive Summary

The Healthier Choices Canberra – Junior Sport initiative aims to increase the availability and promotion of healthy food and drinks at junior sport clubs in the ACT, and reduce the marketing of unhealthy food and drinks, particularly when targeted towards children.

The program, launched in September 2018, partners with State Sporting Organisations to reach and influence junior sport clubs, thereby influencing the food and beverage consumption habits of children and young people in the ACT. The program has a potential reach of 41,000 junior sport players in the ACT.

This evaluation explores the implementation, adoption and reach of the program through the methodology of a desktop review, online surveys with State Sporting Organisations and Junior Sport Clubs, and qualitative interviews with representatives from each of the seven State Sporting Organisations partnering in the program.

The study found an alignment between the values of the program and those of State Sporting Organisations, and a high level of support for the program and program concept.

ACT Health provides a financial incentive to State Sporting Organisations to resource work with the program, and representatives expressed a range of views about the importance of the financial incentive. For these organisations, challenges to program involvement include staffing constraints and difficulties balancing commitments to the program with core business.

State Sporting Organisations are incorporating healthier food and drink messaging provided by ACT Health in their communications to local clubs through a range of mediums. ACT Health have produced a range of written and video resources for the program which are distributed via State Sporting Organisations, however many clubs report not receiving or accessing the resources produced. Further, many clubs state that they do not extend healthy food and drink messaging to their own members/players. The distribution method could be strengthened by ACT Health also communicating directly with clubs to ensure engagement and reach. The 19 club representatives who participated in the survey indicated a willingness to engage directly with ACT Health with more than half stating that their local Club would definitely or most probably be willing to become more actively involved with the program.

A series of training sessions were delivered on both sponsorship and the provision of healthier food and drink through sport canteens. Generally, State Sporting Organisations were receptive of the training offered. Other supports offered by ACT Health include media promotion, the provision of social media tiles, and an opportunity for clubs to take up one-on-one mentoring in sponsorship or operating a healthier canteen. Overall, State Sporting Organisations expressed satisfaction with the support provided by the HCC team, providing an aggregate rating of 8.6 out of 10.

State Sporting Organisations report a range of challenges to the successful implementation of the program at a junior sport club level. These challenges include existing volunteer workload, volunteer turnover, difficulties for volunteers in accessing face to face training due to employment and family responsibilities, and a range of challenges to promoting healthier food and drink choices in canteens.

It is recommended that ACT Health consider a tiered approach to the funding of State Sporting Organisations; explore opportunities to directly communicate with local sporting clubs; further develop and promote online training; promote quick win strategies for canteens; partner with other areas of government that fund, let or maintain sporting grounds; and examine options for the provision of face-to-face support at local clubs.

2. Background

2.1 Need for the intervention

A significant proportion of Canberran children and young people are not consuming sufficient amounts of the foods needed for health and well-being (as outlined in the Australian Dietary Guidelines), and are consuming too much discretionary, energy dense food and sugar sweetened drinks.

Among children aged 5-17 years living in the ACT in 2015/2016, 33 per cent of boys and 26 per cent of girls did not consume the recommended number of serves of fruit each day, with an even greater number failing to consume the recommended number of serves of vegetables (93 per cent of boys and 92 per cent of girls).[1] [2] Almost 1 in 4 of these children in the ACT consume at least two sugar sweetened drinks per week,[3] and 1 in 5 children in Year 6 are overweight or obese.[4]

A healthy diet is particularly important during the early stages of life, as dietary behaviour established in childhood often continues into adolescent and adult life.[5]

Organised junior sport presents an opportunity to reach a significant proportion of children and young people, with almost three quarters of Canberrans aged 5 to 14 years participating in organised sport.[6]

2.2 Overview of the intervention

The Healthier Choices Canberra – Junior Sport initiative aims to increase the availability and promotion of healthy food and drinks at junior sport clubs in the ACT, and reduce the marketing of unhealthy food and drinks, particularly when targeted towards children.

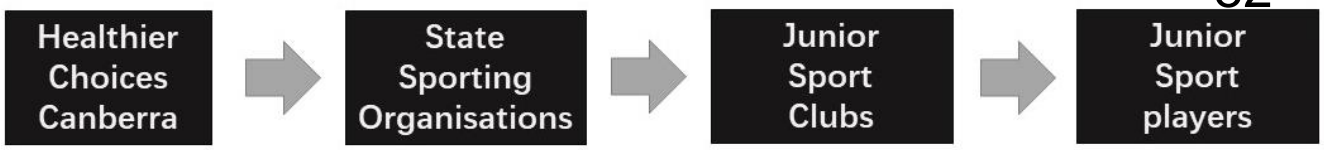
The strategy has been shaped by significant community input and consideration, including input from 500 community members in a 2015 consultation process, and a 2018 omnibus survey. The omnibus survey found that the current availability of healthier food and drink options for children was a concern to many. Only 39 per cent of respondents were satisfied with sponsorship of junior sport and less than half (47 per cent) were satisfied with the availability of healthier food and drink choices at junior sport canteens.[7]

Healthier Choices Canberra was launched in September 2018 and is comprised of a business initiative and junior sport initiative. The junior sport initiative focuses on:

a) supporting healthier sponsorships of junior sport clubs; and
b) supporting local junior sport clubs and State Sporting Organisations to provide a wider range of healthier choices and decrease discretionary food and drink choices in their canteens.

Through partnering with State Sporting Organisations, ACT Health seeks to reach and influence junior sporting clubs, thereby influencing the food and beverage consumption habits of children and young people in the ACT.

[1] 2013 Australian Dietary Guidelines, National Health and Medical Research Council
[2] ACT General Health Survey data collection, 2015-2016, ACT Health
[3] ACT General Health Survey data collection, 2015-2016, ACT Health
[4] ACT Year 6 Physical Activity and Nutrition Survey, 2015, ACT Health
[5] ACT Year 6 Physical Activity and Nutrition Survey, 2015, ACT Health
[6] 49010DO007_201204 Children's Participation in Cultural and Leisure Activities, Australia, 2012 – Australian Capital Territory
[7] Canberra Omnibus Survey, Preventative and Population Health, ACT Health



State Sporting Organisations partnered with the program operate under a range of sport governance models including federated and unitary systems. Junior Sport Clubs vary in their operations, with some clubs either not operating a canteen, or not having direct control over the canteen run on the sport competition site. Similarly, some clubs currently have sponsorship arrangements in place at a club or national level, while others are not currently receiving any sponsorship.

3. Methodology

3.1 Study methodology

This evaluation study examines process related aspects of the intervention, while a future study will consider the impact of the program. This study considers the following key evaluation questions:

1. Implementation	Was the program delivered to participant organisations as planned?
2. Adoption	To what extent did participating SSOs and clubs adopt the program?
3. Reach	How many ACT residents did the program reach?

Research methodology included a desktop review, an online survey, and qualitative interviews.

Documents considered in the desktop review included club resources available on the Healthier Choices Canberra website, and workshop evaluation sheets.

Two online surveys (see Appendix 6.1) were developed for the evaluation. The first survey was completed by seven representatives from six State Sporting Organisations. The second survey, distributed via State Sporting Organisations and a program contact mailing list, was completed by representatives from 19 local sporting clubs.

Qualitative interviews were held with each State Sporting Organisations (7) partnering in the program. Standardised interview questions (see Appendix 6.1) were developed with input from ACT Health Directorate staff. Questions explored motivations for continued involvement in the program; level of organisational activity pre and post program commitment; organisational impact; methods used to distribute information to member clubs; support received from ACT Health; perceived program barriers and enablers; and recommendations.

3.2 Study limitations

A limitation of the study relates to the principle of representativeness. Only a small proportion of the total junior sport club cohort participated in the online survey, and this affects the degree to which the study sample accurately reflects the population under consideration.

4. Results

4.1 Implementation

4.1a. To what extent were recruitment targets met?

As at November 2020, seven State Sporting Organisations in the ACT were formally engaged as program partners:

- Tennis ACT
- Basketball ACT
- Hockey ACT
- Netball ACT
- Little Athletics ACT
- Canberra Region Rugby League
- AFL ACT/NSW

The number of State Sporting Organisations successfully engaged in the program exceeded program recruitment targets (shown below).

Program targets 2020

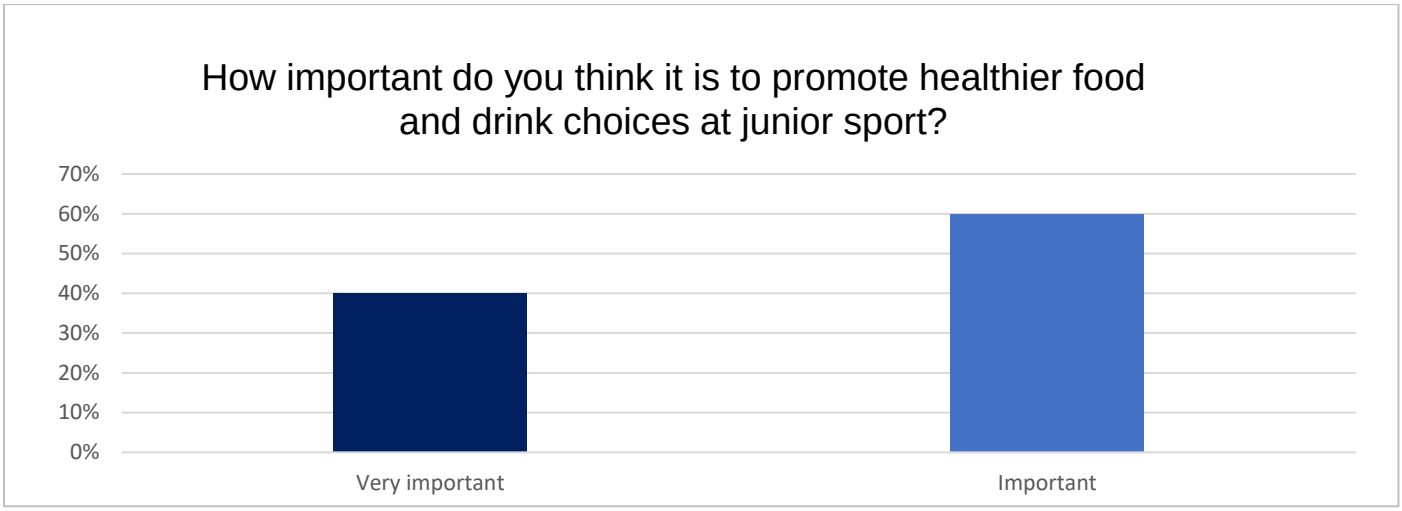
1. Engage at least two State Sporting Organisations and 50 per cent of their affiliates to test approaches to improving half time snacks
2. Engage at least two State Sporting Organisations and 50 per cent of their affiliates in sponsorship training
3. Deliver canteen mentoring program to at least two State Sporting Organisations and 50 per cent of their affiliates
4. Engage at least 50 junior sporting clubs overall in HCC Junior Sport activities
5. Develop and deliver a sponsorship engagement tool

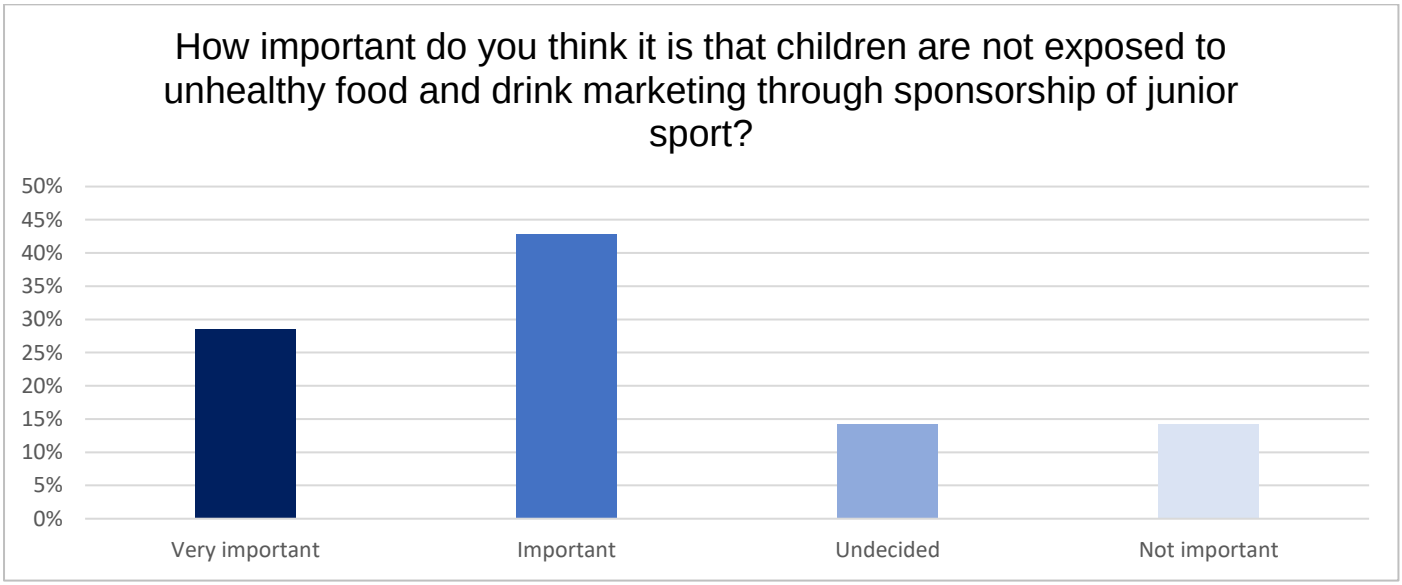
During interviews with State Sporting Organisations, representatives discussed their key motivators for continuing involvement in the program into a second year. Responses reveal a high level of support for the intervention and an alignment between the values of the program and those of program partners.

Main motivations for continuing involvement in the program: State Sporting Organisations

- *"We believe in the program itself; it is a great message. It fits really well with our organisation"*
- *"We strongly believe in the messaging around kids and healthy active lifestyles and eating well"*
- *"We fundamentally agree with the concepts"*

Survey responses from State Sporting Organisations generally indicate a high level of support for the program and program concept.





Currently, ACT Health provides a financial incentive to State Sporting Organisations to resource their work in delivering the program. Interviewees expressed a range of views about the importance of the financial incentive.

"Financial support? Not overly important it's part of what we do and how we operate. It assists us"

"It is a huge help to a State Sporting Organisation, especially during these times"

"It is not essential. We are talking about pretty low levels of investment to be fair. It's not a huge sum. Certainly, it helps make things easier to promote and so some other things. To be fair we probably wouldn't contribute any time or staff resources to that promotion work if it wasn't for that funding"

"This year it has helped because trying to get sponsors this year with COVID is extremely difficult. Every little penny helps"

"Sometimes the asks have been a little bit excessive for what we receive in return"

"Financial support is a really key component"

Barriers identified for the involvement of State Sporting Organisations in the program included limited human resources and the relative importance of the program in comparison to delivering core business.

What barriers does your organisation face in being involved with the program?			
	Major barrier	Minor barrier	Not a barrier
Limited human resources to implement the initiatives of the program	43%	57%	0%
Staff turnover affects continuity with implementing program	14%	43%	43%
Relative importance of the program in comparison to delivering our core business	29%	71%	0%
Resistance from member Clubs to implement initiatives of the program	14%	57%	29%

It is not possible to state how many junior sporting clubs actively participated in the initiative, and therefore if the program targets were met in this respect.

4.1.B. Were the program components developed and delivered to participant SSOs and clubs as planned (resources/training/support)?

Resources

A range of concise, plain-English resources were produced for the program, including the following resources available on the HCC website:

Written resources	Videos
• Why are Healthier Choices Important? • Healthier Picks Pre-packaged items list • Digital Marketing Essentials Guide • Menu Planning • Pricing and Profit • Promoting your canteen • Quick wins for better presentation • Grab n Go for Junior Sports • My Healthy Lunchbox	• Why are Healthier Choices Important? • Refresh your menu – for profit and health • Pricing food and drinks • How to promote your healthier choices • Product placement and presentation

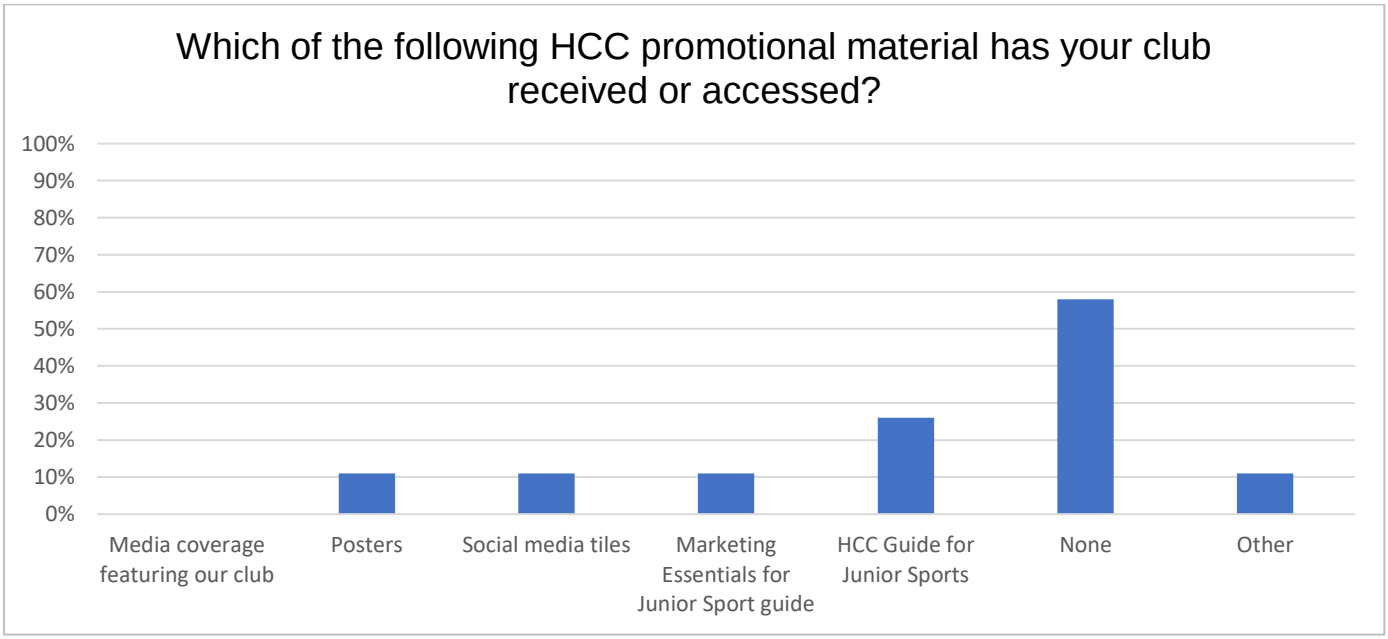
Between 1 January 2018 and 31 July 2020, the Healthier Choices website Junior Sport page received 797 page views over 106 sessions, while the Facebook page (containing content related to the Business initiative and Junior Sport initiative) had 724 likes, as at 23 December 2020.

In comparison to other relevant Facebook pages (see below), the Healthier Choices Canberra Facebook page has a smaller reach and audience.

Facebook	Likes
Nutrition Australia	28,023
Sports Dietitian Australia	21,180
Good Sports	19,523
AFL ACT/NSW	11,195
Canberra Region Rugby League	8,200
Basketball ACT	5,792
Tennis ACT	4,456
Hockey ACT	4,446
Netball ACT	4,097
Little Athletics ACT	1,774

Resources produced by Healthier Choices for junior sport clubs are highly regarded. State Sporting Organisation representatives provided an aggregate rating for the resources of 8 out of 10.

However, while resources have been developed, more than half of the 19 club survey respondents revealed that they had not received or accessed any of the resources produced.



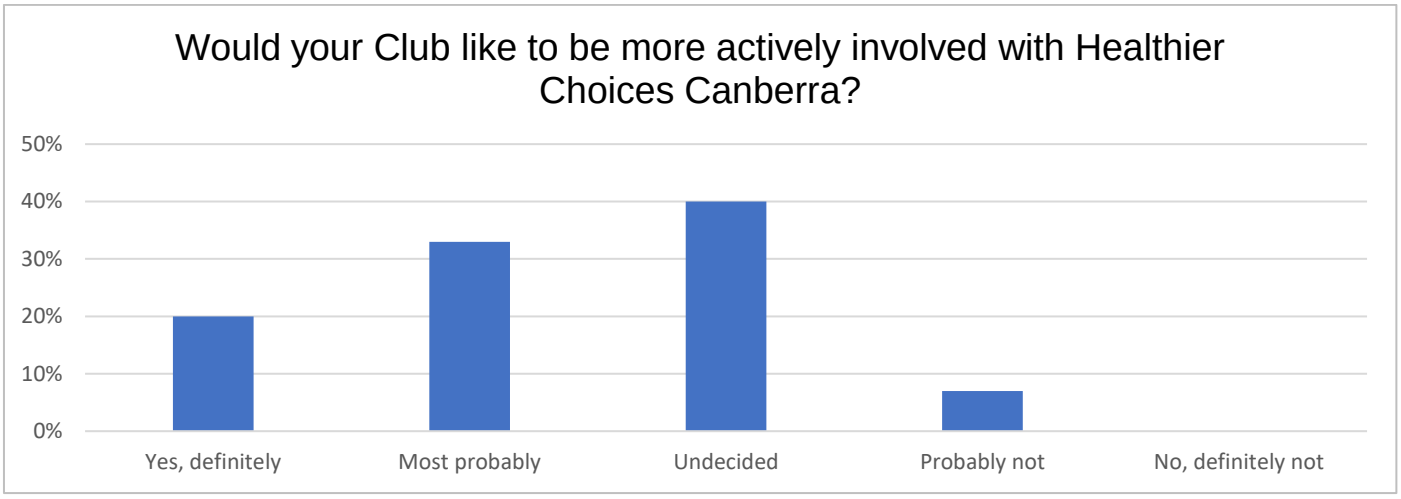
This result reveals that the current distribution method is not sufficiently robust. It is not clear whether the difficulty is located at a State Sporting Organisation, club or individual level. For example, whether emails from State Sporting Organisations are not being opened, whether emails are being read, whether email recipients are sharing information with other committee members, whether committee members are actually engaging in social media, or whether committee members have received messages but do not recall them.

Qualitative comments collected in the club survey suggest that the distribution method would be strengthened by ACT Health communicating directly with clubs, as well as State Sporting Organisations, to ensure engagement and reach.

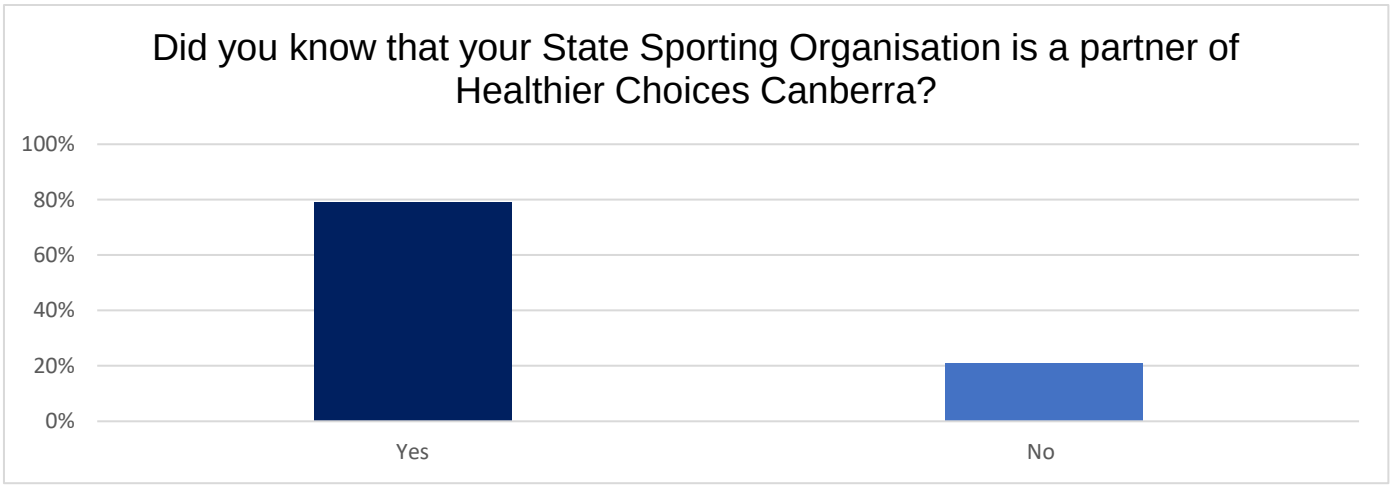
"I am sorry but very little information gets to our club. We have signed up to the HCC newsletter but nothing comes through from State Sporting Organisations"

"Bypass SSO, they are generally short staffed and unable to take on extra activities. Volunteer base at community clubs would provide greater exposure and promotion of the key messages for healthier choices"

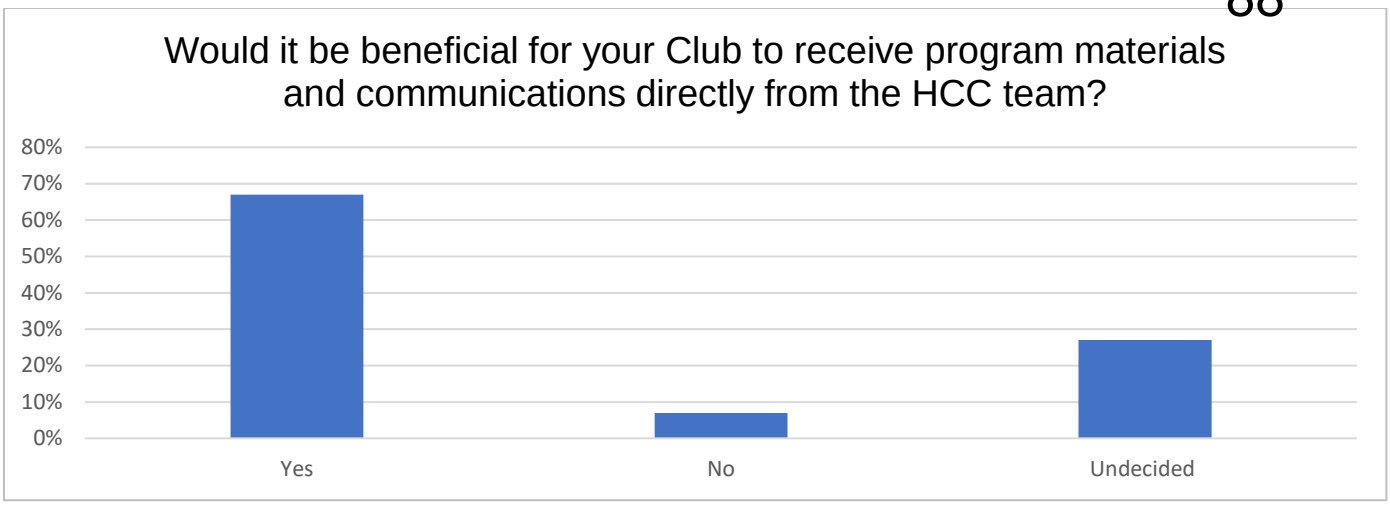
Club representatives indicated a willingness to engage directly with HCC staff, with more than half of the 19 club representatives stating that their Club would definitely or most probably be willing to become more actively involved with the program.



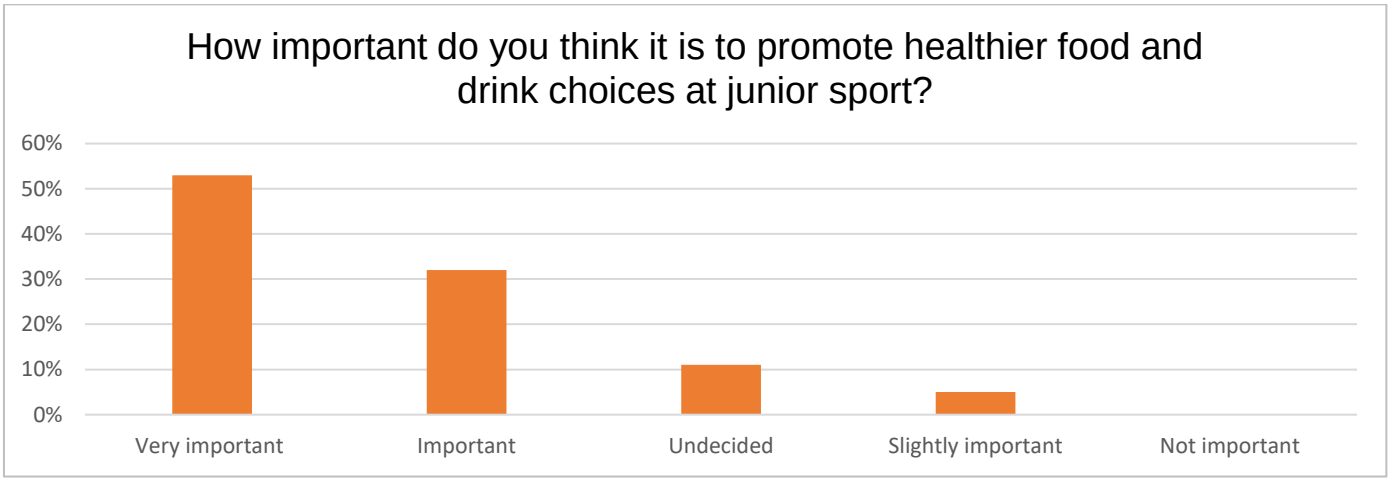
Around 1 in 5 of the 19 club responders were not aware that their State Sporting Organisation was a partner of Healthier Choices Canberra.

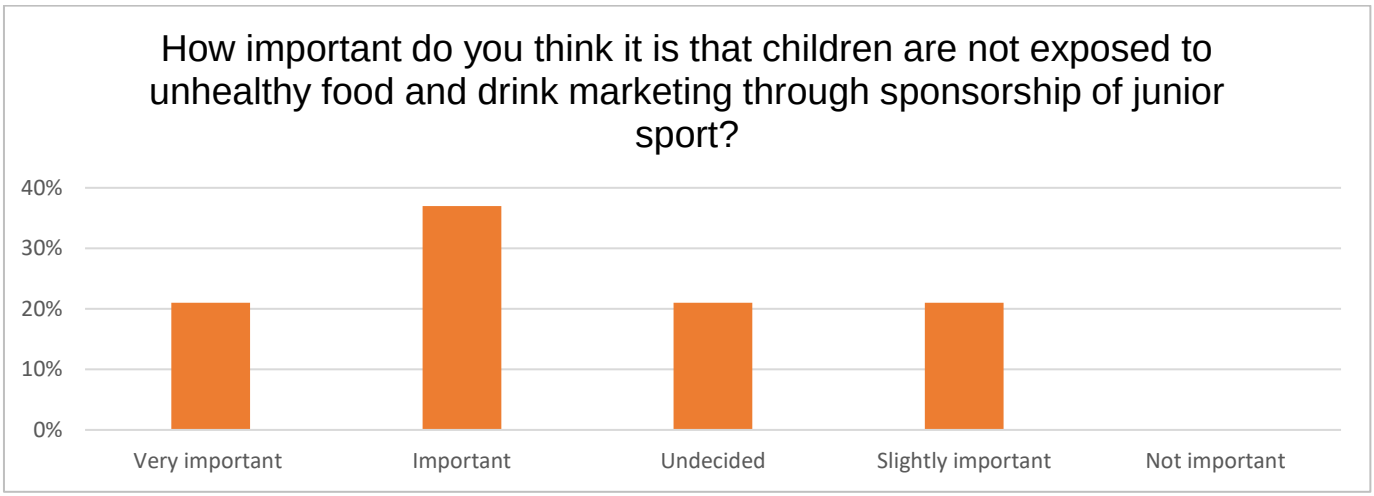


Further, 67 per cent believed it would be beneficial to receive program materials and communications directly from ACT Health, rather than solely through the conduit of their State Sporting Organisation.



Sporting club responses reveal strong support for the program aims:





Some State Sporting Organisations recognised the potential of strengthening program reach through direct HCC communication with clubs, and suggested a revamped brokerage role for themselves. The program design always envisaged a brokerage role with SSOs driving change and engagement with their clubs. A revamped brokerage role may entail State Sporting Organisations communicating key opportunities and resources while ACT Health provides more intensive support and advice.

"(The biggest barrier) at the moment is the prioritising of resources against the organisation. We are down to 5 staff, so it's just prioritising that resource from within. With that comes an opportunity to discuss how we can share the load and still have it as a priority. Can they (ACT Health) go directly to clubs? That is something we could explore a bit more"

"(We recommend) stronger club ties. We are pretty strong with what we are doing with our programs. We can provide those contact details for clubs and walk them through that relationship from there. Then ACT staff can take it from there for those that are really interested"

"For us as a State Sporting Organisation, we are trying to be a leader for our clubs and districts and provide them with resources, tools and connections. If we were bypassed it would be detrimental to our connections in the community. Introduction and connection back to State Sporting Organisations. Our biggest challenge has been finding the time to dedicate to it, I see some of the benefits of HCC being able to pick up some of the groundwork but I do see there is a fine line and we need to work as strategic partners together versus State Sporting Organisation being dropped off that link"

Training

A series of training sessions were delivered by the HCC team, targeted towards junior sport clubs.

Workshop topic	Date	Number of participants	Feedback from workshop evaluation sheets
Canteen workshop	26 June 2019	10	Overall, those attending the Canteen Workshop expressed high satisfaction levels with the opportunity to network with other canteen managers, the format of the event, time and location. Overall, participants agreed that they were able to connect with someone new; pick up a new tip for their canteen; learn more about canteen promotion; learn more about creating a profitable and healthy canteen; and learn about the support available to canteens. Of those who attended, 80 per cent found out about the event through their State Sporting Organisation
Sponsorship Guidelines workshop	6th & 7th May 2019, 24 July 2019	9	Overall, participants were satisfied with information leading up to the workshop; format; pace; opportunity for discussion; opportunity to ask questions; content; and answers to their questions. Feedback included comments such as "*Gave me confidence our club has been going down the right path*".
Marketing Essentials	11 November 2019	9	Overall, participants agreed that they were better equipped to use healthier choices to market their sports club after the workshop and that they had an intention to improve their marketing and market healthier choices.

			Feedback included comments such as "*lots of food for thought*".

The 19 club representatives who participated in the survey reported the following participation in training. It is not clear which respondents had been active members of their club throughout the preceding two years when a range of training had been offered.

Generally, State Sporting Organisations were receptive of the training that had been offered:
"Running that canteen and sponsorship workshops has been really good. It's been quite helpful to our centres that have gone along to those things"

"The first term they did some club workshops open to all clubs from all sports and some of our clubs went to that and I thought that was good. Any kind of development they can get in that area and how to seek sponsors, how to write proposals, that was very good support as well"

"We went to the marketing seminar that they offered, they brought in an expert to talk about ways we could diversify our sponsorship revenue. We didn't really receive any follow up support. That was pretty disappointing"

"There have been quite a few staff members do sponsorship training. We now look at how we stock and those types of things in our space. We've tried to be a leader in terms of looking at our canteen and what we offer"

"We know our centres who have attended our 2 canteen meetings, we had 3 plus myself do sponsorship and they have found it really helpful and handy"

Support

During initial program conceptualisation, it was anticipated that five staff members would be allocated to the program. However, the actual number of staff employed ranged between one and two staff members throughout the program operation. This reduction directly impacts on the range of supports that can be directly offered to local clubs.

ACT Health have engaged an external provider to offer more intensive one-on-one mentoring, consisting of one-one sponsorship mentoring offered to people going on to undertake the online sponsorship training, and Canteen business mentoring offered to canteen volunteers who

requested additional support to make significant changes after workshop attendance. To date, this opportunity has only been taken up by four clubs.

Other types of support offered to State Sporting Organisations include media promotion through avenues such as *Her Canberra*, *About Regional*, and *Canberra Weekly*, and the preparation of social media tiles for use in social media messaging.

"They (ACT Health) have been great in terms of helping create those tiles and social media stuff so that it is easy to just push out too. They are happy to make that (sport) specific as well so we are not putting a generic message out. It's got that slant to it"

Overall, State Sporting Organisations expressed satisfaction with the support provided by the HCC team, providing an aggregate rating of 8.6 out of 10.

4.2 Adoption

4.2.A. How many participant SSOs and clubs engaged in training and accessed resources; distributed communication material and/or displayed collateral; were still engaged at milestone engagement targets?

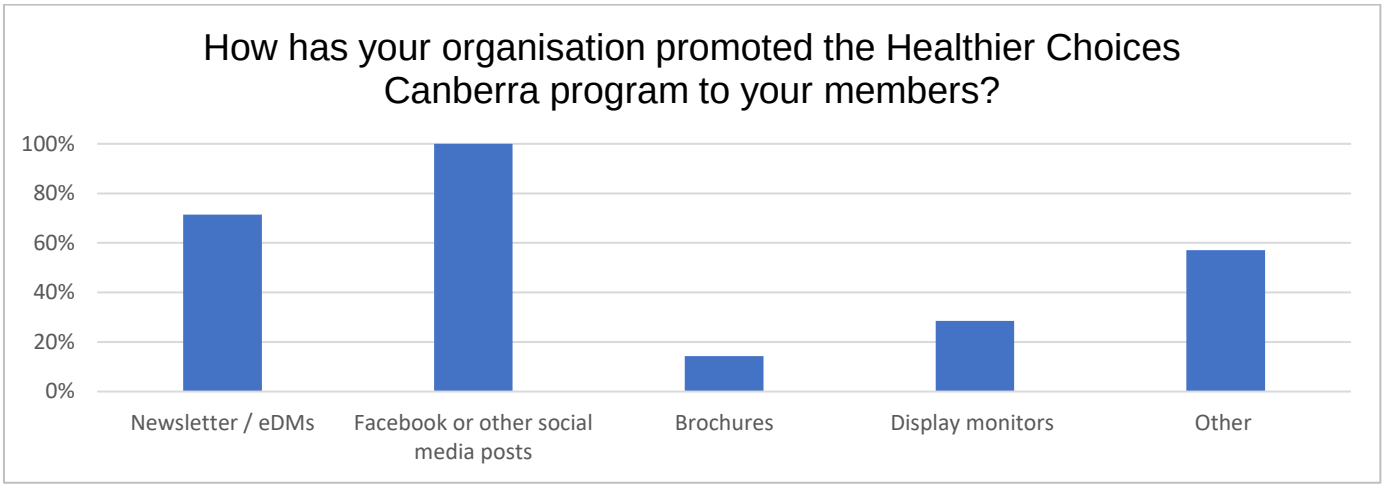
Each of the seven State Sporting Organisations partnering with the program continued their involvement into a second term of engagement. The following elements were ranked in importance by organisations partnering in the program:

How important are the following elements to your organisation staying involved in Healthier Choices?					
	Very important	Important	Undecided	Slightly important	Not important
Provision of social media and ready to go resources	29%	71%	0%	0%	0%
Regular contact with ACT Health team	29%	57%	0%	14%	0%
Ongoing training opportunities in sponsorship	14%	57%	0%	29%	0%
Ongoing training opportunities in creating healthier canteens	14%	57%	0%	29%	0%
Financial incentive	33%	50%	0%	17%	0%
Ability to use HCC branding	14%	29%	29%	29%	0%
HCC aligns with the strategic direction of our Sport	29%	43%	29%	0%	0%

Healthier environments at junior sport are important to our sporting community	29%	71%	0%	0%	0%

4.2.B. To what extent did participant SSOs deliver training and resources to their own member clubs? To what extent did participant SSOs and clubs deliver program components as intended? To what extent were the resources acceptable for the participating SSOs and clubs? [messaging, collateral, training videos, training workshops, tip sheets, data base, networking events, online training]?

State Sporting Organisation representatives discussed a range of strategies used by their organisation to communicate HCC messages and opportunities including social media, newsletters, television display monitors, and face to face promotion.



Survey results show the following responses from State Sporting Organisations:

"We have done a bit through social media (Facebook and Instagram). We went through our monthly eDM (Electronic Direct Messaging) program and a lot of emails. We have a club coordinator who deals directly with coaches with the clubs. He has sent a lot of stuff out and he has that personal relationship with them. He sends it out on our behalf or he will meet them face to face. If there is something happening, he will mention that in his face to face catch up with them"

"The coaches run their own holiday programs as their own business. Our Club Coordinator gave them information about how to promote healthy eating as part of their programs. We did a program last week with Healthier Choices Canberra. Nutrition Australia came in and did a demo with some young teenage girls about how to eat healthily"

"We promote through social media channels and the rest of the promotion is through what we offer ourselves"

While State Sporting Organisations are incorporating healthier food and drink messaging in their communications to local clubs, many clubs are not extending these healthy food and drink messages to their own members/players.

Barriers to adoption

Volunteer load

A significant barrier limiting the involvement of club committee members in the program relates to the voluntary nature of club work and the amount of time volunteers already contribute to their sport. A large proportion of Club sport volunteers work full time with more than half of all sport volunteers spending more than 10 hours per week working for their local club.[8]

During 2020, Clubs faced additional pressures related to COVID-19 including (once play resumed) the need to adapt playing, training and canteen practices to be compliant with new regulations; changes to their normal meeting methods; and changes to their regular income streams with canteens being shut, temporarily closed or open with reduced offerings.

State Sporting Organisations recognised the challenger of volunteer load:

"Those that run our centres do a hell of a lot of work. It's just trying to get them involved because we don't want to overload our volunteers because then we would lose them. It's finding that happy medium"

"It's a lot of work. It's trying to find the balance between encouraging people to come along without crossing that line of you must do this as they will say "well I'm a volunteer".

Online delivery

Given the existing demands on sporting volunteers, and their external commitments such as full-time employment, it can be difficult for committee members to physically attend training workshops. Online training was seen as a viable alternative to overcome these barriers.

"Explore new ways of doing that such as video meetings"

"I thought there was probably a couple too many workshops or seminars in that first year. We haven't had a lot this year because of the environment... Another one came through yesterday or a think tank. I jumped on the first one of that a couple of months ago and it was really good, it worked really well. Something along those lines, online platforms, where they can do it from home, or they don't have to drive to a different destination"

[8] SportAus – Aus - Sport Australia's Market Segmentation report, 2014

"For distribution through the club network, if you are trying to get the spread, to get the dissemination of that information beyond our office then doing face to face workshops is not the way for us to be able to do that. They are all volunteers in that space. Particularly during the day which is when our training occurred. Just not practical… being able to get people in a room at 3pm on an afternoon is not achievable by any stretch"

Face to face outreach

Another strategy recommended by State Sporting Organisations to actively engage clubs was for ACT Health to visit local clubs in person and offer on the spot advice and encouragement.

"It would be great if they could just get out to centres and see them in action at their canteen and be able to give suggestions once they've seen their set up because every canteen is very different because it is all sport and rec facilities. Some are great and have a great bench and you can put your microwave on and have hot food. At other centres there is no power point, there might be one for a fridge and that is about it. That would be the next step that would be really good. If someone could go out to the canteens and say "don't put your soft drinks there just drop them down. They could just provide advice on one or two things on the spot and that would help. That would actually help with getting them (volunteers) on board because it's no additional time for them and it's all practical things based on what they have at the canteen. Being able to go out and say this is what you can do at your facility would be something that would be really helpful to get more centres really just doing simple things"

"Having those direct relationships with those clubs and for them to be able to meet with clubs and work through what their canteen offerings are and offer solutions to what they need because different clubs work in different ways and have different infrastructure in their canteen. Need some quick, short wins as well. Make a couple of tweaks and light changes, quick tips"

"I think some of those quick wins are important. Slight tweaks and changes get easy benefits and it helps sell the longer-term message because they can see the outcomes"

This type of support has not previously been envisaged for the program, as SSOs were to drive change at a club level. It will be difficult for HCC to provide this level of support within the current staffing allocation of one staff member. An alternative is to improve take-up of the mentorship opportunities.

Volunteer turnover

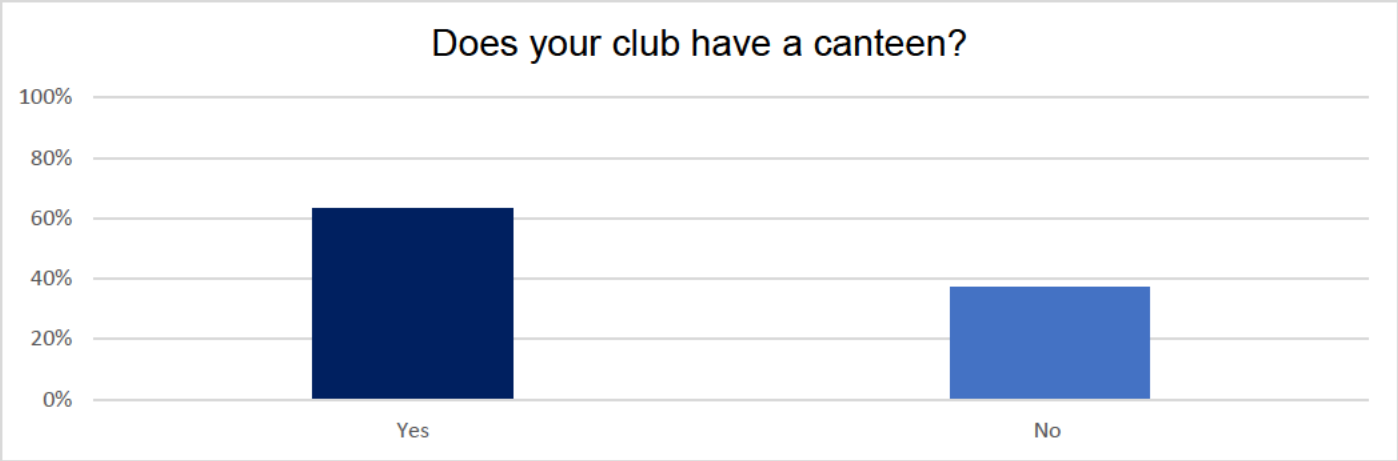
Periodic volunteer turnover at a local club level was recognised by State Sporting Organisations as a factor that should be considered in program roll out and sustainability.

"You will get a club that will be involved and they will have the same sort of people for 2 to 3 years and it will be really stable and then they will leave and it's almost like starting again. It's a constant thing of letting them know what's available and what's on with Healthier Choices sending emails out to them. Sometimes it can be really hard with turnover of the committee"

Canteen operation

Not all local clubs operate a canteen, while some clubs use playing fields operated by their State Sporting Organisation with a canteen run by an external third party.

In total, 63 per cent of the 19 club representatives who participated in the survey indicated that their club ran a Canteen.



For those who operate a canteen, a range of barriers were identified including limited storage space for fresh food and lack of staff/volunteer time to plan and prepare healthier choices.

What barriers does your club face in promoting healthier food and drink choices at your canteen?			
	Major barrier	Minor barrier	Not a barrier
Lack of staff/volunteer time to plan and prepare healthier choices	60%	40%	0%
Lack of staff/volunteer knowledge about how to create a healthier menu	30%	30%	40%
Lack of facilities to prepare fresh food	50%	30%	20%
Lack of staff/volunteer continuity to ensure quality and consistency of healthier choices	50%	40%	10%
Customer demand for less healthy options	40%	50%	10%
Cost of healthy ingredients	30%	40%	30%
Sourcing a supplier for healthy ingredients or products	0%	50%	50%
Limited display space at the canteen	50%	40%	10%
Limited storage space for fresh food	70%	30%	0%
Perception that healthier choices won't sell	30%	50%	20%
Cost of fresh food wastage	30%	50%	20%

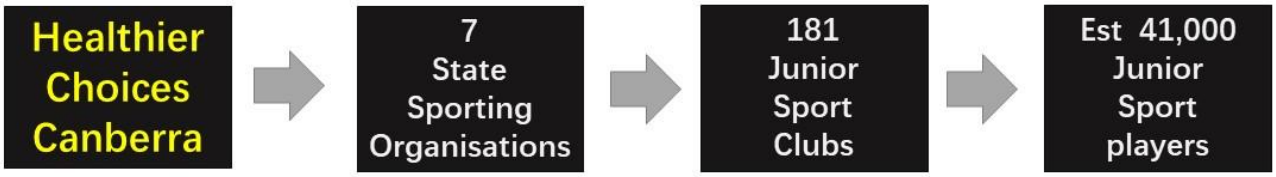
The standard of canteen facilities varies greatly across clubs. In discussions with ACT Health program staff, it was suggested that one way to increase impact on club canteens would be to target

a single area of concern, for example decreasing sugary drinks. This target could then be followed by a secondary target such as removing confectionary. This approach would overcome many of the barriers identified above.

4.3 Reach

4.3.A. What was the potential reach of each of the participating organisations? How many customers were reached by SSOs/ clubs?

The seven State Sporting Organisations partnering in the program, either directly or indirectly, represent and resource a total of 181 junior sporting clubs. Based on the estimate provided by respondents in the Junior Clubs survey, the program has a potential reach of 41,000 junior sport players.



State Sporting Organisation	Junior Sport Clubs	Junior Sport Players
Tennis ACT	32 clubs	41,000
Basketball ACT	19 clubs	
Hockey ACT	16 clubs	
Netball ACT	5 District Associations and 73 clubs	
Little Athletics	17 clubs	
Canberra Region Rugby League	15 clubs	
AFL ACT/NSW	9 clubs	

5. Evaluative conclusion

The Healthier Choices Canberra program has the potential to reach and influence a significant number of children and young people in the ACT. As dietary behaviours established in childhood often continue into adolescent and adult life, the program has the potential to make a lasting impact on food and beverage consumption patterns among the general population.

The program has successfully engaged seven State Sporting Organisations for a second term, and while these organisations have communicated messaging to clubs through a range of mediums, they also experience challenges to more active participation. The resources, training and support

delivered by ACT Health to date have, despite staffing limitations, been generally well received. The current distribution method is not sufficiently robust, with many club representatives reporting that they are not receiving or accessing this support.

Local sporting clubs are experiencing a range of barriers to greater involvement including existing volunteer load, volunteer turnover, difficulties in physically accessing training, and a range of challenges to promoting healthier food and drink choices at their canteen.

The evaluation found that the program represents a promising opportunity to impact dietary behaviour through influencing both sponsorship and food and drink environments at junior sport clubs. The program would have greater impact if the existing strategies were supplemented and adapted to improve reach and engagement.

6. Recommendations

It is recommended that ACT Health explore options for:

1. the introduction of a tiered approach to funding to ensure that State Sporting Organisation partners are able to commit to the most suitable deliverables for their organisation. Funding could consist of a base level for those who facilitate the communication of information to clubs, and higher-level funding for those organisations that are willing and able to provide more intense support and engagement.

2. new opportunities to directly communicate with local sporting clubs.

3. further development and promotion of online training.

4. the provision of face-to-face support at local clubs.

5. the development of quick win strategies for canteens; or options for clubs to progressively target single areas of concern, such as the removal of sugary drinks.

6. working with other government directorates that hold responsibility for the funding, letting and maintenance of sporting fields and club premises. These partnerships could provide opportunities to draw on a broader range of levers to increase club engagement in the program. Potential outcomes of such a partnership could result in a higher funding prioritisation for clubs committed to working with Healthier Choices Canberra for a set period of time. Similarly, clubs actively participating in the program could receive a discount on the fee paid for their use of playing fields.

6. Appendix

Interview guide for State Sporting Organisations

Background information filled in by interviewer prior to interview
Name of State Sporting Organisation: _____

Interviewer: Good morning/good afternoon. My name is _____, I'm an evaluator looking at the impact of Healthier Choices Canberra on State Sporting Organisations and junior sporting clubs. Would you be willing to answer a few questions today to give feedback on the program? Fantastic. Thank you.

1. Could you please tell me how long you've been at (name of organisation)? How long have you been responsible for the Healthier Choices Canberra program within your organisation? What were the main motivations for continuing involvement in the program this year? How important was funding in securing your organisation's commitment to the program?
2. Before joining the program, was your organisation promoting healthier food and drink messages to junior clubs? (If some level of involvement) – could you please tell me briefly about how you were doing this , are there any examples you could share of this work?
3. Before joining the program, did your organisation have a commitment to avoiding sponsors who promote unhealthy food and drinks to children? (If yes) could you please tell me briefly about this? Do you have any such commitment now?
4. Since joining how has your organisation promoted Healthier Choices to your member clubs? (Prompts: social media, emails, brochures or other resources, meeting agendas, display monitors, promoted workshops or no promotion) Could you please tell me if the main messages you have promoted have related to sponsorship activities or the provision of healthier food and drink choices? Have there been any major differences to previous years?
5. What kind of support have you received from Healthy Choices Canberra? What was most helpful? In what way was that helpful?
6. What aspects of the program haven't worked for your organisation and why? How could this work better?
7. Do you think that you are able to effectively reach your member clubs and motivate them to engage in HCC initiatives? Why or why not?
8. Do you have any recommendations for changes to the program that would enable greater engagement of junior clubs in program initiatives?
9. To your knowledge, have there been any changes for your organisation because of your participation in the program? (Prompts: increased willingness or commitment to promoting healthier food and drink choices to junior clubs or commitment by the organisation or junior clubs to seek sponsors that do not market unhealthy food and drinks to children)
10. What factors would help your organisation continue in the program, or be a barrier to continuing?
11. Do you have any other feedback that could assist in improvement of the HCC initiative?

Junior Club Survey

1. **Which type of junior sport do you represent?**
   - Netball
   - Basketball
   - Rugby League
   - AFL
   - Tennis
   - Little Athletics
   - Hockey
   - Other _____

2. **How many junior members does your club have?** (estimate ok) _____

3. **Did you know that your State Sporting Organisation is a partner of Healthier Choices Canberra (HCC)?**
   - Yes
   - No

4. **Which of the following HCC training has your Club participated in?** (tick as many as applicable)
   - Canteen mentoring
   - Canteen workshop
   - Sponsorship mentoring
   - Sponsorship workshop
   - Junior Sport Sponsorship Summit
   - None
   - Other _____

5. **Which of the following HCC promotional material has your club received or accessed? (tick as many as applicable)**
   - Media coverage featuring our club
   - Posters
   - Social media tiles
   - Marketing Essentials for Junior Sport guide
   - HCC Guide for Junior Sports
   - None
   - Other _____

6. How important do you think it is to promote healthier food and drink choices at junior sport?

- Not important
- Slightly important
- Undecided
- Important
- Very important

7.How important do you think it is that children are not exposed to unhealthy food and drink marketing through sponsorship of junior sport?

- Not important
- Slightly important
- Undecided
- Important
- Very important

8. Does your club run a canteen?

- Yes
- No *(takes respondent to Question 10)*

9. What barriers does your club face in promoting healthier food and drink choices at your canteen?

	Major barrier	Minor barrier	Not a barrier
Lack of staff / volunteer time to plan and prepare healthier choices			
Lack of staff / volunteer knowledge about how to create a healthier menu			
Lack of facilities to prepare fresh food			
Lack of staff/volunteer continuity to ensure quality and consistency of healthier choices			
Customer demand for less healthy options			
Cost of healthy ingredients			
Sourcing a supplier for healthy ingredients or products			

Limited display space at the canteen			
Limited storage space for fresh food			
Perception that healthier choices won't sell			
Cost of fresh food wastage			

10. How has your club promoted healthier food and drink messaging to your members? (tick as many as applicable)

- Club newsletter / eDMS
- Facebook or other social media posts
- Brochures
- Signage at games or training
- Display monitors
- No promotion
- Other _____

11. How could your State Sporting Organisation better support your club to create healthier food and drink environments at junior sport?

12. How could Healthier Choices Canberra better support junior sporting clubs to create healthier food and drink environments? _____

13. Would your club like to be more actively involved with Healthier Choices Canberra?

- Yes, definitely
- Most probably
- Undecided
- Probably not
- No, definitely not

14. Do you have any recommendations for changes to the program that would enable greater engagement of junior clubs in program initiatives?

15. Would it be beneficial for your Club to receive program materials and communications directly from the HCC team?

State Sporting Organisations survey

1. **Which type of junior sport do you represent?**
   - Netball
   - Basketball
   - Rugby League
   - AFL
   - Tennis
   - Little Athletics
   - Hockey
   - Other (please specify) _____

2. **How many junior clubs does your organisation represent in the ACT? (estimate ok)**

3. **How important do you think it is to promote healthier food and drink choices at junior sport?**
   - Not important
   - Slightly important
   - Undecided
   - Important
   - Very important

4. **How important do you think it is that children are not exposed to unhealthy food and drink marketing through sponsorship of junior sport?**
   - Not important
   - Slightly important
   - Undecided
   - Important
   - Very important

5. **How has your organisation promoted the Healthier Choices Canberra program to your members? (tick as many as applicable)**
   - Newsletter / eDMs
   - Facebook or other social media posts
   - Brochures
   - Display monitors
   - No promotion
   - Other

6. **What barriers does your organisation face in being involved with the program?**

	Major barrier	Minor barrier	Not a barrier
Limited human resources to implement the initiatives of the program			
Staff turnover affects continuity with implementing program			
Relative importance of the program in comparison to delivering our core business			
Resistance from member Clubs to implement initiatives of the program			

Other (please specify) _____

7. **How would you rate the HCC resources produced for junior clubs?** Rate 1 (poor) through to 10 (excellent)

8. **How satisfied are you with the support HCC provided to your organisation?** Rate 1 (poor) through to 10 (excellent)

9. **How could HCC better support State Sporting Organisations to create healthier food and drink environments in junior sport clubs?** _____

10. **How could HCC more effectively influence change at a Club level?**

11. **How important are the following elements to your organisation staying involved in Healthier Choices Canberra?**

	Not important	Slightly important	Undecided	Important	Very important
Provision of social media and ready to go resources					
Regular contact with ACT Health team					

Ongoing training opportunities in sponsorship					
Ongoing training opportunities in creating healthier canteens					
Financial incentive					
Ability to use HCC branding					
HCC aligns with the strategic direction of our Sport					
Healthier environments at junior sport are important to our sporting community					
Other (please specify) _____					

ACT Government | ACT Health

ACT Drug Strategy Action Plan 2018–2021:

Progress Report 2019–20

August 2020

Acknowledgment of Country

ACT Health Directorate acknowledges the Traditional Custodians of the land, the Ngunnawal people. The Directorate respects their continuing culture and connections to the land and the unique contributions they make to the life of this area. It also acknowledges and welcomes Aboriginal and Torres Strait Islander peoples who are part of the community we serve.

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Contents


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Foreword by the Minister for Health Rachel Stephen-Smith MLA

"The ACT Drug Strategy Action Plan 2018–2021: Progress Report 2019–20 demonstrates that the ACT is leading the nation in key areas to reduce the harms caused by alcohol, tobacco and other drugs. It also sets out the requirement to continue working together to meet the needs of the growing Canberra population, and respond to the changing landscape of alcohol, tobacco and other drug use in the ACT."

Overall, as Canberrans, we enjoy a high standard of health and wellbeing, but we do face various challenges in our community. Alcohol, tobacco and other drug use has long been associated with negative outcomes for health and wellbeing and poses otherwise preventable risks across our community.

To reduce these risks, in December 2018 the ACT Government launched the *ACT Drug Strategy Action Plan 2018–2021*. The plan sets out the ACT Government's priorities over three years to reduce harms from alcohol, tobacco and other drug use in Canberra.

Our *Drug Strategy Action Plan* aligns to the framework provided by the *National Drug Strategy 2017–2026* and focuses on reducing supply, reducing demand and reducing harms. It is complemented by the ACT Government's *Healthy Canberra: ACT Preventive Health Plan 2020–2025*, which sets the foundations for every Canberran to enjoy the highest standards of health at every stage of life. Together, these plans are helping us build a safe, healthy and resilient Canberra.

During 2019, the first full year of implementing the Drug Strategy Action Plan, we have made significant progress including the following key activities:

- We ran Australia's second government-sanctioned pill testing trial in April 2019. The ACT Government commissioned the Australian National University to evaluate the trial. The evaluation, completed in December 2019, showed the effectiveness of pill testing in reducing the harms associated with drug use at festivals.
- We established the ACT Drug and Alcohol Court in December 2019. This was introduced to offer more sentencing treatment options to people whose drug and alcohol use has substantially contributed to their criminal behaviour.
- We decriminalised cannabis. In September 2019 the ACT Legislative Assembly became the first Australian jurisdiction to remove criminal penalties for adults who possess small amounts of cannabis. This legislation came into effect on 31 January 2020.

In 2020 and beyond, the ACT Government will continue to put our plan into action, with a commitment to innovative evidence-based policy that will minimise the harms associated with alcohol, tobacco and other drugs. Our evidence-based approach to minimising harms has become even more important during the COVID-19 pandemic. In partnership with our stakeholders, including non-government organisations and the Canberra community, we will ensure our *Drug Strategy Action Plan* makes a difference in our community.

Introduction

Purpose

This is the first report on the ACT Government's progress implementing the *Drug Strategy Action Plan*. It outlines key achievements during 2019 and, because COVID-19 delayed the report's finalisation, it also contains some updated information from early 2020.

This report focuses mainly on progress against the *Drug Strategy Action Plan* priority actions. The first section outlines major achievements and Appendix 1 contains a summary of initiatives against each action.

Future progress reports will provide more information on progress against higher level objectives, as more data becomes available over the life of the plan. A revised plan will be developed for 2022 and beyond.

Background

While many people equate 'drugs' only with illegal drugs, it is legal drugs, alcohol and tobacco that cause more health problems in our community. As a result, the objectives of the *Drug Strategy Action Plan* are to minimise harms arising from the use of all drugs, including alcohol, tobacco and related products, and illicit and illicitly used drugs (including pharmaceuticals used for non-medical reasons).

- Several national strategies underpin the ACT's plan, including the:
- *National Drug Strategy 2017–2026*
- *National Alcohol Strategy 2019–2028*
- *National Framework for Alcohol, Tobacco and Other Drug Treatment 2019–2029*
- *National Quality Framework for Drug and Alcohol Treatment Services 2019–2022*.

The last three strategies were finalised in late-2019 and provide guidance for progressing the ACT *Drug Strategy Action Plan* during 2020 and beyond. In addition, an updated National Tobacco Strategy is expected to be released in 2020 for the period 2020 to 2030.

The ACT Government is committed to working within the Australian national harm minimisation approach to drug policy described in the National Drug Strategy 2017–2026. Harm minimisation includes the three pillars of:

- supply reduction (for example, police seizures of illicit drugs, or restrictions on sale of alcohol and tobacco)
- demand reduction (for example, drug treatment, advertising that highlights the negative effects of drug use, and controls on alcohol and tobacco promotion)
- harm reduction (a pragmatic approach to reducing harm from drug use that does occur despite the best efforts of supply and harm reduction, for example providing sterile injecting equipment to prevent the spread of HIV and Hepatitis C, and providing the medication naloxone to reverse potentially fatal opioid overdoses).

Scope of report

This report outlines progress in achieving the objectives and priority actions in the *Drug Strategy Action Plan* in the areas of:

- alcohol
- tobacco and related products
- illicit and illicitly used drugs
- emerging issues, data and reporting.

It does not describe the daily clinical work of the ACT Government and non-government services in Canberra to treat and support people with alcohol and other drug problems. More information and statistics on alcohol and other drug topics in the ACT can be found on the Australian Institute of Health and Welfare's alcohol, tobacco and other drugs webpage.[1]

Collaboration and partnerships

The close collaboration and co-design between the ACT Government and non-government organisations, including the specialist alcohol and other drug treatment and support sector, has been critical to achieving the milestones described in this report. During 2019 and early 2020, the ACT Health Directorate (ACTHD) worked with the following directorates and external organisations to deliver Drug Strategy Action Plan priority action items:

- ACT Policing
- ACT Aboriginal and Torres Strait Islander Elected Body (ATSIEB)
- Alcohol Tobacco and Other Drug Association ACT (ATODA)
- Canberra Alliance for Harm Minimisation and Advocacy (CAHMA)
- Canberra Health Services (CHS)
- Capital Health Network (CHN)
- Chief Minister, Treasury and Economic Development Directorate (CMTEDD)
- Families and Friends for Drug Law Reform (FFDLR)
- Foundation for Alcohol Research and Education (FARE)
- Health Care Consumers' Association (HCCA) of the ACT
- Hepatitis ACT
- Justice and Community Safety Directorate (JACS)
- Mental Health Community Coalition ACT (MHCC)
- Office of the Coordinator-General for Family Safety
- Public Health Association of Australia (PHAA)
- Winnunga Nimmityjah Aboriginal Health and Community Services.

The Drug Strategy Action Plan Advisory Group is a key mechanism for collaboration across the ACT Government and the non-government sector. The Advisory Group ensures the ACT Government makes informed decisions on the implementation, monitoring and evaluation of actions in the *Drug Strategy Action Plan*.

1 *https://www.aihw.gov.au/reports/alcohol/alcohol-tobacco-other-drugs-australia/contents/introduction*

Progress on priority actions

Alcohol

Alcohol is the most widely used drug in our community. In 2015, 4.5 per cent of the disease burden in Australia was due to alcohol use, making it the sixth leading risk factor for preventable illness, injury and death.

While the ACT's drinking levels are near the national average, a significant proportion of people in our community continue to drink at levels that put them at risk of harm. In the ACT, alcohol is the leading risk factor for preventable disease, injury and death among men aged 15–24 years (13.0 per cent), and men aged 25–44 (12.0 per cent). Alcohol is also the second leading risk factor among females aged 15–24 (5.8 per cent).[2]

The most recent data from the Driving Change Project on all ACT emergency department presentations on Friday and Saturday nights (8pm–6am) between 20 May 2019 and 19 July 2019, showed that people had been drinking alcohol in the previous 12 hours in 3.1 per cent of presentations at Calvary Hospital Emergency Department, and 11.5 per cent of presentations at the Canberra Hospital Emergency Department. The alcohol consumed was more likely to have been purchased at an off-licence venue such as a supermarket or bottle shop than at a licenced venue, such as a pub or club.

Our achievements: alcohol

✓ *Awarding of Healthy Canberra Grants*

The ACT Health Promotion Grants Program offers grants to community-based organisations to improve the health of Canberrans and minimise the risk of chronic disease.

In 2019, the ACT Government awarded more than $2 million in grant funding for new projects to reduce harms from alcohol use. The funded projects include work to:

- promote safe drinking guidelines and publicise the long-term effects of alcohol use
- reduce the risk of alcohol overdose and trauma among young people.

Other grants aim to reduce harms among specific higher risk groups including:

- Aboriginal and Torres Strait Islander peoples
- pregnant women
- lesbian, gay, transgender, intersex, and/or queer people
- men
- people in, or leaving, correctional centres.

Further information about specific Healthy Canberra Grants, including the total funding amounts, are in Appendix 2.

2 Australian Institute of Health and Welfare (2019). *Australian Burden of Disease Study: Impact and causes of illness and death in Australia 2015.* Available at: https://www.aihw.gov.au/getmedia/c076f42f-61ea-4348-9c0a-d996353e838f/aihw-bod-22.pdf.aspx?inline=true

✓ *The 'I need you to say no' campaign*

The ACT Government, through the Justice and Community Safety Directorate, ran the campaign *Alcohol. Think Again 'I need you to say no'*. This was adapted from materials designed and delivered by the Western Australian Government.

The campaign aims to reinforce that most parents don't provide alcohol to their children, and that, given teenagers' vulnerabilities to the effects of alcohol and the longer-term potential for damaging outcomes, it is best for teenagers to delay alcohol use until at least 18 years of age.

The campaign was launched online and on television in December 2019 and finished in February 2020. An evaluation will be completed in 2020 to gain insight into how the campaign was received and its effectiveness.

Looking forward: 2020 actions on alcohol

✓ *Driving change research study*

'Driving Change: Using Emergency Department Data to Reduce Alcohol-Related Harm' (Last Drinks) is an Australian multi-site national study led by Deakin University. The study identifies the most common sources of alcohol-related incidents resulting in emergency department presentations, which can then be targeted through public health interventions.

The Canberra Hospital and Calvary Public Hospital emergency departments began collecting data in August 2018 and the project is due to finish in 2020.

Data from the first 12 months indicates that most ACT emergency department admissions following recent alcohol consumption are linked with alcohol purchased at off-licence outlets.

At the end of the Driving Change research project, the ACT Government will consider policy options informed by the findings.

✓ *National Alcohol Strategy 2019–2028*

The National Alcohol Strategy was finalised in late 2019. It provides a national framework for local policy action to reduce alcohol-related harms in the ACT.

The ACT Government's commitments under the *Drug Strategy Action Plan* and the *Preventive Health Plan* are consistent with the aims of the National Alcohol Strategy. This includes the goal of reducing harmful alcohol consumption by 10 per cent.

In 2020, the ACT Health Directorate will review evidence of links between alcohol use and domestic and family violence, with a view to informing future policy actions.

The ACT Government will consider further actions in future years.

✓ *Alcohol Responsible Promotion Guidelines review*

A review of the Liquor (Responsible Promotion of Liquor) Guidelines 2012 will be led by Access Canberra in 2020. These guidelines provide direction on what constitutes unacceptable advertising or promotions for alcohol products by licensees or permit holders in the ACT.

Tobacco and related products

The decline in tobacco use Australia-wide and in the ACT is a significant public health success. Fewer young people are now taking up smoking than at any time since official surveys began in the early 1980s.[3] Despite this success, however, tobacco remains the leading cause of preventable disease and death, both in the ACT[4] and Australia-wide.[5]

Currently 1 in 10 Canberrans smoke. However, people who experience more social or personal disadvantage, including people of Aboriginal or Torres Strait Islander background, or those who have a mental illness or addiction, smoke at much higher rates.

Electronic cigarettes (e-cigarettes) and vaping continue to be a controversial topic in Australia. While some argue that e-cigarettes could be useful to support people to stop smoking, there are also concerns that e-cigarettes may act as a gateway into nicotine use and tobacco smoking, as well as causing high levels of health damage in their own right. Although it is illegal in Australia to sell vaping products that contain nicotine without a licence, recent research has shown that many products advertised as 'nicotine-free' do in fact contain nicotine.

Our achievements: tobacco and related products

✓ *Smoking rate of 10 per cent*

The National Drug Strategy Household Survey 2019 (published in July 2020) reported a smoking rate of 10 per cent in the ACT, making the ACT the first Australian jurisdiction to reach this milestone. The daily smoking rate, not including occasional smoking, was 8.2 per cent in 2019. The extent of the decline in daily smoking in the ACT is shown by the fact that in 2001 the daily smoking rate was 18.4 per cent, more than double the current rate.

✓ *Smoke-free places*

The Smoke-free Public Places (Public Transport Interchanges) Declaration 2019 came into effect on 18 October 2019. This Declaration makes the new Gungahlin Bus and Light Rail Interchange smoke-free, extends the smoke-free boundary at the City Bus Interchange to include the light rail platforms and new bus platforms, and includes the new light rail platforms at Dickson Interchange. This Declaration replaces the Smoke Free Public Places (Public Transport Stops) Declaration 2017.

3 *https://www.tobaccoinaustralia.org.au/chapter-2-consumption/2-3-self-reported-measures-of-tobacco-consumption*
4 ACT Health. *ACT Chief Health Officer Report 2018.*
5 *https://www.aihw.gov.au/reports/burden-of-disease/impact-risk-factors-burden-disease/data*

✓ *E-cigarette policy*

In March 2019, the ACT Government asked the Australian Government Department of Health to expand the scope of federal tobacco legislation to include e-cigarettes.

On 13 September 2019, the ACT Chief Health Officer joined with other State and Territory Chief Health Officers and Australia's Chief Medical Officer to issue a statement about e-cigarettes, and an emerging link between their use and lung disease.

At the November 2019 meeting of the Council of Australian Government (COAG) Health Council, health ministers reaffirmed their commitment to maintain existing restrictions on nicotine vaping products. Ministers agreed to refer the safety of non-nicotine vaping and e-cigarettes to Chief Medical Officers for urgent review.

The Australian Government updated its 'Principles that underpin the current policy and regulatory approach to electronic cigarettes (e-cigarettes) in Australia' on 20 December 2019. The principles state that 'any change to regulation of e-cigarettes in Australia will have the primary focus and goal of protecting children and young people, with a second key goal of protecting the health of existing adult cigarette smokers'.

The ACT Health Directorate has also been closely monitoring the United States' outbreak of severe lung illnesses related to vaping.

In May 2019, the ACT Government published a new consumer information sheet to help Canberrans better understand the health effects of e-cigarettes and vaping products.[6]

Looking forward: 2020 actions on tobacco and related products

New funding for programs to tackle tobacco

The successful applications for almost $900,000 in funding for Healthy Canberra Grants: Focus on Reducing Smoking-Related Harm were announced on World No Tobacco Day, 31 May 2020. The successful projects commence in 2020–21 and continue for up to three years.

The successful grant recipients are:

- Directions Health Services, which will receive $289,591 over the next three years for its Butt it Out! smoking support program for people with alcohol and other drug dependency and comorbid mental illness.
- The Worldview Foundation, which will receive $325,696 for its Pre-Release Non-Indigenous Supplement along with its Post-Release Activity Support program at the Alexander Maconochie Centre. This program aims to address issues associated with alcohol, tobacco and other drugs to support a more successful reintegration of detainees into the community, along with improvements to their health and wellbeing.
- The Cancer Council ACT, which will receive $284,000 for its Tackling Tobacco program to address smoking in disadvantaged communities in partnership with not-for-profit community sector organisations, to increase their capacity to support people to stop smoking.

6 *https://www.health.act.gov.au/sites/default/files/2019-05/Electronic%20cigarettes.pdf*

E-cigarettes

In 2020, the ACT Health Directorate will continue to work with other states and territories and the Australian Government to identify options for a national approach to regulation of e-cigarettes, and to actively monitor emerging evidence regarding the health risks of e-cigarettes and other new tobacco-related products. The ACT Government will consider if a legislative approach is needed to address identified risks.

National Tobacco Strategy

A national public consultation on the draft National Tobacco Strategy is expected during 2020, although the consultation has been delayed by the COVID-19 pandemic. The ACT Government will consider how to respond to the National Tobacco Strategy once it is completed.

Heated tobacco products

The ACT Government has made a submission to the Therapeutic Goods Administration consultation process, objecting to an application to amend the Poisons Standard to permit heated tobacco products to be sold in Australia. The ACT's submission raised the issues of the lack of evidence of health benefits for such a step, safety concerns for users and bystanders, and the likely negative impact on reducing tobacco use in Australia.

Illicit and illicitly used drugs

Illicit drug use is a risk factor for about 2.6 per cent of the total disease, injury and death (burden of disease) in the ACT.

Since 2016, wastewater testing has been carried out three times a year on sewage from around Australia to help compare the quantity of alcohol, tobacco and other drugs that are consumed across different areas of the country. The testing has shown how drug use in Canberra resembles that of other capital cities in some ways, but in others it more closely resembles regional drug use patterns.

The following table summarises how estimated personal use of different types of drugs in the ACT compares with estimated rates of use in a) other state and territory capitals and b) other regional areas. The information is based on wastewater collection during December 2019. It is important to bear in mind that wastewater testing provides information only on average levels of consumption. If the testing indicates that 100 units of a drug have been consumed, for example, it cannot tell whether this is the result of 100 people each consuming one unit, or 10 people each consuming 10 units. Results and interstate comparisons can fluctuate between testing periods.

Comparison of average levels of per head drug use as indicated by wastewater testing, December 2019

Drug	ACT compared with Australian average	ACT compared with capital city average	ACT compared with regional average
Alcohol	Higher	Higher	Similar
Fentanyl (an opioid pain killer)	Similar	Similar	Lower
Oxycodone (an opioid painkiller)	Higher	Higher	Lower
Heroin	Lower	Lower	Higher
Cannabis	Higher	Higher	Similar
Cocaine	Higher	Higher	Similar
Ecstasy	Similar	Similar	Lower
Methamphetamine	Lower	Lower	Lower
Nicotine	Higher	Higher	Lower

Our achievements: illicit and illicitly used drugs

✓ *Viral hepatitis and HIV screening and treatment at the Canberra Hospital Alcohol and Drug Service*

People who inject drugs are most at risk of contracting the potentially fatal liver infection, Hepatitis C. New treatment medications that can cure Hepatitis C were made available on the Australian Pharmaceutical Benefits Scheme in 2016. The new treatments are easier to take, have fewer side effects, and are more effective for most people.

In 2019, to ensure clients have streamlined access to the new Hepatitis C treatments, Canberra Health Services introduced direct access to screening, assessment and Hepatitis C treatment within the Alcohol and Drug Services. Patients can also be screened for other blood-borne viruses such as HIV and Hepatitis B.

✓ *Launch of the Drugs and Poisons Information System (DAPIS) Online Remote Access*

The DAPIS Online Remote Access portal is a secure realtime prescription monitoring website that allows prescribers and pharmacists to look up information about a patient's use of controlled medicines, particularly opioid medications that have a high risk of overdose. The new ACT-based platform was introduced in March 2019.

✓ *Commitment to national real-time prescription monitoring*

In May 2019, the ACT became the first jurisdiction to formally commit to the national Real-Time Prescription Monitoring system. In June 2019, the ACT Government allocated $2.114 million to adopt this new national platform. It will provide practitioners with enhanced features and functionality to further support care of patients requiring treatment with monitored medicines that could be subject to non-medical use.

Information displayed will be sourced from the National Data Exchange, which includes dispensing data sourced from other jurisdictions for ACT residents, in addition to ACT pharmacy dispensing data. Information will also be displayed for ACT Chief Health Officer approvals held by a prescriber to prescribe controlled medicines for a patient.

✓ *New opioid treatment medication*

In September 2019, a new opioid treatment medication, long-acting buprenorphine, was made available on the Australian 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 requiring a person to attend a clinic or pharmacy every 1 to 2 days.

Canberra Health Services carried out an introductory longacting buprenorphine program in late 2019 in both its Alcohol and Drug Services and the Alexander Maconochie Centre. In December 2019, long-acting buprenorphine also become more widely available in the ACT, with three practices in central and southern Canberra (Interchange General Practice, Winnunga Nimmityjah Aboriginal Health and Community Services and Directions Health Services) approved to provide longacting buprenorphine—providing a valuable treatment option for many people receiving opioid treatment.

✓ *Successful pill testing trial at Canberra music festivals*

Pill testing is a harm reduction service that analyses the contents of drugs and provides targeted, evidence-based drug information to assist people to avoid potential harms associated with drug use.

The ACT is the first and only Australian state or territory to conduct festival-based pill testing (at the 2018 and 2019 Groovin the Moo music festivals). These pill testing trials were conducted within the supportive policy environment provided by the ACT Government, in line with the Government's commitment to innovative approaches that prevent and reduce harms associated with drug use. Harm reduction is one of the three key pillars of the Australian national harm minimisation approach to drug policy.

The second pill testing trial was run by Pill Testing Australia, a harm reduction consortium, at Groovin the Moo on 28 April 2019. More than 200 festival patrons participated in the trial.

The ACT Government funded Australian National University-affiliated researchers to evaluate this second trial. The evaluation aimed to determine the value of pill testing as a harm reduction initiative.

The evaluation found an overwhelmingly positive response to pill testing by festival patrons, and concluded that pill testing is an effective health intervention that can have a significant impact reducing the potential harms associated with the use of illicit drugs.

Key findings included:

- all patrons who had particularly dangerous drugs identified (N-ethyl pentylone) disposed of the drug in the amnesty bin provided as part of the service
- on leaving the service, 28 per cent of patrons said that they would use less of the drug than planned
- 97 per cent of patrons said the information they received was very clear, and consistently reported that their interaction with the service increased their knowledge on how to reduce harm, particularly for novice users
- 98 per cent of patrons rated the service very highly
- 95 per cent of patrons said they would use the service again if available.

Patrons who were interviewed said that they would change their behaviour to reduce harm by taking less of the drug, spacing out their use, drinking water, and being less reluctant to seek medical assistance.

In December 2019, the ACT Minister for Health, Rachel Stephen-Smith MLA, released the Australian National University evaluation report to the COAG Health Council.

✓ *Drug and Alcohol Court*

The ACT Drug and Alcohol Court is an ACT Government election commitment and a key commitment of the Drug Strategy Action Plan. It aims to divert offenders to treatment programs instead of incarceration where the offending is substantially related to drug or alcohol use. Offenders voluntarily decide to take part and must plead guilty to be eligible.

The court officially started operating on 3 December 2019. Assessment of potential participants for their suitability for a Drug and Alcohol Treatment Order (DATO) also began in December 2019. The ACT Health Directorate has funded non-government organisations to provide treatment to participants, and will manage these contracts. Participant numbers are expected to increase over time as the service develops.

✓ *Safer Families*

The Safer Families measure in the 2016–17 ACT Government Budget funded a range of initiatives to address domestic and family violence.

In 2019, the ACT Health Directorate ran a targeted procurement process for a consultant to conduct a baseline assessment of the capacity of the alcohol and other drug sector to respond to domestic and family violence. The final report was delivered to ACT Health Directorate in December, 2019.

In 2020, ACT Health provided $250,000 to the Alcohol, Tobacco and Other Drug Association ACT to undertake an additional stage of the Safer Families project, to improve the capacity of the alcohol and other drug sector to identify and respond effectively to domestic and family violence. This funding is enabling capability uplift for the alcohol and other drug sector consistent with the ACT Government Domestic and Family Violence Training Strategy and the ACT Domestic and Family Violence Risk Assessment and Management Framework.

✓ *The 'What Would They Think?' campaign*

The 2019–20 '*What Would They Think?*' campaign was launched in December 2019. The campaign encouraged people to plan how they would get home safely during the holiday season. It emphasised that driving under the influence of illicit substances is against the law and that this would not change under the ACT Government's new cannabis legislation.

Looking forward: 2020 actions on illicit and illicitly used drugs

National Real-Time Prescription Monitoring system

The ACT will continue to prepare to adopt the national Real-Time Prescription Monitoring system by June 2021, to help prevent access to dangerous quantities of addictive drugs.

Opening of a new opioid treatment facility in north Canberra

A new opioid replacement treatment clinic is expected to open at Belconnen in Canberra's north in October 2020. In the 2019–20 ACT Budget, the ACT Government allocated $3.014 million in new funding over four years to establish and operate the service. Planning work was undertaken in 2019 and refurbishments during early 2020. The service will offer access to doctors who can prescribe opioid treatment medications, and to on-site opioid treatment dosing.

Medically supervised injecting facility

The *Drug Strategy Action Plan* committed to investigating the feasibility, need, effectiveness and appropriateness of establishing a medically supervised drug consumption facility (supervised injecting facility) for the ACT.

The ACT Health Directorate has engaged the Burnet Institute, in partnership with the Canberra Alliance for Harm Minimisation and Advocacy, to undertake this study. The work has a research focus, investigating current and future drug usage patterns, risk behaviours, and drug-related health problems, to determine whether there is a need for a medically supervised drug consumption service in the ACT.

The key objective is harm reduction for individuals who use drugs in the ACT, with a focus on reducing overdose-related morbidity and mortality. The study will consider appropriate methods of achieving this objective, including potentially establishing a medically supervised drug consumption facility.

The final report is due in the second half of 2020. Along with ACT Health Directorate advice, the study will inform the ACT Government's consideration of the appropriateness of a medically supervised drug consumption facility in the ACT.

Naloxone

Naloxone is a drug that reverses overdoses due to opioids including heroin, and pharmaceutical drugs such as oxycodone or fentanyl. In the 2019–20 ACT Budget, the ACT Government provided additional ongoing funding of $300,000 annually to expand the reach of Canberra's naloxone program, which makes naloxone available to community members for immediate use in an emergency.

During 2020, the ACT Government will continue to work with service providers, including the Canberra Alliance for Harm Minimisation and Advocacy, to expand access to take-home naloxone in the ACT.

Festivals Pill Testing Policy

Following the release of the independent evaluation of the second ACT pill testing trial, the ACT Government developed a Festivals Pill Testing Policy. The policy was intended to be trialled at the Groovin the Moo Festival in April 2020, but the festival was cancelled due to COVID-19 and the policy has yet to be implemented.

Aboriginal and Torres Strait Islander Residential Rehabilitation Facility

In the 2019–20 ACT Budget, the ACT Government provided $300,000 to inform the development of a culturally appropriate residential service supporting drug and alcohol rehabilitation for Aboriginal and Torres Strait Islander people in the ACT.

The ACT Health Directorate engaged Winnunga Nimmityjah Aboriginal Health and Community Services to develop a culturally appropriate Model of Care for the proposed service. Winnunga has completed a draft Model of Care and is consulting on the draft with the ACT Aboriginal and Torres Strait Islander community.

The ACT Health Directorate is continuing to work with Winnunga on the development of this facility. The Model of Care will be finalised in 2020–21, with consideration of design and construction work to follow.

The facility is intended to complement existing services, including the Ngunnawal Bush Healing Farm.

Funding to improve the diversion system

In the 2019–20 ACT Budget, the ACT Government committed $2.9 million over four years to improve support for people diverted from the police and court systems for personal drug use. This will help respond to community need and allow for more responsive early intervention services.

Diversion can involve police diverting people to education or treatment early in their contact with the criminal justice system, as well as the courts diverting people for assessment and referral for appropriate treatment.

Alexander Maconochie Centre Drug and Blood-Borne Virus Strategy 2020–2024

The Alexander Maconochie Centre Drug and Blood-Borne Virus Strategy 2020–2024 will be finalised in 2020.

This strategy will guide how ACT Corrective Services and the Mental Health, Justice Health and Alcohol and Drug Services division at Canberra Health Services address drug use by detainees. The strategy will encompass communicable disease prevention and control relating to blood-borne viruses and sexually transmittable infections.

In the 2019–20 ACT Budget the ACT Government invested an additional $1.075 million over four years to expand the opioid maintenance treatment service and provide a range of additional drug and alcohol services at the Alexander Maconochie Centre. Additional nursing staff have been recruited with this funding to help reduce waiting times for alcohol and drug consultations, and to provide earlier access to interventions for detainees to support their treatment and recovery from addiction while in custody.

Alcohol, tobacco and other drug education in schools

Drug and alcohol education is a key component of the Australian curriculum for students in Years 3 to 10. While the Australian curriculum outlines the learning outcomes for students in those years, it is not a syllabus.

To ensure schools are using the best resources currently available, in 2020 the ACT Health Directorate will work with educators to identify and disseminate a range of evidence-based resources for use in ACT schools to support the Australian curriculum.

Emerging issues, data and reporting

The *Drug Strategy Action Plan* allows for responses to emerging priorities that could not be identified at the time the plan was developed. The plan includes commitments to improving ACT data on alcohol, tobacco and other drug issues. Data, and appropriate data sharing, is key to tracking emerging issues, and guiding policy and treatment development.

Our achievements: emerging issues, data and reporting

✓ *Findings of the 2019 National Drug Strategy Household Survey*

The National Drug Strategy Household Survey is the major national survey of alcohol, tobacco and other drug use in Australia. The Australian Institute of Health and Welfare conducts the household survey every three years. Data was gathered in all states and territories during 2019, with findings published on 16 July 2020.[7]

Because the ACT has a relatively small sample size compared with the larger Australian jurisdictions, statistically significant changes between the three-yearly surveys can be difficult to detect, but clearer trends may emerge over longer periods. The findings of the 2019 survey are summarised below.

Tobacco

- Tobacco smoking in the ACT remains the lowest in any Australian jurisdiction. Daily smoking in the ACT was 8.2 per cent in 2019 (age 14 or older) compared with the national average of 11.0 per cent. There was an apparent fall in the ACT daily smoking rate from 9.5 per cent in 2016, however, this was not statistically significant.
- The overall smoking rate in 2019 in the ACT, including occasional smoking, was 10.0 per cent compared with 11.6 per cent in 2016. The Australian overall smoking rate was 14.0 per cent, four percentage points higher than in the ACT.
- The rate of daily smoking more than halved in the ACT between 2001 (18.4 per cent) and 2020 (8.2 per cent).

Alcohol

- Between 2016 and 2019, there was no statistically significant change in the proportions of Canberrans drinking daily, weekly, monthly, or less often than monthly over the previous 12 months. There was also no statically significant change in the proportion of ex-drinkers.
- There appears to be a gradual decline in short-term risky drinking in the ACT, from 28 per cent in 2007 to 21 per cent in 2019. There may be a trend to a decline in short term-risky drinking at least monthly between 2016 (22.7 per cent) and 2019 (20.7 per cent), but this was not statistically significant.
- The ACT has the lowest proportion of lifetime risky drinking over the past year, at 14.1 per cent compared with the national average of 16.8 per cent. The rate of lifetime risky drinking in the ACT has fallen over the longer-term from 21.7 per cent in 2007.
- Between 2016 and 2019 there were significant decreases in the percentage of people in the ACT who reported being victims of alcohol-related verbal abuse (21 per to 15.9 per cent) or physical abuse (5.3 per cent to 2.0 per cent) in the previous 12 months. However, in 2019 Canberrans were still more than twice as likely to be a victim of an alcohol-related incident as a drug-related incident (21 per cent compared to 9.1 per cent).

7 *https://www.aihw.gov.au/reports/illicit-use-of-drugs/national-drug-strategy-household-survey-2019/contents/table-of-contents*

Illicit drugs

- The ACT had the lowest rate of recent illicit drug use of any Australian jurisdiction in 2019, at 14.6 per cent. This was despite a recent apparent (but not statistically significant) increase in illicit drug use from 12.9 per cent in 2016.
- Methamphetamine (ice) and amphetamine (speed) use appears to have fallen to very low population levels in Canberra. The 2019 household survey records meth/amphetamine use as 0.3 per cent in the ACT in 2019, compared with 1.1 per cent in 2016, and 4.5 per cent in 2001.
- Nonetheless, in the ACT in 2018–19, 22.6 per cent of non-pharmacotherapy-based treatment episodes provided by government-funded services were to help with meth/amphetamine use. This is likely to indicate that people who continue to use methamphetamine are more likely to be higher level users experiencing significant problems than previously.

Pharmaceuticals used for non-medical purposes

- The non-medical use of painkillers and opioids by people in the ACT in 2019 (1.5 per cent) was lower than the national average (2.7 per cent). There appears to be a trend towards a (non-significant) decline in reported non-medical use of opioid painkillers in the ACT (down from 2.9 per cent in 2016 to 1.5 per cent in 2019). This parallels a statistically significant national decline (down from 3.6 per cent in 2016 to 2.7 per cent in 2019).

Public views on policy

Support for pill testing among Canberrans was the highest in the country in 2019, at 70 per cent. The majority of Australians also support pill testing (57 per cent).

Around two-thirds of people surveyed in the ACT support harm reduction measures for injecting drug use, such as needle and syringe programs (72 per cent), opioid maintenance treatment (68 per cent), access to take-home opioid overdose reversal drug naloxone (63 per cent) and regulated injecting rooms (65 per cent).

For the first time in 2019, more Australians support the legalisation of cannabis (41 per cent) than oppose it (37 per cent).

Only 22 per cent of Australian adults now believe that possession of cannabis for personal use should be a criminal offence. The majority of Australian adults (55.3 per cent) support a caution/warning or no action against people found in possession of cannabis, with the next most popular option being referral to treatment or education (27.3 per cent). A total of 13 per cent support a fine, and only 7.3 per cent support community service, weekend detention or prison.

The data collected from this survey provides key information on current alcohol, tobacco and other drug trends in the ACT, helping to guide future directions of the Drug Strategy Action Plan.

✓ *Cannabis decriminalisation*

In response to a Private Members Bill, the ACT became the first Australian jurisdiction to remove criminal penalties for adult personal possession offences.

The *Drugs of Dependence (Personal Cannabis Use) Amendment Act 2019* passed in September 2019 and came into effect on 31 January 2020. The operation of the new law will be reviewed after three years. From mid-January 2020 to mid-March, the ACT Government implemented an evidence-led communication campaign to inform Canberran adults about the new cannabis legislation. This included radio advertisements, social media, and web content. As part of the government communication campaign, the ACT Health Directorate delivered public health information about the health impacts of cannabis use. The information provided was tested with Canberrans first to ensure it was clear and easy to understand.

In addition, a new 'Cannabis and Your Health' webpage was established on 14 January 2020, and information was provided to stakeholders, intermediaries, drug and alcohol services and public health staff.

The ACT Health Directorate will continue to provide information to the community on the health impacts of cannabis use as part of business-as-usual activities.

ACT wastewater testing results did not indicate an increase in cannabis use across the territory in February 2020, after the legislation came into effect. There was also no increase in cannabis-related emergency department presentations from February to April 2020 compared with the previous quarter.

✓ *Better data on alcohol use in pregnancy*

New questions about alcohol use in pregnancy were added into ACT perinatal data collection in 2019 to ensure a better understanding of the extent and nature of this issue in the ACT.

Looking forward: 2020 actions on emerging issues, data and reporting

COVID-19

The ACT Health Directorate is partnering with key health service providers to maintain continuity of access to critical medicines, treatments, health services (including harm reduction services) and residential facilities during the ACT emergency response to the COVID-19 pandemic. Work has also been undertaken to source personal protection equipment, such as masks, for organisations delivering essential services.

On 6 May 2020, the ACT Government announced $1.7 million to support a range of non-government organisations in the health sector to respond to COVID-19, including $518,000 specifically allocated to support alcohol and other drug services. This includes $200,000 of flexible funding to support alcohol and other drug services to respond to demand pressures or to innovate in the way their essential services are delivered.

The peer-based service Canberra Alliance for Harm Minimisation and Advocacy also received $25,000 to support staff to provide services remotely and respond to client isolation and changing patterns of drug use. Allocation of this funding involved close collaboration with the sector and assessment of demand for services and opportunities to do things differently.

The ACT Government has also allocated additional funding of up to $250,000 to ensure safe continuity of opioid maintenance treatment services during the COVID-19 epidemic.

Australian Secondary Students' Alcohol and Drug Survey

The ACT Health Directorate was due to collect Canberra schools' data for the three-yearly Australian Secondary Students' Alcohol and Drug Survey in 2020. However, this national survey has been postponed until 2021 due to COVID-19.

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Appendix

Appendix 1: Implementation of *Drug Strategy Action Plan* actions 2019 to July 2020

Note: The *Healthy Canberra: ACT Preventive Health Plan 2020–2025* was published in 2019 and spans action items 1 to 13 (alcohol and tobacco).

This table is not intended to capture all routinely delivered alcohol and drug treatment services in the ACT. Rather, it emphasises new initiatives.

Alcohol action items

Alcohol action item	Progress in 2019	Progress and priorities in 2020
Build community knowledge and change acceptability of use		
1. Conduct evidence-informed alcohol public education and social marketing campaigns, including those that aim to: increase public knowledge of links between alcohol use and chronic disease, including cancer and cardiovascular disease; increase public knowledge of safe drinking guidelines; increase the knowledge of young people, including school students, of the short and long-term harms of risky drinking, and also of issues relating to secondary supply of alcohol to peers.	• Awarded more than $2 million through Healthy Canberra Grants to alcohol public information and support initiatives. Funding includes: » $170,577 to the Australian Red Cross Society for the save-a-mate (SAM) program for young people to respond to alcohol and other drug related emergencies » $762,940 to the Foundation for Alcohol Research and Education for the *Preventing Alcohol Related Chronic Disease* campaign.	• Commence and continue implementation of Healthy Canberra projects focused on alcohol.
2. Implement initiatives to reduce alcohol promotion and use in ACT sports and other community settings.	• Provided $184,468 to the AIDS Action Council of the ACT for a program to reduce risky drinking in the lesbian gay, bisexual, transgender and/or queer communities. • Provided $79,021 to the Foundation for Alcohol Research and Education for the pilot program *Reaching Men in the ACT*. • Provided training to junior sport clubs to develop sponsorship guidelines and engage healthier sponsorship.	• Commence and continue implementation of Healthy Canberra projects focused on alcohol. • Healthier Choices Canberra Junior Sport to continue to work with junior sport organisations to increase their capacity to engage sponsorship that does not promote unhealthy products. • Access Canberra to review the ACT Liquor (Responsible Promotion of Liquor) Guidelines 2012.
3. Investigate initiatives to reduce promotion of alcohol on government premises, consistent with preventive health commitments.	• Published the *Healthy Canberra: ACT Preventive Health Plan 2020–2025*. • Finalised agreement to avoid promotion of alcohol on light rail vehicles and the light rail corridor.	• This action will be prioritised in 2021.

Alcohol action item	Progress in 2019	Progress and priorities in 2020
Supporting research and building and sharing evidence		
4. Develop policy options for the implementation of activities that address risky drinking and alcohol-related harms, with a focus on: links between alcohol use and domestic and family violence; the impact of enforcement measures on risky drinking.	• Not progressed during 2019.	• Action item to be progressed later in 2020 (domestic and family violence) and 2021 (enforcement measures). • Develop policy options to respond to domestic and family violence.
5. Once sufficient data is available, consider actions to address the findings of the Driving Change study into the impact of alcohol use on ACT Emergency Departments.	• Published Driving Change reports for Canberra emergency departments in July 2019, December 2019, and April 2020. Key findings included: » alcohol consumption was linked to a greater number of emergency department attendances than illicit drug use » a greater proportion of ACT emergency department presentations were linked to packaged alcohol bought from off-licence premises such as supermarkets and bottle shops than on-license premises such as pubs and clubs. • Driving Change researchers wrote to on-license venues linked to alcohol-related emergency department presentations to draw their attention to this link as part of the intervention phase of the project.	• Additional findings to be published during 2020 and shared with the Liquor Advisory Board. • The ACT Government to consider appropriate responses to the findings.

Alcohol action item	Progress in 2019	Progress and priorities in 2020
Compliance and Enforcement		
6. Conduct educational activities for licensees regarding compliance with alcohol licensing legislation and regulations and use an appropriate escalated enforcement response on a case-by-case basis.	• Conducted education sessions for liquor license holders including seminars, site visits and emails. • Completed follow-up inspections.	• Health Protection Service and Access Canberra to be at all major events to regulate liquor licenses.
Fetal Alcohol Spectrum Disorder		
7. Implement appropriate actions at Territory level to support the national *Fetal Alcohol Spectrum Disorder (FASD) Strategic Action Plan*.	• Established the National FASD Action Plan committee. • Provided Healthy Canberra Grant of $181,801 to the Foundation for Alcohol Research and Education for the Pregnant Pause (Be a Hero Take Zero) project.	• Launched the Pregnant Pause Project in June 2020. • Ministers approved mandatory pregnancy warning labels on alcohol containers in July 2020 as part of a national initiative. • Release the peri-natal data set findings for 2019. • Continue to develop responses to Fetal Alcohol Spectrum Disorder in line with the national *FASD Strategic Action Plan*.
Age restrictions		
8. Identify and implement measures to reduce secondary supply of alcohol to minors, including by family members and over-age friends.	• Ran the *Alcohol. Think Again 'I need you to say no'* campaign encouraging parents not to supply their under-age children with alcohol from December 2019 to February 2020.	• Evaluate the *Alcohol. Think Again 'I need you to say no'* campaign.

Tobacco action items

Tobacco action item	Progress in 2019	Progress and priorities in 2020
Targeted approaches to priority populations		
9. Further develop approaches to reduce smoking rates among highrisk population groups in the ACT.	• Published the e-cigarettes factsheet. • Published the *Healthy Canberra: ACT Preventive Health Plan 2020–2025*. • Tabled the Healthy Prisons Review in the ACT Legislative Assembly. • Opened the Healthy Canberra Grants: Focus on Reducing Smoking-Related Harm funding opportunity in December 2019.	• Finalise the Alexander Maconochie Centre (AMC) Drug and Blood-Borne Virus Strategy. • Participate in finalisation of the National Tobacco Strategy. • Announced successful applications for Healthy Canberra Grants: Focus on Reducing SmokingRelated Harm in May 2020.
10. Use learnings from evaluations of relevant existing and previous programs relating to smoking, including the Smoking in Pregnancy program, to inform future program planning and development.	• Evaluated the Smoking in Pregnancy Program. • Published the Healthy Canberra: ACT Preventive Health Plan 2020–2025.	• Learnings informed selection of Healthy Canberra Grants: Focus on Reducing Smoking-Related Harm. • Implement the Healthy Canberra Grants: Focus on Reducing Smoking-Related Harm.
Safer Settings		
11. Consider the need for additional smoke-free areas.	• Considered options for additional smokefree public places is ongoing.	• Implement smokefree areas of light rail public corridor including legislation.
12. Continue to enforce tobacco and smoke-free legislation in the ACT by conducting compliance programs focusing on tobacco retailers and smoke-free public places and responding to complaints.	• Continued to action community complaints regarding breaches of smoke-free legislation.	• Conduct smoke-free legislation Compliance Project. • Publish revised Guide to Sale of Smoking Products in the ACT.
13. Continue to monitor the emerging evidence regarding the health risks associated with the use of electronic cigarettes.	• Provided submission to the review of Commonwealth Tobacco Legislation, focusing on e-cigarettes and vaporisers, particularly by children and young people. • Published the e-cigarettes factsheet.	• Participate in public consultation on the National Tobacco Strategy (delayed due to COVID-19). • Completed a submission to the Therapeutic Goods Administration regarding heated tobacco products in February 2020.

Illicit and illicitly used drugs action items

Illicit and illicitly used drugs action item	Progress in 2019	Progress and priorities in 2020
Safer injecting and prevention of blood-borne infections		
14. Review current information and identify gaps in order to improve access to sterile injecting equipment and sharps disposal in the ACT.	• Reviewed the *Australian Needle and Syringe Program Survey: National Data Report 2014–2018*. • Reviewed the *Needle Syringe Program National Minimum Data Collection Report 2019*.	• Replaced two of the four sterile equipment dispensing machines in the ACT with larger capacity machines. • Provided larger equipment packs from Needle and Syringe Programs during the COVID-19 emergency response to reduce the number of trips required by clients to Needle and Syringe Programs. • Provided sterile equipment to public housing areas during the COVID-19 emergency response. • Maintain continuity of access to sterile injecting equipment during the COVID-19 emergency response.
15. Increase access to prevention, screening, testing and treatment for blood-borne viruses, particularly hepatitis C, and sexually transmitted infections among people who use drugs, including in treatment settings, and increase access to vaccinations for types of blood-borne viruses where vaccines are available.	• Developed draft Alexander Maconochie Centre Drug and Blood Borne Virus Strategy.	• Finalise the Alexander Maconochie Centre Drug and Blood-Borne Virus Strategy. • Review, update and implement the workplan under the ACT Sexually Transmitted Infections / Blood Borne Virus Health Advisory Committee: in 2020 the work plan focuses on youth sexually transmitted infections and viral hepatitis.
Overdose prevention		
16. Implement a real-time prescription monitoring remote access portal, DAPIS Online Remote Access (DORA), by March 2019.	• Successfully implemented the ACT DORA portal in March 2019. The system includes real-time prescription dispensing information for ACT patients including from interstate pharmacies. • Invested $2.114 million over two years to adopt the national Real-Time Prescription Monitoring system.	• Adopt the national Real-Time Prescription Monitoring system by June 2021. • Consult on expanding the list of medicines in the system to include some schedule 4 medicines.

Illicit and illicitly used drugs action item	Progress in 2019	Progress and priorities in 2020
Overdose prevention (continued)		
17. Explore further opportunities to expand on pill testing at events in the ACT.	• Completed second pill testing trial at the Groovin the Moo festival in April 2019. • Published independent evaluation report by the Australian National University in December 2019.	• A Festival Pill Testing Policy was developed in early 2020. • Implement the policy as and when the circumstances caused by COVID-19 response restrictions permit.
18. Investigate the feasibility, need, effectiveness and appropriateness of establishing a medically supervised drug consumption facility (supervised injecting facility) in the ACT.	• Invested $200,000 for research to determine whether there is a need for a medically supervised injecting facility in the ACT.	• Established a Medically Supervised Injecting Facility Working Group in early 2020. • Commissioned the Burnet Institute to conduct a needs analysis. • The Burnet Institute expected to report to ACT Government in the second half of 2020.
19. Develop and implement actions relating to opioids including those that address or expand overdose prevention and response; access to naloxone; access to opioid maintenance treatment.	• Provided Budget funding of $300,000 annually to increase the supply of naloxone and prevent overdoses in the ACT. • Provided Budget funding of $3.014 million over four years to increase the availability of opioid replacement treatment in Canberra's north. • Provided grant funding of $170,577 to the Australian Red Cross Society for the save-a-mate (SAM) program to respond to alcohol and other drug emergencies, targeting young people and parents. • Canberra Health Services began prescribing new opioid treatment, long-acting buprenorphine. The new medications have also been made available through three GP clinics in central and southern ACT. • Directions ACT began providing take home naloxone through needle and syringe programs, with funding from ACT Health Directorate. • Began providing take-home naloxone through Canberra Health Services Alcohol and Drug Services.	• Introduced opioid maintenance treatment contingency guidelines during COVID-19 to maintain patient access to medications during the pandemic. • Increased annual funding to the Canberra Alliance for Harm Minimisation and Advocacy by $159,590 to expand the take-home naloxone program. • Maintain continuity of access to take-home naloxone during the COVID-19 pandemic. • Open new northside opioid maintenance treatment clinic in October 2020. • Expand access to opioid maintenance treatment, including long-acting buprenorphine.

Illicit and illicitly used drugs action item	Progress in 2019	Progress and priorities in 2020
Prevent, stop, disrupt or reduce production or supply of illicit drugs		
20. Disrupt and dismantle the networks and facilities involved in the production, cultivation, trafficking and supply of illicit drugs and pre-cursors—particularly targeting organised crime groups.	• ACT Policing continued to target drug manufacturing and distribution networks through its works targeting serious and organised crime. In May 2019, ACT Policing seized 5 kilograms of cocaine, worth approximately $1.5 million, the largest cocaine seizure in the ACT.	• ACT Policing to continue to target drug manufacturing and distribution networks through its works targeting serious and organised crime.
21. Target the financial proceeds and confiscation of assets from illicit supply activities.	• ACT Policing continued to focus attention on confiscated assets deemed to be proceeds of crime. This was assisted by the ACT Government signing up to the Intergovernmental Agreement on Unexplained Wealth, and work progressed on developing an ACT specific unexplained wealth scheme.	• ACT Policing to continue to target the financial proceeds derived from criminal activity and confiscate those assets. This work involves a close working partnership between the ACT Criminal Investigations Financial Investigations Team and the ACT Office of the Director of Public Prosecutions.
22. Develop a regulatory framework for pre-cursor drugs and equipment that mirrors the Australian Government framework to regulate the sale of substances and key equipment used in the preparation of illicit drugs. This will include, but will not be limited to, an end-user declaration framework for prescribed substances and key pieces of equipment.	• ACT Policing continued to work with the Commonwealth on an Australia-wide regulatory framework.	• As this project relies on the outcomes of current work by the National Precursor Working Group, ACT Policing to continue to monitor National Precursor Working Group progress.
23. Maintain and enhance cooperation and collaboration between law enforcement and forensic agencies, across jurisdictions—particularly New South Wales and Victoria.	• Work was ongoing.	• ACT Policing to continue to maintain and enhance cooperation between law enforcement agencies across Australia.
24. Gather intelligence and monitor trends to identify new drugs or supply chains.	• Work was ongoing.	• ACT Policing to continue to gather information and monitor trends in relation to new drug types or supply chains.

Illicit and illicitly used drugs action item	Progress in 2019	Progress and priorities in 2020
Treatment		
25. Drawing on specialist sector knowledge, identify options to expand alcohol and other drug services to meet the needs of a growing population, including outpatient withdrawal services, early interventions and responses to the needs of priority populations.	• Invested Budget funding of $300,00 for preliminary work to establish an Aboriginal and Torres Strait Islander residential rehabilitation facility. • Invested $300,000 annually to expand naloxone access in the ACT. • Invested $200,000 for research to determine whether there is a need for a medically supervised drug consumption service (supervised injecting facility) in the ACT. • Invested $1.075 million over four years (ongoing) to expand the opiate replacement treatment service and provide a range of additional drug and alcohol services at the Alexander Maconochie Centre. • Invested $2.930 million over four years (ongoing) to expand early intervention and diversion programs for people in contact, or at risk of contact, with the justice system. The funds will be allocated to Canberra Health Services Alcohol and Drug Services Police and Court Diversion Service to increase early intervention and support services. • Invested $167,000 funding to support continuation of the Karralika outpatient withdrawal program beyond the pilot period funded by the Australian Government. • Fully decriminalised adult personal cannabis use to encourage engagement with treatment system and minimise contact with the criminal justice system. • Invested $3.014 million over four years to establish ongoing opioid maintenance treatment clinic in Canberra's north.	• Model of Care for residential rehabilitation to be finalised in 2020–21. • Needs analysis for a medically supervised injecting facility service due to the ACT Government in the second half of 2020. • New northside opioid maintenance treatment clinic to begin operating in 2020. • Expand access to opioid maintenance treatment, including long-acting buprenorphine. • ACT Government to collaborate with Capital Health Network on planning for outpatient withdrawal services.

Illicit and illicitly used drugs action item	Progress in 2019	Progress and priorities in 2020
Treatment		
26. Work with primary, secondary and tertiary AOD services, peak bodies, and the Capital Health Network, to improve two-way pathways between alcohol and other drug treatment and primary care.	• To be progressed in 2020.	• ACT Health Directorate will work to explore sustainable solutions to make primary care more accessible to disadvantaged population groups, including people with substance use disorders • Expansion of the Directions Health Services Mobile Outreach Clinic to improve primary care access for vulnerable individuals.
27. Collaborate with non-government organisations to implement the National Quality Framework for Drug and Alcohol Treatment Services and the National Drug and Alcohol Treatment Framework.	• National Quality Framework for Drug and Alcohol Treatment Services released in December 2019. • National Framework for Alcohol, Tobacco and Other Drug Treatment, 2019-2029 released in December 2019.	• Collaborate with non-government organisations to implement the National Quality Framework and the National Drug Treatment Framework. • Align online treatment directories to emerging national requirements.
28. Develop specialty service plans for ACT Health treatment services and review/develop appropriate models of care.	• To be progressed in 2020.	• Progress service plans and Models of Care within the context of the broader Territory-Wide Health Services Plan.
29. Undertake co-design processes to: agree on principles for prevention and treatment of co-occurring alcohol and other drug and mental health conditions, including suicide prevention; and then develop an implementation plan for responding to co-occurring mental health and AOD conditions, which could include: development of guidelines; multi-agency responses; outcome reporting, and indicators of integrated service access; and consider the implications of the co-design process for other co-occurring conditions.	• Considered the draft Productivity Commission report Mental Health (October 2019), which makes particular reference to the comorbidities that exist between mental health and substance use, including exploring joint funding between the two sectors.	• Consider the findings of the Productivity Commission Inquiry into Mental Health. • Progress service planning within the Government health services system that further considers the relationship between mental illness and alcohol and other drug use behaviours.

Illicit and illicitly used drugs action item	Progress in 2019	Progress and priorities in 2020
Treatment (continued)		
30. Identify and implement initiatives to support the development of a skilled and diverse alcohol, tobacco and other drug workforce.	• Conducted staff training for implementation of the ACT Drug and Alcohol Court. • Expanded staff training for treatment and harm reduction services in providing naloxone to clients. • Carried out product familiarisation at Canberra Health Services Alcohol and Drug Services and Alexander Maconochie Centre to support introduction of long-acting buprenorphine.	• Continue to implement expansion of training for staff of treatment and harm reduction services in providing naloxone to clients. • Provide staff training and upskilling to respond to the COVID-19 pandemic.
31. Collaborate with Aboriginal and Torres Strait Islander services, mainstream specialist Alcohol and Other Drug services (AOD) and other stakeholders to determine specialist AOD implementation priorities, including residential rehabilitation for Aboriginal and Torres Strait Islander peoples.	• Invested $300,000 for co-design work for an Aboriginal and Torres Strait Islander alcohol and other drug rehabilitation program. • Provided $476,200 grant over two years to Winnunga Nimmityjah Aboriginal Health and Community services to establish a program to prevent the uptake of excessive alcohol consumption, provide community-wide education about risky drinking, and reduce harm associated with such drinking. • Provided grant funding of $170,577 the Australian Red Cross save-a-mate (SAM) alcohol and other drug program, which will work in Collaboration with Canberra Institute of Technology's Aboriginal and Torres Strait Islander Unit to equip young people and persons at risk with the knowledge and skills to prevent, recognise and respond to alcohol and other drug related emergencies.	• Winnunga has completed a draft Model of Care. The Model of Care will be finalised within the 2020-21 financial year. • Continue implementation of Winnunga Nimmityjah alcohol grant project. • Implement the Australian Red Cross save-a-mate (SAM) program.
Criminal justice system		
32. Deliver a comprehensive strategy that will describe actions to be undertaken to address alcohol, tobacco and drug and blood-borne viruses issues in ACT correctional centres until 2022.	• Developed a draft Alexander Maconochie Centre Drug and Blood-Borne Virus Strategy, and understood two rounds of key stakeholder consultation on the draft.	• Completed the final round of key stakeholder consultation on the Alexander Maconochie Centre Drug and Blood-Borne Virus Strategy early in 2020. • Finalise the Alexander Maconochie Centre Drug and Blood-Borne Virus Strategy.

Illicit and illicitly used drugs action item	Progress in 2019	Progress and priorities in 2020
Criminal justice system (continued)		
33. Design and deliver a range of interventions using a number of models to meet the diverse needs of people involved in, or at risk of being involved in, the criminal justice system. This includes exploring ways to increase diversion and treatment and support options available as part of an integrated system in the ACT, through either policy or legislative reform.	• Provided Budget funding of $1.075 million over four years to expand alcohol and other drug services in the Alexander Maconochie Centre. • Provided a Healthy Canberra Grant of $233,787 to the Worldview Foundation for the program 'Smoke, Booze and Drug Free Prison Post-Release' to work with Aboriginal and Torres Strait Islander inmates. • Fully decriminalised minor personal cannabis use and possession offences for adults, to reduce potential contacts with the criminal justice system. • A University of New South Wales report published in 2019 highlighted that the ACT had the second highest rate among Australian states and territories of diversion from the criminal justice system for minor drug offences.	• Recruited nursing staff to treatment positions at the Alexander Maconochie Centre to expand the range of services offered. • Provided a grant of $325,696 to the Worldview Foundation for pre and post release support for alcohol, tobacco and other drug issues for non-indigenous inmates. • Continue to implement the Worldview Foundation pre and post release grant projects for indigenous and non-indigenous clients. • Routinely providing naloxone to relevant detainees upon release from the Alexander Maconochie Centre.
34. Implement an ACT Drug and Alcohol Court within the term of the ninth Assembly.	• The ACT Drug and Alcohol Court commenced operations in December 2019.	• Drug and Alcohol Treatment Orders commenced in early 2020.
Domestic and family violence		
35. Integrate more effective responses within Alcohol and Drug Services for people who either experience domestic and family violence or are at risk of using it.	• Consultants 360Edge completed a baseline assessment of ACT treatment services' capacity to respond to issues of domestic and family violence. • Allocated Budget funding to continue work to integrate more effective responses to domestic violence in alcohol and other drug treatment services.	• ACT Health provided $250,000 to Alcohol Tobacco and Other Drug Association ACT to undertake an additional portion of the Safer Families project, to improve the capacity of the alcohol and other drug sector to identify and respond effectively to domestic and family violence. • Alcohol Tobacco and Other Drug Association ACT to work in collaboration with the Office of the Coordinator-General for Family Safety and the ACT Health Directorate to embed the ACT Government domestic and family violence capacity building approach within the Alcohol Tobacco and Other Drug sector.

Illicit and illicitly used drugs action item	Progress in 2019	Progress and priorities in 2020
Road Safety		
36. Implement actions to increase the safety of ACT road users including: Develop and implement an ACT Drug Driving Strategy. Continue existing road safety strategies that address impaired driving, e.g. roadside breath testing, roadside drug testing. Address the findings of the independent evaluation of the ACT alcohol interlock program. Conduct activities to educate road users to be unimpaired and alert.	• Ran the *Drug Driving: Don't Risk it* campaign over the summer season.	• Completed the summer holiday period drug driving road safety campaign *Drug Driving: Don't Risk It* in February 2020. • Complete the evaluation of the ACT Interlock Program. • Complete recommendations in response to interlock evaluation.
Build community knowledge and change acceptability of use		
37. Implement evidence-informed programs in community settings such as sporting clubs and workplaces to prevent and reduce harms of alcohol, tobacco and other drugs.	• Awarded more than $2 million on behalf of the Healthy Canberra Grants. • Renewed funding for the Canberra Night Crew to reduce alcohol and drug related harms in Canberra City at night.	• Established a new 'Cannabis and Your Health' webpage on 14 January 2020. Provided information to stakeholders, intermediaries, drug and alcohol services and public health staff. Ran social media advertisements on the health risks of cannabis from 31 January to 19 March 2020. • ACT Health Directorate to continue to provide information to the community on the health impacts of Cannabis use as part of business-as-usual activities. • Continue to implement Healthy Canberra Grants projects focused on alcohol, tobacco and other drug use, taking into account the COVID-19 context.
38. Identify a range of evidence-based educational resources that can be used by ACT schools and ensure schools are informed about these resources and know how to access them.	• Promoted the Student Well-being Hub. • Provided $154,400 to Canberra Health Services to expand the Prevent Alcohol and Risk Related Trauma in Youth program for students aged 15–16 years, through outreach to schools.	• Publicised the Positive Choices website to teachers as a key resource for schools. • Continue implementation of the Prevent Alcohol and Risk-Related Trauma in Youth (P.A.R.T.Y) injury prevention program by outreach, COVID-19 circumstances allowing.
39. Leverage opportunities to inform the public about the contents of illicit drugs and how they are manufactured, including findings from pill testing and drug seizures.	• Published pill testing evaluation.	• Explore how to secure substances disposed of at festival-based pill testing services for later testing at government laboratories.

Illicit and illicitly used drugs action item	Progress in 2019	Progress and priorities in 2020
Monitor emerging drug issues		
40. Monitor interventions in other jurisdictions and overseas in relation to the supply of alcohol, including the implementation of minimum unit pricing in the Northern Territory.	• The National Alcohol Strategy 2019–2028 was released in November 2019. This strategy indicates the Australian Government does not intend to increase alcohol taxation. • ACT Health Directorate carried out active monitoring of alcohol supply interventions, including minimum pricing.	• Consider findings of the first evaluation report, released in April 2020, on the impact of alcohol minimum pricing in the Northern Territory.
41. Consider emerging issues, and identified gaps, in alcohol, tobacco and other drug control and respond as required, including participation in national initiatives, during the lifetime of the *Drug Strategy Action Plan*.	• The ACT Legislative Assembly passed amendments to the Drugs of Dependence Act to fully decriminalise adult use of cannabis at home, in September 2019.	• Invested more than $518,000 in stimulus funding for non-government treatment services to respond to the COVID-19 pandemic. • Maintained continuity of access to essential treatment and harm reduction services during the COVID-19 pandemic. • Maintain the safety of clients and staff during the COVID-19 pandemic. • Amendments to the Drugs of Dependence Act on personal cannabis use to come into effect on 31 January 2020.
42. Implement initiatives to improve data collection, management, reporting and analysis.	• Requested additional ACT analyses for ACT National Drug Strategy Household Survey 2019 from Australian Institute of Health and Welfare.	• The 2019 National Drug Household Survey was released in July 2020. Additional analyses for states and territories were included in the release and state and territory factsheets were provided with key findings.
43. Refer to learnings from national pilots and explore the implementation of a local early warning system to ensure timely use of data to monitor and respond to emerging drug trends and harms.	• Findings from national projects early warning pilots were not released in 2019.	• Consider participation in the National Centre for Clinical Research in Emerging Drugs Prompt Response Network project. • Monitor emerging conditions during the COVID-19 pandemic using available data and respond accordingly.

Appendix 2:
Table of Healthy Canberra Grants, alcohol and tobacco focused

Action Item	Project	Organisation	Description	Amount Funded
1	Addressing the Booming Booze culture among ACT women: combining innovative technology with an awareness raising campaign	Foundation for Alcohol Research and Education Limited	This health promotion program aims to reduce alcohol harm among women in the ACT using a brief intervention program coupled with a targeted awareness raising campaign. The program aims to develop and test an innovative technology using an online platform sending information and hyperlinks to smartphones to motivate women aged 45–64 to reduce their alcohol consumption. This program was first funded 2018–19 financial year.	$397,086
1, 19	save-a-mate (SAM)	Australian Red Cross Society	save-a-mate (SAM) is an alcohol and other drugs (AOD) education program, which aims to equip young people and persons at risk with the knowledge and skills to prevent, recognise and respond to AOD emergencies through a harm reduction framework. SAM is unique in its combination of AOD education with basic first aid overdose response training.	$170,577
1	Preventing alcohol-related chronic disease	Foundation for Alcohol Research and Education	The Foundation for Alcohol Research and Education will develop and evaluate a public education campaign to raise awareness of the long-term harms of alcohol consumption. The campaign will use television, radio, and digital media to target adults aged 25–65 in the ACT.	$762,940
1	Not So Straight Up	AIDS Action Council of the ACT	The AIDS Action Council of the ACT will deliver a multi-faceted campaign aimed at reducing risky drinking behaviour and lifetime alcohol related harm within LGBTIQ communities in the ACT. The campaign is designed to complement and leverage whole-of-community strategies by providing tailored messaging and delivery methods with proven resonance and reach into LGBTIQ communities.	$184,468
1, 36, 38	Prevent Alcohol and Risk-Related Trauma in Youth (P.A.R.T.Y.) Canberra Outreach	Canberra Health Services	The P.A.R.T.Y Outreach program is an in-school injury prevention strategy aimed at senior high school students aged 15–16 years in the ACT. It will include up to 16 programs per year with a reach of approximately 1600 students annually.	$154,400
1, 31	Winnunga AHCS: Reducing alcohol-related harm for Aboriginal and Torres Strait Islander peoples	Winnunga Nimmityjah Aboriginal Health and Community Services	Winnunga Nimmityjah Aboriginal Health and Community Services will establish a program to prevent the uptake of excessive alcohol consumption, provide community-wide education about risky drinking, and reduce harm associated with such drinking.	$476,200

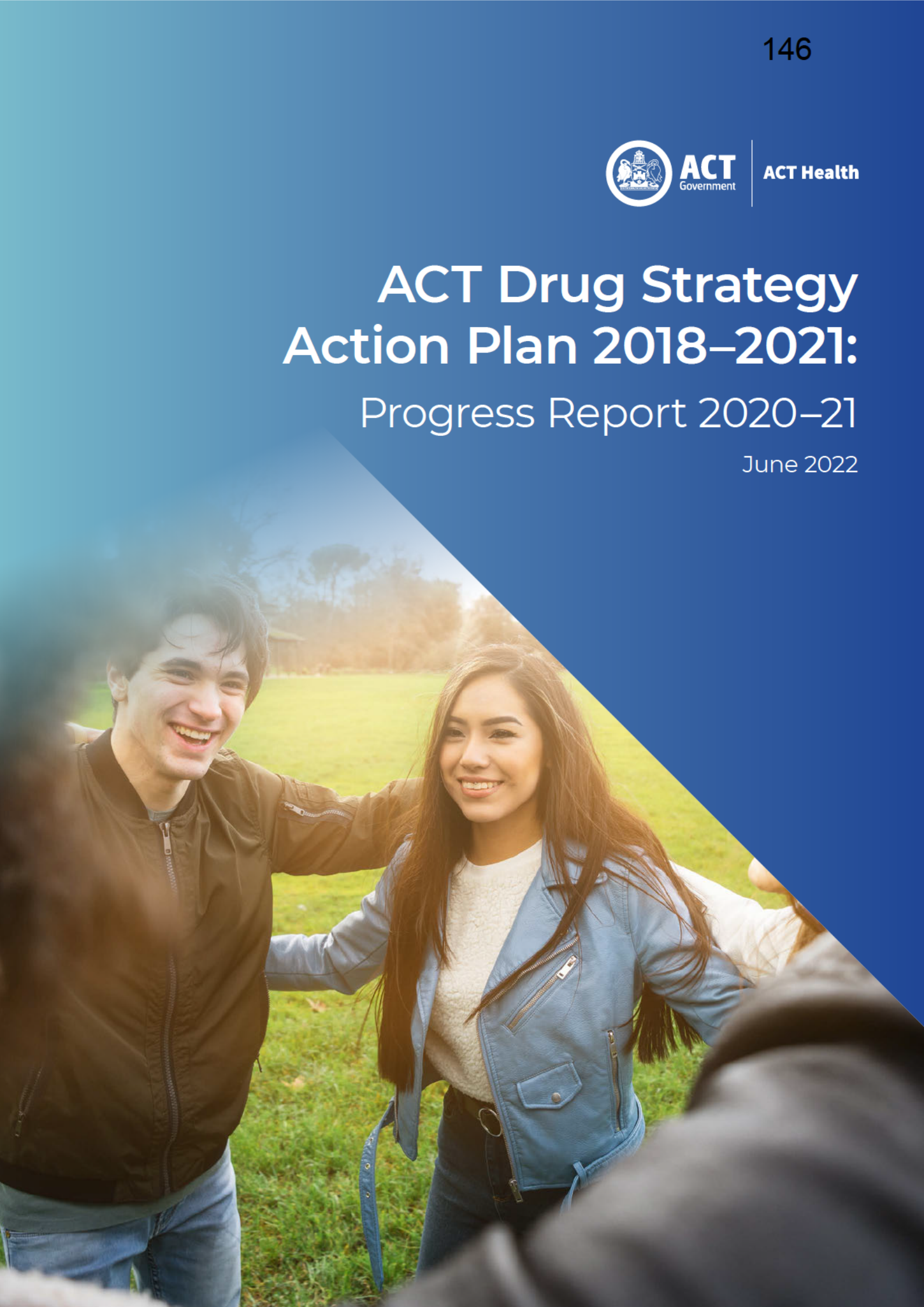
Action Item	Project	Organisation	Description	Amount Funded
1, 33	Smoke, Booze and Drug Free Prison Post-Release	Worldview Foundation	Through the Smoke, Booze and Drug Free Prison Post-Release program, the Worldview Foundation will provide support to Aboriginal and Torres Strait Islander detainees at the Alexander Maconochie Centre. In particular, intensive support will be provided pre and post release to address issues associated with alcohol, tobacco and other drugs.	$233,787
7	Pregnant Pause (Be A Hero, Take Zero)	Foundation for Alcohol Research and Education	This program aims to build on the current Pregnant Pause—swap the pub for your bub campaign to create an environment where women are supported by the whole community to have alcohol-free pregnancies. This will be achieved by increasing overall community awareness of the risks of alcohol consumption during pregnancy and by refocusing the campaign to the general ACT population.	$181,801
1	Reaching men in the ACT	Foundation for Alcohol Research and Education	'Reaching Men' aims to identify the most effective methods to influence men's risky drinking habits and encourage them to consume alcohol within the Australian Guidelines to Reduce the Health Risks from Drinking Alcohol.	$79,021
9, 10	Butt it Out! Smoking Support Program	Directions Health Services	Directions aims to implement an evidence-based program for addressing tobacco dependency in a busy Alcohol and Other Drug treatment and primary care practice, leading to sustained practice of tobacco use intervention and increasing clients' success in quitting smoking.	$289,591
9, 10	Tackling Tobacco in the ACT	The Cancer Council ACT	Tackling Tobacco is an integrated program to reduce health and social inequalities through addressing smoking in disadvantaged communities. Cancer Council ACT will work with identified not-for-profit community sector organisations to increase their capacity to address smoking and to provide their clients with support to stop smoking.	$284,000
9,10	Pre-release non-indigenous supplement along with post release activity support	Worldview Foundation Limited	The Worldview Foundation currently conducts a pre and post release program for indigenous detainees at the Alexander Maconochie Centre (AMC), which includes smoking cessation components. Through this new grant, the Worldview Foundation aims to extend the smoking cessation components of the existing program to non-indigenous detainees at the AMC.	$325,696

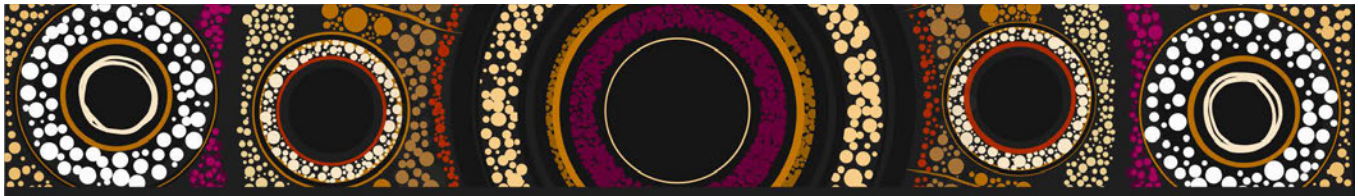
ACT Government | ACT Health

ACT Drug Strategy Action Plan 2018–2021:

Progress Report 2020–21

June 2022





Acknowledgment of Country

ACT Health Directorate acknowledges the Traditional Custodians of the land, the Ngunnawal people. The Directorate respects their continuing culture and connections to the land and the unique contributions they make to the life of this area. It also acknowledges and welcomes Aboriginal and Torres Strait Islander peoples who are part of the community we serve.

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Foreword by the Minister for Health Rachel Stephen-Smith MLA

This is the second and final progress report on the Drug Strategy Action Plan 2018-2021. The report highlights the constructive steps we have taken to minimise harms from alcohol, tobacco and e-cigarettes, pharmaceuticals and illicit drugs between July 2020 and December 2021. This includes work carried out by Government, non-government and private sector providers such as pharmacies and general practitioners.

The report highlights that of the 43 actions outlined in the Plan, 42 have been completed or partially completed. This is an incredible achievement during a period where COVID-19 has impacted the sector, demonstrating our commitment to improving the health and wellbeing of some of our most vulnerable community members through a harm minimisation approach.

The COVID-19 pandemic has emphasised the importance of working collaboratively to respond to challenges facing our community. Staff from alcohol and drug services were at the forefront of providing outreach, practical and emotional support to disadvantaged Canberrans during periods of COVID-19 lockdown and isolation and also played a key role in helping these people to get vaccinated.

In addition to facing the challenges of the pandemic, new initiatives to provide treatment to people with alcohol, tobacco and other drug problems, to alert the community to risks of alcohol, drug and other drug use, and to address co-occurring issues that impact people with alcohol and other drug problems has continued throughout this period.

Several significant investments have been made in 2020 and 2021 in projects for new alcohol and other drug services. The ACT Government has committed to building a community-controlled Aboriginal residential rehabilitation service at Watson as part of a new mental health and alcohol and drug precinct which will also include a rebuilt youth residential rehabilitation service on the same site. The Government also invested in Australia's first fixed-site pill testing pilot to take place in 2022 and has committed funding to investigating in more detail a potential supervised injecting facility.

In 2021, the Alcohol, Tobacco and Other Drug Association ACT (ATODA), funded by the ACT Government, has also been working in collaboration with the Office of the Coordinator-General for Family Safety and ACT Health to embed the ACT Government domestic and family violence capacity-building approach within the Alcohol Tobacco and Other Drug sector.

Even during the incredibly challenging environment, the progress made against key actions outlined in the Plan has been extremely encouraging and only possible through the dedication, caring and expertise of our alcohol and other drug sector workforce. This progress, leading the nation in many areas, will be built upon through the next Drug Strategy Action Plan currently under development, continuing our work to minimise the harm caused by drugs and alcohol on individuals, families and the community.

Rachel Stephen-Smith MLA
Minister for Health

Introduction

Purpose

This is the second report on the ACT Government's progress in implementing the *Drug Strategy Action Plan 2018-2021 (the Plan)*. Three progress reports were originally intended to be produced for 2019, 2020 and 2021 (the Plan having been finalised in December 2018). However, the release of the 2019 report was delayed by the COVID-19 pandemic, and the first report in the series therefore covered both 2019 and the first six months of 2020.

The current report therefore also describes progress over 18-months from July 2020 to December 2021 and will be the final report for the current Plan. The first section of this report provides background information, the second part outlines the most significant achievements, and Appendix 1 contains a table which summarises work against each of the 43 Actions contained in the Plan. Previous activity is also summarised alongside more recent activity in the Appendix to this report, or you can look at the earlier report *online for further information.*

The ACT Government is working with community sector partners to develop a new alcohol and drug action plan for 2022 and beyond.

Background

Many people equate 'drugs' only with illegal drugs. However, legal drugs, alcohol and tobacco cause more health problems in our community. Therefore, the objectives of the action plan are to minimise harms arising from the use of all drugs, including alcohol, tobacco and related products, as well as illicit (illegal) drugs, and illicitly-used drugs: the latter include pharmaceuticals used for non-medical reasons.

Multiple national strategies underpin the ACT's plan, including the:

- *National Drug Strategy 2017–2026*
- *National Alcohol Strategy 2019–2028*
- *National Framework for Alcohol, Tobacco and Other Drug Treatment 2019–2029*
- *National Quality Framework for Drug and Alcohol Treatment Services*

The ACT Government is committed to working within the Australian national harm minimisation approach to drug policy. This approach is described in the National Drug Strategy 2017–2026. Harm minimisation includes the three pillars of:

- Supply reduction (for example, police seizures of illicit drugs, or restrictions on sale of alcohol and tobacco)
- Demand reduction (for example, drug treatment, or controls on alcohol and tobacco promotion). Providing coordinated psychosocial support is a vital element of this approach as well as use of effective medications.
- Harm reduction - a pragmatic approach to reducing harm from continuing drug use, for example providing sterile injecting equipment to prevent the spread of HIV and Hepatitis C, or providing community members with emergency response training and take-home naloxone to reverse an opioid overdose.

Scope of report

This report outlines progress in achieving commitments contained in the Plan. The purpose of the Plan was primarily to describe new ACT Government commitments to reduce harms from alcohol, tobacco and other drugs, aligned to the *National Drug Strategy 2017-2026*. Because several sub-strategies of the National Drug Strategy had not been finalised in 2018, it was envisaged that adjustments would need to be made by 2021 to prevent the Plan from becoming outdated, and that another alcohol and other drug plan would be needed from 2022 to 2026.

The Plan deliberately did not set out to describe in detail the vital and continuing work of ACT alcohol, tobacco and other drug treatment services because the aim was to include new activities, and also to cover the broad range of supply reduction, demand reduction and harm reduction initiatives. It is also beyond the scope of this progress report to describe the daily clinical work that occurs in both ACT Government and non-government services in Canberra to treat and support people with alcohol and other drug problems. However, the Government fully acknowledges the skill, dedication and commitment of this workforce, and how every day the sector works to protect and enhance the health and wellbeing of our community, including some of its most disadvantaged members.

More information and statistics on alcohol and other drug topics in the ACT, including treatment information, can be found on the Australian Institute of Health and Welfare's alcohol, tobacco and other drugs *webpage*.[1] The Alcohol, Tobacco and Other Drug Association ACT provides a comprehensive *directory* of alcohol, tobacco and other drug treatment services on its website.

An important contextual factor which will be covered in more detail in developing the next iteration of the action plan is the *ACT Wellbeing Framework*, which was released in March 2020. The framework comprises twelve domains of wellbeing which reflect key factors that impact on the quality of life of Canberrans. Indicators of progress are grouped under each domain and will help the Government and the community to know where wellbeing is improving or diminishing in the ACT over time. Alcohol, tobacco and other drug use and dependence have an important impact not only on the wellbeing domain of 'Health', but also on several other domains such as 'Safety', 'Living standards', 'Social Connection' and 'Economy'. Wellbeing outcomes are not the same for everyone in the ACT community, and so the Wellbeing Framework also aims to consider impacts on specific groups including: Aboriginal and Torres Strait Islander peoples; carers; children and young people; culturally and linguistically diverse people; LGBTIQ+ people; older Canberrans; people with disability and across gender.

1 *https://www.aihw.gov.au/reports/alcohol/alcohol-tobacco-other-drugs-australia/contents/introduction*

Collaboration and partnerships

Key alcohol tobacco and other drug services are provided by a combination of government and non-government providers, including peer workers. While Canberra Health Services is the largest single provider of alcohol and other drug treatment, the ACT Government acknowledges the significant contribution of the non-government sector, which includes nine of the ten specialist alcohol and drug service providers. The close collaboration and co-design of initiatives between the Government and non-government organisations is fundamental to the operation of the specialist alcohol and other drug treatment and support sector, and has been critical to achieving the milestones described in this report. During the life of the Plan, the ACT Health Directorate (ACTHD) has collaborated with ACT Government directorates and non-government organisations to deliver the Plan priority action items. These organisations, services and representative bodies include:

- ACT Policing
- ACT Aboriginal and Torres Strait Islander Elected Body (ATSIEB)
- ACT Government Analytical Laboratories
- Alcohol Tobacco and Other Drug Association ACT (ATODA)
- Australian National University
- Canberra Alliance for Harm Minimisation and Advocacy (CAHMA)
- Canberra Health Services (CHS)
- Capital Health Network (CHN)
- CatholicCare Canberra and Goulburn
- Chief Minister, Treasury and Economic Development Directorate (CMTEDD)
- Coordinator-General for Family Safety
- Directions Health Services
- Drug Policy Modelling Program, University of NSW
- ACT Education Directorate
- Families and Friends for Drug law Reform (FFDLR)
- The Foundation for Alcohol Research and Education (FARE)
- Gugan Gulwan Aboriginal Youth Service
- Health Care Consumers' Association (HCCA) of the ACT
- Hepatitis ACT
- Interchange Health Co-operative
- Justice and Community Safety Directorate (JACS)
- Karralika Programs
- Mental Health Community Coalition ACT (MHCC)
- Pharmacy Guild ACT
- Public Health Association of Australia (PHAA)
- Salvation Army Alcohol and Drug Services
- Ted Noffs Foundation
- 360Edge Consultants
- Toora Women Inc
- Winnunga Nimmityjah Aboriginal Health and Community Services.
- Transport Canberra and City Services
- Youth Coalition ACT

Many of these organisations are represented on the ACT Drug Strategy Action Plan Advisory Group (the Advisory Group). The Advisory Group has been an important mechanism for collaboration across the ACT Government and the non-government sector. The Advisory Group ensures the ACT Government makes informed decisions on the implementation, monitoring and evaluation of actions of the Plan. Governance arrangements for the next action plan are currently being considered.

Progress on priority actions

Alcohol

Alcohol is the most widely used drug in our community. In 2015, 4.5 per cent of the disease burden in Australia was due to alcohol use, making it the sixth leading risk factor for preventable illness, injury and death. Alcohol has disproportionately negative impacts on younger adults. In the ACT, alcohol is the leading risk factor for preventable disease, injury and death among men aged 15–24 years (13.0 per cent), and men aged 25–44 (12.0 per cent). Alcohol is also the second leading risk factor for preventable disease, injury and death among females aged 15–24 (5.8 per cent).[2]

While the ACT's alcohol consumption levels are near the national average, a significant proportion of people in our community continue to drink at levels that put them at risk of harm.

Alcohol data

- The National Drug Strategy Household Survey 2019 indicates the ACT has the lowest proportion of lifetime risky drinking over the past year among Australian states and territories at 14.1 per cent compared with the national average of 16.8 per cent. The rate of lifetime risky drinking in the ACT has reduced from 21.7 per cent in 2007.
- There appears to be a gradual decline in short-term risky drinking in the ACT, which is down from 28 per cent in 2007 to 21 per cent in 2019. There may be a trend to a decline in short term-risky drinking (at least monthly) between 2016 (22.7 per cent) and 2019 (20.7 per cent), but this was not statistically significant.
- However, wastewater (sewage) analysis over the lifetime of the Action Plan shows overall higher levels of alcohol consumption in the ACT in 2021 than in 2018.
- Alcohol remains the drug that is most likely to bring people into drug treatment in the ACT, with 42.2 per cent of closed[3] treatment episodes in 2019-20 being mainly for alcohol problems. The next most commonly nominated drug was amphetamines (including methamphetamine), accounting for 23 per cent of closed episodes.

Our achievements: alcohol

✓ *Completion of Healthy Canberra Grants*

In 2019, the ACT Government awarded more than $2 million in grant funding for new community and educational projects to reduce harms from alcohol. Several campaigns and initiatives funded under the Healthy Canberra ACT Health Promotion Grants Program were completed during 2021 following delays in 2020 due to COVID-19.

2 Australian Institute of Health and Welfare (2019). *Australian Burden of Disease Study: Impact and causes of illness and death in Australia 2015*. Available at: https://www.aihw.gov.au/getmedia/c076f42f-61ea-4348-9c0a-d996353e838f/aihw-bod-22.pdf.aspx?inline=true

3 'Closed' treatment episodes are courses of treatment that finished during that financial year. Treatment episodes can finish for several reasons, including being successfully completed, but also because a person discontinued or changed treatments.

Reduce Your Risk – alcohol and cancer campaign

The Government funded the Foundation for Alcohol Research and Education (FARE) to run the ACT's first-ever campaign about the link between alcohol use and cancer. The FARE Reduce Your Risk campaign was launched in July 2021 and completed in September 2021. However, information resources remain available.

Before the campaign, ACT survey results showed people in the ACT had a low awareness of the link between alcohol and cancer. Only 27 per cent were aware of the link between alcohol and breast cancer; 46 per cent of the link between alcohol and colon cancer, and 28 per cent between alcohol and cancers of the head and neck.

The campaign used materials developed in Western Australia and adapted for the ACT which have been researched and shown to be some of the most impactful alcohol health messaging internationally. The campaign also took into account new Australian alcohol consumption guidelines released by the National Health and Medical Research Council.

The *Reduce Your Risk website* was the first component of the campaign to go live, to support health professional engagement in the month leading up to the launch of the public campaign. The website went live on 25 May 2021.

A range of campaign resources were distributed via media, including TV advertisements, resources for GPs, bus stop advertisements, and social media activities.

FARE Ripple campaign

The Government also funded FARE to run the Ripple campaign, a three-year project supporting women aged 40-65 in the ACT to reduce the amount of alcohol they drink. FARE partnered with the Centre for Alcohol Policy Research (CAPR) at La Trobe University for this project which had two main components:

1. A randomised control trial (RCT) that tested the efficacy of a web-based intervention to support women to reduce their alcohol use.
2. A health promotion campaign that focused on raising awareness among the target audience of the benefits of reducing alcohol use.

Ripple was launched by the Minister for Health on 30 March 2021, and women were enrolled in the trial from launch day. Over eight-weeks Ripple content reached nearly 195,000 people through paid Facebook advertising and resulted in 3,700 visits to the study page on the website. The website had a total of 8,667 page views overall, including 4,040 views of the study page. Other strategies used included:

- Broadcast of Ripple videos in General Practitioner's surgeries, where it reached nearly 150,000 waiting room visitors.
- Mailout of 4,000 flyers promoting the Ripple study to General Practice surgeries, hospitals, community health centres and other community groups.
- Stakeholder engagement with more than 60 ACT groups and individuals working with the target audiences.

FARE will also report on data obtained through the randomised control trial (RCT) that tested a web-based intervention to support women to reduce their alcohol use.

Third of Men Campaign

The Third of Men campaign (TOM) was targeted towards Canberran men drinking at risky levels. Local research showed that there are many men across the ACT who want to drink less alcohol, with 31 per cent of those surveyed wanting to reduce their alcohol intake over the next 12 months. TOM is a health promotion campaign supporting men to reduce their drinking and raising awareness of the Australian guidelines to reduce health risks from drinking alcohol.

The campaign features a series of animated characters called Tom who deliver values-based messages about the benefits of reducing alcohol consumption, a website with tools to help men track and reduce drinking, resources about reducing risks when drinking, and opportunities to connect with the broader TOM campaign community.

The campaign used a social-norms and stages-of-change approach to:

- support men taking steps to reduce the amount of alcohol they drink;
- motivate men who might consider doing so; and
- encourage men to think about the benefits of drinking less alcohol.

The TOM campaign grant concluded in January 2021 and the evaluation found:

- TOM reached more than 99,000 men in the ACT, and nearly 33,000 men engaged with its social media content, approximately 35 per cent of men in the target group.
- The pilot project demonstrated that an online approach to engaging and supporting the target audience (ACT men aged 25 to 55 years) to reduce their alcohol consumption can be effective and is cost effective.
- Qualitative evaluation with the pilot participants demonstrated that the campaign tools and information were very worthwhile.
- Pilot participants experienced a number of benefits, including increased energy and financial savings.
- Respondents to the post-campaign survey reported a range of health and social benefits that align with those promoted through the project.

The TOM *website* remains live and can still be accessed.

PARTY program

The Government provided additional funding to expand the Canberra Health Services PARTY program. PARTY is an acronym for Prevent Alcohol and Risk-related Trauma in Youth.

The PARTY Program Canberra was originally run out of The Canberra Hospital. The aim is to give school students information about trauma that helps them recognise potential injury-producing situations, make prevention-oriented choices and adopt behaviours that minimise unnecessary risk. Sessions engage students with emergency service professionals, doctors, nurses, therapists and people who have experienced trauma.

The hospital-based program saw extremely high demand. The additional funding has built the capacity of the program to also be delivered within schools as well as in hospital, so that more students can benefit from the program.

Canberra Health Services has continued to deliver the PARTY Outreach Program to senior high school students. COVID-19 restrictions have led to delays and some modifications to the Program's delivery but with the additional funding more than 20 sessions have still been delivered to approximately 2,160 students.

Australian Red Cross Save-a-Mate (SAM)

Despite being significantly impacted by COVID-19 restrictions within schools, the Australian Red Cross Society has delivered 17 Save-a-Mate (SAM) workshops with up to 20 people in each one, funded with a grant from ACT Health Directorate.

The SAM program is an alcohol and other drugs education program, which aims to equip young people and persons at risk with the knowledge and skills to prevent, and to recognise and respond to AOD emergencies through a harm reduction framework. SAM is unique in its combination of alcohol and other drug education with basic first aid overdose response training.

Winnunga Nimmityjah Reducing Alcohol Related Harm for Aboriginal and Torres Strait Islander Peoples

Despite significant program delays due to COVID-19, Winnunga Nimmityjah Aboriginal Health and Community Services (AHCS) has progressed delivery of the program in the following ways:

- Winnunga Nimmityjah AHCS staff are being trained in alcohol screening, brief interventions, treatment, and services.
- Program material is being tailored to ensure culturally appropriate content and delivery and is currently tested by Aboriginal staff at Winnunga Nimmityjah AHCS as well as through individual interactions with clients.

By consulting with clients and continuing to tailor the delivery of the program as well as content, through the feedback received, a feeling of client ownership of the program material is hoped to be created.

SoBar – Not So Straight Up

SoBar – Not So Straight Up is a program run by Meridian and funded by ACT Health which aims to reduce alcohol-related harm within the LGBTIQ+ communities in the ACT through increased awareness of the health and wellbeing impacts of alcohol. It also aims to challenge the social norms around drinking behaviour and alcohol culture. The program focused on increasing awareness of the health and wellbeing impacts of harmful alcohol use, changing social norms influencing risky drinking behaviour and alcohol culture, and supporting access to suitable treatment and self-help options. The evaluation of the SoBar – Not So Straight Up Program was conducted in two parts: a process evaluation assessing the quality of activities delivered and an impact evaluation assessing the impact of the activities.

The Not So Straight Up grant concluded on 30 June 2021 and the evaluation found:

- The campaign was highly effective at reaching LGBTIQ+ people with messaging that challenged social norms around alcohol within LGBTIQ+ communities, raised awareness of the health and wellbeing impacts of harmful drinking and promotes strategies for addressing risky drinking behaviour.
- The program increased LGBTIQ+ people's access to resources through the development and distribution of resources and information through its social media and website presence and through educating people through SMART recovery therapy sessions.
- SMART sessions were effective at increasing clients' access to inclusive services to address risky drinking and alcohol issues.
- SoBar – Not So Straight Up reached 8,790 people through the online campaign, and 200 people in its SoBar pop-up stall at CBR Fair Day 2019, exceeding the target of 20 per cent of Canberra's LGBTIQ+ population.
- The program delivered LGBTIQ+ alcohol and other drugs (AOD) awareness training to 17 organisations from the AOD sector. The training was highly relevant to participants with 91 per cent (n=43) rating the training as relevant or very relevant to their needs.
- The LGBTIQ+ AOD awareness training was effective in supporting services to offer inclusive services to LGBTIQ+ people, 95 per cent (n=43) of training participants thought the training would contribute a great deal or a lot to their service being more inclusive of LGBTIQ+ people.

Due to the effectiveness of the SMART sessions, Meridian has invested in training additional facilitators so that the sessions can continue to be delivered beyond the life of the grant.

✓ *Pregnant Pause – be a hero, take zero Campaign*

The Pregnant Pause – be a hero, take zero Program (the Program) built on the success of the past Pregnant Pause – swap the pub for your bub Program, by focusing on creating supportive environments to help women have alcohol-free pregnancies. In 2020, the National Health and Medical Research Council (NHMRC) changed its guidelines to Reduce Health Risks from Drinking Alcohol and recommended that "to prevent harm from alcohol to their unborn child, women who are pregnant or planning a pregnancy should not drink alcohol." Drinking alcohol during pregnancy increases the risk of miscarriage, stillbirth, premature birth, low-birth weight, and Fetal Alcohol Spectrum Disorder (FASD).

The Program was active between June 2020 and June 2021. The objectives and strategies used throughout the Program focused on encouraging the ACT community to create environments where alcohol-free pregnancies are encouraged and women are supported, rather than placing the onus for change on women themselves.

Despite the challenges presented by the COVID-19 pandemic, the Program was featured in local media, related campaigns, and events. Advocates for the program, or Community Heroes, featured in a range of content that promoted their involvement in the Program, which was then re-shared on Pregnant Pause social media channels.

With the help of these organisations, the Program reached 721,178 social media users on Pregnant Pause social media platforms. Content partnerships were developed with local media outlets Her Canberra and Canberra Mums and a health media company Tonic Media, achieving broad reach across new audiences:

- Flyers were displayed and videos screened in 63 medical centres across the ACT, reaching 294,000 people
- Her Canberra EDM content achieved 9,944 opens
- Canberra Mums Facebook content reached of 55,155 women.

Local media outlets RiotACT and Canberra Times covered the launch of Pregnant Pause on 18 June 2020. A highlight of this was when Community Hero, Karinya House, promoted their involvement in a Canberra Times article.

The existing Pregnant Pause website was updated with a live feed of Pregnant Pause's Instagram account to show the community in action and prompt people to follow and share Pregnant Pause content. Following the website refresh, the visitor bounce rates dropped, which indicates that the website redesign was more engaging and prompted users to navigate through more pages, rather than exiting quickly. The traffic to the Pregnant Pause website achieved over 18,000 visits across the life of the Program.

Data obtained in May 2021 through a YouGov Galaxy poll of adults in the ACT indicated awareness was consistent with 2020 levels in the percentage of people aware of a range of health consequences of drinking alcohol during pregnancy. This poll also confirmed the already very high level of awareness among the ACT population of the guideline that women who are pregnant or planning pregnancy should not drink alcohol. Data collected in 2019 showed that awareness in the ACT of the Guideline on pregnancy, was 82.7 per cent. This increased to 96 per cent at the start of the Program.

✓ *Completion of the Driving Change research study*

Driving Change: Using Emergency Department Data to Reduce Alcohol-Related Harm (Last Drinks) is an Australian multi-site national study led by Deakin University. The Canberra Hospital and Calvary Public Hospital emergency departments began collecting data in August 2018 and the project was completed in 2021.

The study identifies the most common sources of alcohol-related incidents resulting in emergency department presentations, which can then be targeted through public health interventions. ACT Health is now undertaking geospatial mapping of data from the study to build a better picture of where alcohol-related harms occur in the ACT.

✓ *Canberra Health Services Alcohol and Drug Services' outpatient alcohol withdrawal program*

Canberra Health Services Alcohol and Drug Services has commenced an Outpatient Alcohol Withdrawal Program.

The program is now offered as an option for people with mild to moderate alcohol withdrawal symptoms by medical and nursing staff at Canberra Health Services' Alcohol and Drug Services' Withdrawal Unit. The treatment program requires daily

review by the withdrawal unit clinical team, and supervision by their support person whilst the person is withdrawing at home.

Eligible people can also be provided with a combination of both inpatient and outpatient withdrawal management. For example, two days in the inpatient withdrawal unit and then complete the rest of their withdrawal management as an outpatient. This provides choice and flexibility for people requiring alcohol withdrawal management.

✓ *Improved ACT Health website alcohol information*

ACT Health Directorate has revised and updated its *alcohol information website*, which went live in October 2021. The site now provides information about the effects of alcohol on health, ways to reduce drinking to reduce the risk of harm, and specific information for people who are pregnant or trying to become pregnant, and children and families. Information is also provided for licensed premises and events where alcohol is served. Contact details are also now provided for support services and resources.

The site includes updated information on risky drinking based on the updated National Health and Medical Research Council guidelines on alcohol, which were released in December 2020.

✓ *Alcohol Responsible Promotion Guidelines review*

A review of the Liquor (Responsible Promotion of Liquor) Guidelines 2012 (the Guidelines) continues to be led by Access Canberra. A discussion paper was released in August 2021 with submissions closing on 15 October 2021. Access Canberra is considering the range of views that it received and plans to have the revised guidelines published in early 2022. The review is expected to result in modernisation and simplification of the Guidelines for all users, while providing straightforward information to business and industry to assist in meeting their obligations under the *Liquor Act*.

Delayed actions

Some alcohol-focused actions have been delayed due to the COVID-19 pandemic. Government messaging on alcohol to young people, and the review of the relationship between alcohol and domestic and family violence, will be further considered in the context of the next Action Plan.

Looking forward: 2022 actions on alcohol and related products

✓ *Alcohol supply and alcohol home delivery*

The Government is monitoring emerging evidence on the impacts of online alcohol orders and home delivery on health and wellbeing.

Tobacco and related products

The decline in tobacco use Australia-wide and in the ACT is a significant public health success. Fewer young people are now taking up smoking in Australia than at any time since official surveys began in the early 1980s. However, despite these declines tobacco still remains the leading cause of preventable disease and death in the ACT and Australia-wide. Currently around one in 10 Canberrans smoke on a daily or occasional basis.

The rate of daily smoking more than halved in the ACT between 2001 (18.4 per cent) and 2020 (8.2 per cent). While current smoking rates are much lower than comparable rates in the past, the rate of daily smoking remains high when compared to consumption of other drugs. For example, 4.4 per cent of people said they drank alcohol daily (2019) and nationally around 1.6 per cent of people use cannabis daily. Long-term continued tobacco use kills one in two long term users prematurely, and those who die prematurely lose on average 20 years of life.

ACT wastewater analysis shows that nicotine consumption increased during 2019 and 2020 but fell back to previous levels in 2021. National research indicates that the rise in nicotine levels in 2020 may have been linked to more people spending more time at home during the 2020 pandemic period and having more opportunity to smoke larger quantities during the day. However, nicotine was also detected at higher levels in Canberra in 2019, but the reason for this is currently unclear.

Unfortunately, the Australian Secondary Students Alcohol and Drug Survey which was due to be conducted in 2020 has been postponed to 2022 due to COVID-19. Only limited recent information is therefore available on e-cigarette use among secondary school students. However, anecdotal evidence indicates that e-cigarette use is a growing concern in school settings. The ACT Government is also concerned that while smoking rates have fallen, the increasing use of e-cigarettes among young people is likely to be harmful and also a potential pathway into tobacco smoking.

While smoking rates in the general community have fallen over time, smoking rates have tended to remain higher among people experiencing various forms of disadvantage. This is demonstrated by smoking rates in specific community groups. Compared to the Australian national average daily smoking rate of 11 per cent the daily smoking rates among some specific cohorts are:

- 26.5 per cent – people with year 11 or less education;
- 18 per cent – least advantaged 20 per cent of population;
- 5 per cent – most advantaged 20 per cent of the population;
- 24.9 per cent – Aboriginal and Torres Strait Islander peoples;
- 20 per cent – people diagnosed or treated for mental health conditions; and
- 16 per cent – daily smoking among homosexual and bisexual people.

ACT data is not readily available to directly compare with national figures, but the smoking rates among more disadvantaged groups are likely to resemble national patterns, broadly speaking. The Service Users' Satisfaction and Outcomes Survey 2018, a survey of alcohol and other drug treatment clients in the ACT by the Alcohol, Tobacco and Other Drug Association ACT, found that 76.9 per cent of ACT alcohol and other drug treatment service users said they were smokers when they first accessed the service. Encouragingly 13 per cent of these people reported quitting smoking after coming into contact with the service, and 44 per cent reduced their smoking.

Our achievements: tobacco and related products

✓ *E-cigarette policy*

The Plan commits to monitoring the emerging evidence regarding the health risks associated with the use of electronic cigarettes (e-cigarettes). In November 2020, the ACT Government provided a submission to the Select Committee on Tobacco Harm Reduction noting the importance of protecting tobacco control achievements and prioritising protection of children and young people, and also calling for regulation of non-nicotine e-cigarettes.

In August 2021, the ACT Legislative Assembly passed a motion stating that the Government would continue to develop programs that educate and inform Canberrans about the risks of e-cigarettes and would review relevant legislation to ensure current arrangements are contributing to minimising harm being caused by e-cigarettes and vaping.

The ACT Education Directorate distributed e-cigarette resources provided by ACT Health to schools during 2021.

ACT Health has worked with other states and territories and the Therapeutic Goods Administration (TGA) to plan and roll out the 1 October 2021 changes resulting from the TGA decision making import or purchase of nicotine vaping products prescription-only. In October 2021, a large number of illegal nicotine vaping products were seized in a joint operation by the TGA and ACT Health Directorate from three Canberra businesses. Samples of the seized products were tested by the TGA and all were found to contain nicotine. Especially concerning was that two-thirds of the products were not labelled as containing nicotine.

Nicotine vaping products are prescription-only medicines, so it is illegal for Australian retailers other than pharmacies to sell them, even if the consumer has a valid doctor's prescription. These measures help prevent the uptake of e-cigarettes by young people, while permitting adult smokers in conjunction with their medical practitioner to use them to assist with smoking cessation where appropriate.

Also of great concern was that two-thirds of the products seized contained one or more of eight ingredients that are prohibited by law in nicotine vaping products as they pose known health risks when inhaled. Six prohibited ingredients were found, including the flavouring agent diacetyl, which when inhaled can cause irreversible lung damage.

Since 1 October 2021, nicotine vaping products supplied in Australia have required a doctor's prescription and must also meet specific labelling, packaging and ingredient requirements laid out in a TGA product standard. None of the products seized met these requirements.

ACT Health and the TGA are continuing their investigations regarding these and other illegal nicotine vaping products.

✓ *New funding programs to reduce smoking*

The rollout of projects funded under Healthy Canberra Grants: Focus on Reducing Smoking-Related Harm was delayed during the COVID-19 pandemic and commenced in 2021. The focus of the grants was on increasing smoking cessation among disadvantaged and priority groups in the ACT.

The Cancer Council ACT's Tackling Tobacco in the ACT program was launched in June 2021 after the COVID-19 pandemic delayed its implementation. While unable to engage actively with the community, Cancer Council ACT linked with Cancer Council NSW to undertake staff training and to develop program materials.

The Directions Health Services' (Directions) Butt it Out! program was also delayed by the COVID-19 pandemic. Directions has been coordinating training in tobacco cessation screening protocols, support practices, and program evaluation tools for all client-facing staff. Additionally, Directions have recruited a Program Coordinator and ANU Research Assistant to undertake program evaluation co-design and planning.

The Worldview Foundation pre-release non-indigenous supplement, along with post release activity support project, has been impacted due to Worldview staff being unable to provide face to face training within the Alexander Maconochie Centre (AMC). The program has been modified and adapted to an online format, which will be delivered within the AMC on computers. Development of the online modules has taken time, however, following user testing the modules are planned to go live in 2022.

✓ *Safer Baby Bundle*

The Canberra Health Services' Safer Baby Bundle is a national initiative to reduce stillbirth by 20 per cent across Australia. One of the elements of the bundle is smoking cessation during pregnancy. ACT Health has provided eight carbon monoxide meters for use in maternity services at Calvary Hospital and Centenary Hospital for Women and Children to support quitting. Carbon Monoxide meters can both help to confirm that people are smoking and can help motivate quitting by providing direct feedback on the benefits of stopping smoking by demonstrating a reduction in carbon monoxide when people breathe out where smoking has reduced.

Other tobacco initiatives

The Guide to Sale of Smoking Products in the ACT was revised and the updated guide was published in 2020.

A Tobacco & E-Cigarette Prevention Community of Practice of government and nongovernment stakeholders has been established.

Looking forward: 2022 actions on tobacco and related products

E-cigarettes

ACT Health is collaborating with ANU's National Centre for Epidemiology and Population Health on monitoring of e-cigarette harms to young people.

ACT Health is developing co-design initiative to reduce uptake of e-cigarettes by young people.

Tobacco

Work has commenced to identify potential regulatory options to further reduce smoking in the ACT.

Healthy Canberra tobacco grant programs which were delayed by COVID-19 will continue.

Illicit and illicitly used drugs

Illicit drug use is a risk factor responsible for about 2.6 per cent of the total disease, injury and death (burden of disease) in the ACT. A disproportionately high level of impact from illicit drug use falls on our young people.

Illicit drugs data

- The National Drug Strategy Household Survey 2019 indicated that the ACT had the lowest rate of self-reported recent illicit drug use of any Australian jurisdiction, with 14.6 per cent of people saying they had used an illicit drug in the last year. There appeared to be an increase in illicit drug use from 12.9 per cent in 2016.
- Aboriginal and Torres Strait Islander Australians were 1.4 times more likely to have used illicit drugs compared to non-Aboriginal Australians in 2019.
- Compared to people without mental health conditions, the National Drug Strategy Household Survey 2019 found that people with a mental health condition were 1.7 times more likely to have used an illicit drug in the past 12 months (26 per cent compared with 15.2 per cent).
- ACT wastewater analyses for 2021, indicate recent falls in the levels of consumption of several illicit drugs in the ACT during 2020-21, including cocaine, methamphetamine and MDMA ('ecstasy'). Only cannabis use has increased in 2021, reflecting a nationwide trend. Cannabis use in the ACT in August 2021 was in the mid-range, slightly above the capital city average, but below the regional average. Levels of heroin consumption fell to low levels in early 2021 but increased to more usual levels later in the year.
- The recent falls in drug consumption are encouraging at face value, but caution needs to be taken in interpreting drug supply trends during the COVID-19 pandemic period when the supply of illicit drugs is likely to have been disrupted. The Australian Criminal Intelligence Commission has concluded that COVID pandemic conditions have led to drug market disruption in 2020-21, contributing to relatively sustained decreases in illicit drug consumption, complemented by law enforcement activities and seasonal factors. However, cannabis consumption nationwide notably bounced back in late 2021.
- Methamphetamine (ice) and amphetamine (speed) use appears to have fallen to low population levels in Canberra. The 2019 household survey records meth/amphetamine use as 0.3 per cent in the ACT in 2019, compared with 1.1 per cent in 2016, and 4.5 per cent in 2001. Wastewater analysis also shows a lower level of use of meth/amphetamine in the ACT compared to many other parts of the country.
- Despite the low levels of use among the population as a whole, 23 per cent of non-pharmacotherapy-based closed treatment episodes provided by specialist treatment services in 2020-21 were to help with meth/amphetamine use. This is likely to indicate that people who continue to use methamphetamine are more likely to be more severely dependent, higher-level users experiencing significant problems than previously.
- While there was considerable concern in the past about New Psychoactive Substance use in the ACT, use of drugs such as synthetic cannabis appears to be at relatively low population levels, although such drugs can have a significant and negative health impacts. New substances emerge unpredictably, meaning that monitoring and vigilance is required concerning emerging trends.

Our achievements: illicit and illicitly used drugs

Drug treatment services

✓ *Opioid treatment – new clinic in north Canberra*

Opioid pharmacotherapy treatment[4] is associated with reduced overdoses, positive health and social outcomes for patients, and reduced rates of crime.

Canberra Health Services opened its new Northside Opioid Treatment Service (NOTS) in December 2020. The service provides clients on Opioid Maintenance Therapy (OMT) the convenience of dosing in Belconnen if they live on the northside of Canberra. The facility is close to transport links and provides access to other specialised health services at the same site. Addiction Medicine Specialists provide a weekly clinic in Belconnen Health Centre for OMT client assessments and reviews. The service also offers access to doctors who can prescribe opioid treatment medications that can be dispensed at community pharmacies.

The ACT Government allocated $3.014 million in new funding over four years to establish and operate the service. It was designed in close collaboration with Canberra Alliance for Harm Minimisation and Advocacy, the ACT's consumer organisation for people who use drugs. As of 28 June 2021, 55 people were attending the clinic for dosing on the site. This represents 31 per cent of clients receiving opioid pharmacotherapies from Canberra Health Services, Alcohol and Drug Service.

Unfortunately, as a result of the Delta strain COVID-19 outbreak, services had to be suspended temporarily as experienced Drug and Alcohol Nurses were required to support the COVID Community Initiative. Regular clients of NOTS received their opioid maintenance therapy dose from The Canberra Hospital service in Phillip, or community pharmacies in their local area. However, northside clients have continued to receive clinical management and support from the opioid treatment service team (Medical Officers, Registered Nurses, Key Workers). The northside service will reopen in 2022.

✓ *Uptake of long-acting buprenorphine*

Long acting-acting buprenorphine is a new opioid maintenance treatment formulation that can be administered weekly or monthly, rather than every 1-2 days. For patients who choose to use the medication, it offers an option which is much more convenient than attending a clinic or pharmacy several times a week.

Since September 2019, there has been a steady uptake of long-acting injectable buprenorphine by Opioid Treatment Service clients across Canberra Health Services' Alcohol and Drug Services. Canberra Health Services is also working with Capital Health Network to increase access through GPs. This medication is also now the preferred option in correctional settings in the ACT. As of July 2021, two-thirds of prisoners in the Alexander Maconochie Centre who were receiving opioid maintenance treatment were receiving long-acting buprenorphine through depot injections.

4 Also sometimes referred to as opioid maintenance treatment, or simply opioid treatment.

✓ *Mobile Primary Care Outreach Clinic*

The Mobile Primary Care Outreach Clinic is a service established with joint funding between ACT Health Directorate, Capital Health Network and John James Foundation. The Mobile Primary Care Outreach Clinic, also known as "Pat" (Pathways to Assistance) or Pat the Van, is operated by Directions Health Services. This mobile outreach service provides weekly integrated primary care, appropriate acute care services (health, mental health and AOD), and access to a range of supports to highly vulnerable people with complex service needs at five locations across the ACT for free and without an appointment.

The "Pat" van has two fully fitted consultation rooms where people can see GPs or other health workers. Initial service commenced mid-November 2020, and the van was fully operational in 2021.

Target groups include: people at risk of or experiencing homelessness; people with, or recovering from, AOD dependencies; people with complex needs and chronic conditions, including mental health conditions; and people with very low incomes.

Harm reduction and prevention approaches

✓ *Injecting Drugs – additional investment in providing sterile equipment*

People who inject drugs are most at risk of contracting the potentially fatal liver infection, Hepatitis C, as well as risking other types of viral and bacterial infections. Ready access to sterile injecting equipment helps prevent the spread of such infections.

In October 2021 the Government announced additional ongoing funding of $140,000 per year, to support the increased demand for needle and syringe services in the ACT. The additional funding will maintain current and future services across the Needle and Syringe Program, including expanded access to a successful pilot outreach service run by Directions Health Services to ensure sterile injecting equipment is available to those who need it most but can least afford it.

✓ *National real-time prescription monitoring – Canberra Script*

Real-Time Prescription Monitoring systems help prevent harms and preventable deaths associated with the use of high-risk medicines. The initial commitment in the Plan was to introduce an ACT prescription drug monitoring portal. This was completed in March 2019. However, in May 2019, the ACT also went further in becoming the first jurisdiction to commit to implementing the national Real-Time Prescription Monitoring system. In June 2019, the ACT Government allocated $2.114 million to adopt this new national platform.

Work on the national monitoring platform has progressed during 2020 and 2021 and the new "Canberra Script" Management portal software was rolled out internally within the ACT Health Directorate in 2021. The Canberra Script Health Practitioner Portal was launched in February 2022 and will provide information about Schedule 8

(controlled) medicines and also some Schedule 4 prescription only medicines. Schedule 8 medicines include drugs such as opioid painkillers like oxycodone, and sedative benzodiazepine drugs like alprazolam (Xanax). The purpose of Canberra Script is to reduce harm and preventable deaths in the ACT community by supporting the safe and effective use of monitored medicines. It has the advantage over previous systems of providing information about prescribing by medical practices as well as dispensing by pharmacies and providing real-time alerts when a patient's treatment signals a risk of harm to them, or the prescription is not authorised. ACT Health Directorate's vision for Canberra Script is that prescribers and pharmacists use this system to provide more safe and effective care for ACT consumers.

Information displayed will be sourced from the National Data Exchange, which includes dispensing data sourced from other jurisdictions for ACT residents as well as ACT pharmacy dispensing data. ACT Health is working in collaboration with Pain Australia and its Consumer Advisory Group to facilitate the development of consumer and health professional messages, materials, and workshops that will support implementation of Canberra Script. Key messages will include the need to reduce opioid harm in the community through the safe use of opioids and other medications, and the need for the community/users and prescribers to focus on more effective ways of managing chronic pain.

✓ *Medically Supervised Injecting Facility*

The Action Plan committed to investigating the feasibility, need, effectiveness and appropriateness of establishing a medically supervised drug consumption facility (or supervised injecting facility) for the ACT. ACT Health Directorate engaged the Burnet Institute, in partnership with the Canberra Alliance for Harm Minimisation and Advocacy (CAHMA), to determine the need for, and feasibility of, a Drug Consumption Room in the ACT and investigate potential models for such a service.

The needs analysis report was published in early 2021. It showed that stakeholders and consumers consulted by the Burnet Institute support the establishment of a drug consumption room in Canberra. Surveys of potential consumers indicated a strong intention to use the service if one was established.

In the ACT 2021-22 Budget funding was announced of $400,000 over two years to explore further options for such a facility in the ACT, including a suitable service model and potential location. A medically supervised injecting facility would contribute to preventing harms from overdoses, increase accessibility of sterile injecting equipment, and provide a gateway for people who are often experiencing significant disadvantage to access primary care and drug treatment services.

✓ *Overdose Response Training and Naloxone*

Naloxone is a drug that reverses overdose due to opioid drugs including illicit opioids such as heroin, and pharmaceutical opioid drugs such as oxycodone or fentanyl. In the 2019–20 ACT Budget, the ACT Government provided additional ongoing funding of $300,000 annually to expand the reach of Canberra's naloxone program, which makes naloxone available to community members for immediate use in an emergency. Training in responding to emergencies is also provided alongside the medication.

The number and types of venues where naloxone and overdose response training can be provided has been increased significantly under the Action Plan, particularly in key high-risk settings, facilitated by a new nasal form of naloxone becoming available, in addition to the injectable form. Naloxone is now provided directly on discharge from prison to appropriate individuals. Needle and Syringe program staff also now provide overdose response training to clients and facilitate access to naloxone, and drug treatment service staff have received training in responding to overdoses using naloxone.

✓ *Fixed-site pill testing pilot in Canberra city centre and ACT Festivals Pill Testing Policy*

Pill testing is a harm reduction service that analyses the contents of drugs and provides targeted, evidence-based drug information to assist people to avoid potential harms associated with drug use. In October 2021 the ACT 2021-22 Budget announced $260,000 to support a six-month, fixed-site, pill testing pilot.

Following the release of the independent evaluation of the second ACT pill testing trial, the ACT Government developed and published a Festivals Pill Testing Policy in 2020, which is available on the *ACT Health website.*

✓ *Alcohol and other drug sector response during 2021 COVID-19 lockdown*

ACT Health Directorate has worked closely with drug treatment services providers, Canberra Health Services, Capital Health Network, the Pharmacy Guild ACT, community pharmacies and primary care practitioners including GPs, throughout the COVID-19 pandemic to ensure continuity of services. In particular, the Government allocated additional funding of up to $250,000 to ensure safe continuity of opioid maintenance treatment services. In September 2021 the Government also announced $300,000 in additional funding for CAHMA for additional Peer Treatment Support Workers to maintain their valuable work to support people with complex needs affected by the ACT Public Health Directions, and an additional $160,000 in flexible funding to alcohol and other drug services to provide additional treatment and counselling support to those with substance use problems.

In response to the outbreak of COVID-19 in higher density housing in August 2021, the Mental Health, Justice Health and Alcohol & Drug Service set up a COVID-19 Community Response Team. This comprised experienced Mental Health and Drug and Alcohol Nurses who provided clinical support to people in quarantine and isolation. The nurses conducted assessments, provided support and managed withdrawal symptoms of people affected by substance use and dependence. The original commitment was for two weeks, but based on the success of this initiative, the Mental Health and Drug and Alcohol Nurses joined the Rapid Evaluation and Care in the Home (REaCH) Team. This tri-service approach supports the Primary Health, Mental Health and Drug and Alcohol needs of people in quarantine and isolation across the ACT and surrounding areas. The REaCH team received referrals directly from quarantine accommodation centres (Ragusa and Australian National University) and the COVID-Care-in-the-Home Service. The REaCH team supports clients in the community that may otherwise be without appropriate services and may require admission to hospital.

The response was significantly strengthened by the work of the ACT peer-based drug user organisation CAHMA. CAHMA played a unique role in supporting the ACT Government response through their peer workers, and strong relationships with people living in public housing. This, coupled with Directions primary health outreach and vaccination program, likely substantially reduced COVID-19 transmission among this priority population group and in the wider community.

Alcohol, Tobacco and Other Drug Association ACT (ATODA), the treatment sector and consumers advocated for new, more flexible, opioid treatment guidelines to provide more flexibility in opioid maintenance treatment during the pandemic period. New guidelines were produced in 2020 lockdown which allowed for the necessary flexibility to provide pathways for people to access opioid maintenance treatment while in isolation.[2] Directions Health Services were funded to help people access opioid maintenance when they were unable to attend their usual dosing service. Directions and CAHMA staff also provided naloxone, food, and other essential supplies, as well as access to telephone and data for clients to communicate with healthcare providers. Directions' Needle Syringe Program (NSP) further expanded outreach services to facilitate safer access to equipment for people vulnerable to COVID-19, as well as provide access to sterile equipment for people in isolation and quarantine.

Meeting the needs of clients required a collaborative effort between Directions, ADS, pharmacies and CAHMA, the latter advocating on behalf of clients and forming critical communication pathways for clients to access treatment. CAHMA also played a crucial role in ensuring that alcohol and nicotine withdrawal was not an additional issue for isolating or quarantining individuals. Hepatitis ACT also provided support, delivering care packages to people isolating or quarantining at home.

Directions Health Services also began vaccinating vulnerable people against COVID-19 through their regular primary health outreach services at at housing estates and other sites in June 2021. Additional funding and advocacy from the Capital Health Network and the ACT Government for increased supply of vaccinations enabled Directions to speed up its campaign to ensure vulnerable populations, including people experiencing drug and alcohol issues, mental illness, socio-economic disadvantage and other complex issues in the ACT, could achieve the highest possible vaccination rate.

To address barriers faced by this population group, dedicated vaccination clinics were also established in Directions' Woden clinic. In addition, Directions' nursing staff and doctors took vaccinations to the doors of residents in over 35 public and community housing complexes, all quarantine facilities and numerous individual homes across Canberra. Vaccines were also offered to people who were homeless at various sites around the ACT. Ted Noffs Foundation also facilitated access to vaccinations for young people via its Street University Program. Directions' vaccination program was supported by ACT Housing staff and CAHMA peer workers, who informed and encouraged residents to take advantage of this opportunity. Directions actively followed up every individual to ensure they would be fully vaccinated, providing their second dose at their home or another location convenient to them. The ACT Health Testing Team also partnered with Directions, CAHMA and housing providers to offer more accessible PCR COVID-19 tests for residents at a number of public and social housing complexes and at other sites.

The Directions' vaccination program was an outstanding success, substantially contributing to the ACT's world-leading vaccination rate by achieving high rates of double vaccination in vulnerable populations across the ACT. Interchange Health Co-Operative also contributed to the high vaccination rate in this population group by providing vaccinations at the Early Morning Centre.

Therapeutic justice responses and diversion

✓ *Continuation of the ACT Drug and Alcohol Court*

The ACT's Drug and Alcohol Court completed two years of operations in December 2021. The court was a commitment made in the 2016 Parliamentary Agreement, and since its inception in December 2019, has offered an alternative to custodial sentencing with a therapeutic jurisprudence approach and holistic sentencing case management.

To December 2021, 46 Drug and Alcohol Treatment Orders have been imposed, with participants being a mix of genders and from diverse economic, cultural and ethnic backgrounds. Depending on the circumstances, orders can require participants to engage in a range of different activities including personal therapeutic counselling, treatment and intervention programs, relationship and family counselling as well as employment training. The scheme has so far produced five successful graduates with many more having progressed to the final phase of their order.

The purpose of the Drug and Alcohol Court is to achieve long-term behavioural change and divert people from the criminal justice system and jail. It takes a problem-solving approach to dealing with a participant's behaviour, providing targeted and structured health and justice interventions while holding people to account for their behaviour. The measure of success is not only the completion of the program by individuals but the flow-on effects for those people, their families and for the broader community in terms of reduced recidivism.

In the 2021-22 Budget, the ACT Government committed $17.8 million to continue the Drug and Alcohol Court.

An evaluation of the implementation has been conducted by the Australian National University. The recommendations are being considered by representatives from the Justice and Community Services, ACT Supreme Court & ACT Court of Appeal, ACT Corrective Services, Public Prosecutions, ACT Health and Canberra Health Services.

✓ *Safer Families*

In 2021 ACT Health provided $250,000 to Alcohol, Tobacco and Other Drug Association ACT to carry out additional work to improve the capacity of the alcohol and other drug sector to identify and respond effectively to domestic and family violence (DFV) (the Safer Families Project).

ATODA has been working in collaboration with the Office of the Coordinator-General for Family Safety and the ACT Health Directorate to embed the ACT Government domestic and family violence capacity-building approach within the Alcohol Tobacco and Other Drug sector. ATODA engaged consultants 360Edge to provide seven workshops

to workers in specialist alcohol and other drug services in the ACT, and for the ACT Domestic Violence Crisis Service to present at each workshop.

At the end of 2021, ninety-one alcohol and other drug workers had successfully completed this training. Before-and-after surveys of training participants found that knowledge, skills and confidence levels rose by 47 to 49 per cent and familiarity with DFV services increased 25 per cent. ACT Health approved the provision of one further training session for clinical workers in February-March 2022.

In June 2021, ACT Health Directorate provided a grant of $366,300 (GST inclusive) to Winnunga Nimmityjah Aboriginal Health and Community Services for work to 30 June 2023 to build the capacity of the ACT and surrounding region's Aboriginal and Torres Strait Islander communities to address domestic and family violence within the community, particularly in the context of alcohol and other drug use.

Looking forward: 2022 actions on illicit and illicitly used drugs

While there have been a number of significant achievements and new investments under the Plan, the Government also acknowledges feedback from the sector that the alcohol and other drug treatment system is under stress, and that there is a need to further increase effective and affordable treatment and support services, for people who use drugs, their families and carers, as well as a need to reduce waiting times for treatment.

The Select Committee into the *Drugs of Dependence (Personal Use) Amendment Bill 2021*, which held hearings in July 2021, also took evidence on the alcohol and other drug sector's strengths and weaknesses, current and future demand, and appropriate service and funding models. The select committee heard evidence that decriminalisation would lower the barriers that have often deterred drug dependent users from reaching out for healthcare and psychosocial support. The committee tabled its report in the ACT Legislative Assembly on 30 November 2021, supporting the passage of the Bill, and making several recommendations to improve ACT alcohol and other drug treatment system. The Government is considering the committee's recommendations and will provide an official response to the Assembly in 2022. Both the committee's recommendations and the contents of the 59 submissions to the inquiry will be carefully considered in developing the next ACT Drug Strategy Action Plan.

The Government is making significant investments in the infrastructure of the alcohol and other drug treatment system and a process of planning and collaborate service commissioning is under way to ensure the ACT has the best possible treatment and harm reduction systems. It should be noted that while treatment services are included in the current section on illicit drugs so that a broad range of treatment and harm reduction initiatives can be discussed in one place the progress report, the individual drug that most people seek treatment for in the ACT remains alcohol.

New Aboriginal and Torres Strait Islander and youth residential rehabilitation facilities

The Government committed to a range of initiatives to improve health services in the ACT Health system through the 2021-22 Budget. These include investments in minimising harms from alcohol and other drugs, as well as a key focus on meeting the health needs of Aboriginal and Torres Strait Islander peoples.

A key initiative will be redevelopment of the Watson Health Precinct to deliver a world-class, community-led alcohol and other drug and mental health treatment precinct for those most in need. The Government has committed $803,000 in the 2021-22 Budget to this work, including $550,000 in funding for initial design work for rebuilding facilities for Ted Noffs (youth alcohol and other drug residential rehabilitation) and CatholicCare (youth mental health facility), and for an Aboriginal and Torres Strait Islander alcohol and other drug residential rehabilitation facility. The total funding also includes $253,000 in funding for staff for Winnunga Nimmityjah Aboriginal Health and Community Services for planning it plan for the new facility. The Government will also partner with Winnunga Nimmityjah on the early planning and design. The facility is intended to complement existing services, including the Ngunnawal Bush Healing Farm.

The Government has also announced that a new facility will be built for Gugan Gulwan Aboriginal Youth Service. This will provide new facilities for Gugan Gulwan's youth alcohol and other drug services among other services it provides.

Renovation of existing alcohol and other drug service buildings

In June 2020, the ACT Government signed an agreement with the Australian Government for additional funding under the Community Health and Hospitals Program, including $4.3 million to expand the capacity of residential alcohol and other drug rehabilitation services in the ACT. Agreement to the funding included consulting with the ACT alcohol, tobacco and other drug sector to identify critical points of need, including ageing infrastructure.

As a result, repairs worth $1.3 million are being undertaken at two residential alcohol and other drug treatment facilities run by Karralika Programs at Isabella Plains and Fadden. This includes Make Safe and Refurbishment projects, including improvements to heating, ventilation and air condition, improved disability access, and an outdoor Make Safe and Healing Garden project.

Stakeholder consultation is being undertaken to identify the best allocation of the remaining funding. Additional renovations and improvements to buildings completed during the lifetime of the ACT Drug Strategy Action Plan include:

- Opening of the opioid maintenance treatment clinic through refurbishment of rooms in Belconnen community health centre;
- Opening of new walk-in centres providing affordable access to healthcare, including access to sterile injecting equipment;
- New facilities for diversion services housed within the new court building to provide more immediate access for clients.

Service planning and commissioning

The ACT Health Directorate funds about 70 non-government providers for the delivery of more than 100 health and mental health services, including nine alcohol and other drug service providers. The contracts for these services are due to expire in June 2022.

Until now, ACT Health has used traditional procurement processes to select and fund health services in the community. Feedback to ACT Health has highlighted the need for a more inclusive approach to determining the services Canberrans need and value, and the way they are delivered. In response, ACT Health is moving towards a collaborative commissioning approach for the future provision of health services delivered by non-government organisations in the community. This aligns with the position increasingly adopted across Australian jurisdictions and internationally, where commissioning is informing investment in community-based health services and delivering improved client outcomes.

The move to commissioning will happen in stages, allowing the approach to be refined based on a shared experience of commissioning. The commissioning of alcohol and other drug services will be one of the first to occur. ACT Health will work with sector partners to carry out a system-wide needs assessment focusing first on types of services set out in the National Treatment Framework. Current services not included in the National Treatment Framework remain important and will continue to be included in the commissioning conversation.

ACT Health has already heard from initial consultations with the sector that there are a number of key needs that require addressing including:

- Increase access to evidence-informed, effective, and affordable treatment and support services, for people who use drugs, but also for their families and carers;
- Ensure that we have a highly qualified workforce, but also that staff are supported and sustained;
- Improve linkages between services, particularly alcohol and other drugs services and mental health services;
- Increase the proportion of diversions from criminal justice system, and provide appropriate resourcing;
- Reduce the harms from alcohol and tobacco, including targeted responses;
- Further prevent and reduce overdoses;
- Strengthen data collection and analysis;
- Improve infrastructure and consider future infrastructure needs to that service delivery is not just sustained, but grows;
- Streamline administration; and
- Ensure that services are sustainably funded.

The aim of the collaborative process will be to align multiple pieces of work from the beginning to set out a planned and mutually agreed process for meeting shared priorities and leveraging the entire knowledge base of the sector. The process will aim to embed policy processes into standard practice and will provide opportunity to input government process in a coordinated and timely fashion.

Blood Borne Viruses Prevention Grants

In November 2021, a new round of Healthy Canberra Grants was announced to support community-based activities which use a population health approach to reducing risky behaviours with a focus on preventing Blood Borne Viruses (BBVs) and Sexually Transmitted Infections (STIs). Up to $1.3 million will be available to support multi-year programs delivered from May 2022 through to December 2024. Injecting drug use is a cause of transmission of blood-borne viruses, and blood-borne bacterial infections.

Next Drug Strategy Action Plan

While substantial achievements have been made under the current Plan, the ACT Government is committed to further minimising harm related to alcohol, tobacco and other drugs in our community. The ACT Government will develop a new plan in collaboration with community partners to renew and target the ATOD policy focus across the whole of government, given all that has been achieved and has changed over the last three years. The new plan is intended to set clear, ambitious but achievable goals that can shape our work not just for the length of the plan, but for the next 10-20 years of health outcomes.

Emerging issues, data and reporting

Our achievements: emerging issues, data and reporting

The Plan allows for responses to emerging priorities that could not be identified at the time the plan was developed. Important issues that have emerged during the lifetime of the Plan, which the Government has responded to, that were not initially anticipated were:

- The COVID-19 pandemic;
- *The Drugs of Dependence (Personal Cannabis Use) Amendment Bill 2019* to decriminalise possession and cultivation of small amounts of cannabis; and
- *The Drugs of Dependence (Personal Use) Amendment Bill 2021* to reduce penalties and further decriminalise possession offences for some more-commonly used illicit drugs.

The 2021 pandemic response has been described above, as have cannabis related data. The Government made a detailed submission to the ACT Legislative Assembly Select Committee Inquiry on the Drugs of Dependence (Personal Use) Amendment Bill 2021. Committee hearings were held in July 2021, and the Minister for Health provided evidence to the Inquiry. As indicated above the select committee tabled its report on 30 November 2021.

Looking forward: 2022 actions on emerging issues, data and reporting

Future drug trends

ACT drug consumption trends detected through wastewater testing showed that consumption of several illicit drugs fell in 2021, except cannabis. This pattern reflected national trends with cannabis at a record high nationwide in August and October 2021 but records lows for MDMA ('ecstasy'), and methamphetamine.

As Australia's borders, both internal and external, reopen following the pandemic it is likely that the supply of illicit drugs from overseas, particularly those smuggled by air, will increase. Demand for drugs that are consumed in and around nightlife venues is also likely to increase as bars and nightclubs operate with increased capacity limits. It is likely that consumers will switch between drug types as their preferred drugs become available in greater quantity again. Some drugs, such as MDMA or ecstasy, seem have a strong relationship to music festivals, and use of these drugs may increase accordingly at large events.

The Government and the ACT alcohol, tobacco and other drug service sector are therefore aware that increases in drug use and alcohol consumption may occur as Australia moves into a phase of fewer restrictions on movement. Additional investments, for example in a fixed site pill testing pilot, are therefore well timed.

Canberrans' views on drug policy

Canberrans have progressive views on drug policy, and the Government's approach reflects these views.

An ACT-Government-commissioned YourSay survey conducted in Canberra in March 2021 found that 68 to 75 per cent of people, depending on the specific drug, supported responses to small-quantity personal drug possession offences that stopped short of court proceedings. For example, Canberrans favoured a caution, small fine, or referral to drug education or treatment over a substantial fine, community service order, weekend detention, or prison. Only 4 per cent to 11 per cent of Canberrans support a prison sentence for drug possession for personal use, depending on the specific drug.

The Australian Institute of Health and Welfare National Drug Strategy Household Survey 2019 showed support for pill testing among Canberrans to be the highest in the country, at 70 per cent. The majority of Australians support pill testing (57 per cent). The 2019 household survey also showed that two-thirds of people surveyed in the ACT support harm reduction measures, such as needle and syringe programs (72 per cent), opioid maintenance treatment (68 per cent), access to take-home opioid overdose reversal drug naloxone (63 per cent) and regulated injecting rooms (65 per cent).

The new COVID-19 normal

While Canberra has one of the highest vaccination rates of any city in the world, the COVID-19 virus remains in the community and there continues to be a potential for break-through infections. Like other areas of health, alcohol and other drug services have been developing plans to deal with this new 'COVID-19 normal' and to ensure that staff and clients are kept as safe as possible with COVID endemic in the community. Considerable experience has been gained by the sector and the health system during 2020 and 2021, and contingency arrangements are in place for potential outbreaks.

Drugs of Dependence (Personal Use) Amendment Bill 2021

The Government will formally respond to the findings of the Select Committee Inquiry into the *Drugs of Dependence (Personal Use) Amendment Bill 2021* (the Private Member's Bill) in 2022. The Government is committed to enhancing health-based responses to illicit drug use.

Fixed Site Pill Testing

ACT Health is currently working closely with Pill Testing Australia to establish a fixed site pill testing pilot to take place in the city commencing in the first half of 2022. The pilot project will help establish the usefulness of a fixed-site service. The trial will also potentially provide additional data about the contents of drugs circulating in Canberra and provide warning of contaminants and toxic substances contained in those drugs.

Prompt Response Network

Prompt Response Networks, or Early Warning Systems, are programs that are designed to make rapid and coordinated use of new drug data, so that emerging trends and risks can be quickly identified and communicated to reduce drug-related harms.

As a smaller jurisdiction, the intention for the ACT was to move in line with national project to draw on the national work and make efficient use of resources. Work on the national project was delayed during the COVID-19 pandemic, but is now progressing again, with ACT Health Directorate participating in the national project group.

Further work will be carried out during the next alcohol and other drug plan to build a local Prompt Response Network to better collate information to provide timely warning of emerging illicit drug trends.

Australian Secondary Students' Alcohol and Drug Survey

The ACT Health Directorate was due to collect Canberra schools' data for the three-yearly Australian Secondary Students' Alcohol and Drug in 2020. However, this national survey has been postponed until 2022 due to the disruption of usual school activities during the COVID-19 pandemic.

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Appendix 1: Implementation of *Drug Strategy Action Plan* actions 2019 to December 2021

Note: The *Healthy Canberra: ACT Preventive Health Plan 2020–2025* was published in 2019 and spans action items 1 to 13 (alcohol and tobacco). The table below is not intended to capture the whole range of continuing and vital work carried out each year by alcohol and drug treatment and harm reduction services in the ACT. Rather, it deliberately describes progress against Government commitments made under the ACT Drug Strategy Action Plan for specific pieces of work to be advanced between 2018 and 2021 across a range of prevention, treatment and policy initiatives.

Drug Strategy Action Plan – Action/commitment	Progress in 2019–20	Progress in 2020–21	Status
1. Conduct evidence-informed alcohol public education and social marketing campaigns, including those that aim to: increase public knowledge of links between alcohol use and chronic disease, including cancer and cardiovascular disease; increase public knowledge of safe drinking guidelines; increase the knowledge of young people, including school students, of the short and long-term harms of risky drinking, and also of issues relating to secondary supply of alcohol to peers.	More than $2 million through Healthy Canberra Grants to alcohol public information and support initiatives. Grants funding relevant to Action 1 includes: Provided $762,940 to the Foundation for Alcohol Research and Education (FARE) for the *Preventing Alcohol Related Chronic Disease* campaign (later renamed as Reduce Your Risk). • Provided funding of $397,086 to FARE for the program Addressing the booming booze culture among ACT women: combining innovative technology with an awareness raising campaign (later RIPPLE campaign). • Provided $79,021 to FARE for the pilot program Reaching Men in the ACT (later renamed as Third of Men [TOM] campaign).	The Reduce Your Risk website was the first component of the campaign to go live on 25 May 2021 to support health professional engagement in the month leading up to the launch of the public campaign. *www.reduceyourrisk.org.au* A range of campaign resources have been distributed via media, including video, GP collateral (video, eDM, A3 posters, leaflet), out of home ads (Superlite bus stop signs); social tiles and banners, including a mnemonic device illustrating the alcohol guidelines. The FARE RIPPLE campaign, a project supporting women aged 40-65 in the ACT to reduce the amount of alcohol they drink, concluded in June 2021. FARE will also report on data obtained through the randomised control trial (RCT) that tested a web-based intervention to support women to reduce their alcohol use. The TOM (Third of Men) campaign was completed in in January 2021. The evaluation found that the pilot project demonstrated that an online approach to engaging and supporting the target audience (ACT men aged 25 to 55 years) to reduce their alcohol consumption can be effective and is cost effective.	Completed The campaign on secondary supply of alcohol to peers was not able to proceed due to competing COVID-19-related priorities

Drug Strategy Action Plan – Action/commitment	Progress in 2019–20	Progress in 2020–21	Status
2. Implement initiatives to reduce alcohol promotion and use in ACT sports and other community settings.	$184,468 to the AIDS Action Council of the ACT (now Meridian) for a program to reduce risky drinking in lesbian gay, bisexual, transgender and/or queer communities (SoBar project). $170,577 to the Australian Red Cross Society for the save-a-mate (SAM) program for young people to respond to alcohol and other drug related emergencies. $476,200 grant over two years to Winnunga Nimmityjah Aboriginal Health and Community services to establish a program to prevent the uptake of excessive alcohol consumption, provide community-wide education about risky drinking, and reduce harm associated with such drinking. Provided training to junior sport clubs to develop sponsorship guidelines and engage healthier sponsorship.	The Not So Straight Up grant (SoBar) was completed on 30 June 2021 and the evaluation found that the campaign was highly effective at reaching LGBTIQ+ people with messaging that challenges social norms around alcohol within LGBTIQ+ communities, raises awareness of the health and wellbeing impacts of harmful drinking, and promotes strategies for addressing risky drinking behaviour. Despite being significantly impacted by COVID-19 restrictions within schools, the Australian Red Cross Society delivered 17 save-a-mate workshops (≤20 people per workshop) in an education/community setting. The Winnunga Nimmityjah Aboriginal Health and Community Services' grant project to scale up work to address alcohol issues among the Aboriginal and Torres Strait Islander Community has been implemented. Healthier Choices Canberra Junior Sport has continued to work with junior sport organisations to increase their capacity to engage sponsorship that does not promote unhealthy products. Gamechangers supports State Sporting Organisations and their clubs to commit to healthy sponsorship arrangements that create a healthier sporting environment for children and do not market unhealthy food and drink products or alcohol at junior sport. A review of the *Liquor (Responsible Promotion of Liquor) Guidelines 2012 i*s being led by Access Canberra. A discussion paper was released in August 2021 with submissions closing on 15 October 2021. Access Canberra is considering the range of views that it received and plans to have the revised guidelines published in early 2022.	Completed (and ongoing)
3. Investigate initiatives to reduce promotion of alcohol on government premises, consistent with preventive health commitments.	Published the *Healthy Canberra: ACT Preventive Health Plan 2020–2025.* Finalised agreement to avoid promotion of alcohol on light rail vehicles and the light rail corridor.	Additional action was not able to be taken due to the COVID-19 pandemic.	Partially completed

Drug Strategy Action Plan – Action/commitment	Progress in 2019–20	Progress in 2020–21	Status
4. Develop policy options for the implementation of activities that address risky drinking and alcohol-related harms, with a focus on: links between alcohol use and domestic and family violence; the impact of enforcement measures on risky drinking.	Not progressed during 2019-20.	An ANU internship project at ACT Health Directorate on the impact of enforcement measures was completed in 2020. The development of policy options to respond to domestic and family violence linked to alcohol use has been delayed by the COVID-19 pandemic.	Delayed due to COVID-19
5. Once sufficient data is available, consider actions to address the findings of the Driving Change study into the impact of alcohol use on ACT Emergency Departments.	Published Driving Change reports for Canberra emergency departments in July 2019, December 2019, and April 2020. Key findings included: • alcohol consumption was linked to a greater number of emergency department attendances than illicit drug use. • a greater proportion of ACT Emergency Department presentations were linked to packaged alcohol bought from offlicence premises such as supermarkets and bottle shops than onlicense premises such as pubs and clubs. Driving Change researchers wrote to on-license venues linked to alcohol-related emergency department presentations to draw their attention to this link as part of the intervention phase of the project.	The Driving Change Project was completed in mid-2021 following COVID related delays. ACT Health is undertaking geospatial mapping of data from the study to build a better picture of where alcohol-related harms occur in the ACT. The Canberra Health Services' Alcohol and Drug Service is exploring options to increase awareness and identification of alcohol and drug use in the Canberra Hospital Emergency Department.	Completed
6. Conduct educational activities for licensees regarding compliance with alcohol licensing legislation and regulations and use an appropriate escalated enforcement response on a case-by-case basis.	Conducted education sessions for liquor license holders including seminars, site visits and emails. Completed follow-up inspections.	Health Protection Service and Access Canberra to attend major events to regulate liquor licenses.	Partially completed Impacted by ongoing COVID-19 pandemic

Drug Strategy Action Plan – Action/commitment	Progress in 2019–20	Progress in 2020–21	Status
7. Implement appropriate actions at Territory level to support the national Fetal Alcohol Spectrum Disorder (FASD) Strategic Action Plan.	The ACT Government provided Healthy Canberra Grant of $181,801 to the Foundation for Alcohol Research and Education for the Pregnant Pause (Be a Hero Take Zero) project. The National FASD Action Plan is not supported by additional funding from the Australian Government to the ACT Government.	The Foundation for Alcohol Research and Education Pregnant Pause Project was completed in 2021. Ministers approved mandatory pregnancy warning labels on alcohol containers nationally in July 2020. The ACT website has been updated to include additional information on risky alcohol consumption, including information on alcohol use in pregnancy.	Completed
8. Identify and implement measures to reduce secondary supply of alcohol to minors, including by family members and over-age friends.	Ran the *Alcohol. Think Again 'I need you to say no'* campaign encouraging parents not to supply their under-age children with alcohol from December 2019 to February 2020.	The new ACT Health alcohol information webpage discourages parents from providing alcohol to their children in the belief that this will help them develop lower risk drinking habits. This is in line with current national guidelines. Work in relation to secondary supply of alcohol to minors by overage friends would require additional resourcing to further progress.	Partially completed

Drug Strategy Action Plan – Action/commitment	Progress in 2019–20	Progress in 2020–21	Status
9. Further develop approaches to reduce smoking rates among highrisk population groups in the ACT.	Published the e-cigarettes factsheet. Published the *Healthy Canberra: ACT Preventive Health Plan 2020–2025.* Tabled the Healthy Prisons Review in the ACT Legislative Assembly. Successful applications for Healthy Canberra Grants: Focus on Reducing Smoking-Related Harm announced in May 2020: • Provided funding of $289,591 to Directions Health Services for the Butt it Out! Smoking Support Program to implement an evidenced-based program for addressing tobacco dependency in a busy Alcohol and Other Drug (AOD) treatment and primary care practice. • Provided funding of $284,000 to Cancer Council ACT to implement the Tackling Tobacco Program in the ACT to work with not-for-profit community sector organisations to increase their capacity to address smoking and to provide their clients with support to stop smoking. • Provided funding of $325,696 to the Worldview Foundation Limited for the Pre-Release Non-Indigenous Supplement along with Post Release Support Activity to address issues associated with alcohol, tobacco and other drugs to support a more successful reintegration of detainees into the community.	Work has commenced to identify potential regulatory options to further reduce smoking in the ACT. The Directions Health Services: But it Out! Smoking Support Program was launched in June 2021. COVID-19 has delayed the development and implementation of the program. While unable to engage actively with the ACT community, Directions has been coordinating training in tobacco cessation screening protocols, support practices, and program evaluation tools for all client-facing staff. COVID-19 delayed the implementation of the Cancer Council ACT Tackling Tobacco in the ACT grant program. While unable to engage actively with the community, Cancer Council ACT has been linking with Cancer Council NSW to undertake staff training and to develop program materials. Launched in June 2021, COVID-19 halted implementation of the non-indigenous pre-release program (to supplement the existing Indigenous Program), due to the inability of Worldview staff to provide face to face training within the Alexander Maconochie Centre (AMC). The program has been modified and adapted to an online format, which will be delivered within the AMC on their computers. Development of the online modules has taken time, however, following user testing the modules should go live in the AMC 2022. A Tobacco & E-Cigarette Prevention Community of Practice of government and non-government stakeholders has been developed. Work on the Worldview Foundation pre-release project is likely to be included in the next Alcohol and Other Drug (AOD) Plan, with the ACT's approach to be informed by the National Tobacco Strategy, when it is finalised.	Completed and ongoing

Drug Strategy Action Plan – Action/commitment	Progress in 2019–20	Progress in 2020–21	Status
10. Use learnings from evaluations of relevant existing and previous programs relating to smoking, including the Smoking in Pregnancy program, to inform future program planning and development.	Evaluated the Smoking in Pregnancy Program. Published the Healthy Canberra: ACT Preventive Health Plan 2020–2025.	Work has commenced to identify potential regulatory options to further reduce smoking in the ACT. Learnings informed selection of Healthy Canberra Grants: Focus on Reducing Smoking-Related Harm. The Safer Baby Bundle has a focus on smoking cessation during pregnancy. ACT health has provided eight carbon monoxide meters for use in maternity services at Calvary Hospital and Centenary Hospital for Women and Children to support quitting. Healthy Canberra Grants: Focus on Reducing SmokingRelated Harm: are being progressed during 2021 after some delays during the pandemic period. Information on progress has been provided in the first section of the report.	Completed
11. Consider the need for additional smoke-free areas.	Implemented smoke-free areas of light rail public corridor including legislation.	No clear need was identified for new smoke-free areas in 2020-21. No new smoke-free areas were introduced. ACT Health is exploring avenues to reduce smoking on government-owned sports grounds while junior sport is training or playing.	Completed
12. Continue to enforce tobacco and smoke-free legislation in the ACT by conducting compliance programs focusing on tobacco retailers and smoke-free public places and responding to complaints.	Continued to action community complaints regarding breaches of smoke-free legislation.	Routine tobacco and e-cigarette compliance and enforcement activities were reduced in 2020-2021 due to the diversion of officers to COVID-19 compliance duties, however compliance activities have been conducted in relation to complaints and concerns. The Guide to Sale of Smoking Products in the ACT was revised and the updated guide was published in 2020.	Completed

Drug Strategy Action Plan – Action/commitment	Progress in 2019–20	Progress in 2020–21	Status
13. Continue to monitor the emerging evidence regarding the health risks associated with the use of electronic cigarettes.	Provided submission to the review of Commonwealth Tobacco Legislation, focusing on e-cigarettes and vaporisers, particularly by children and young people. Published the e-cigarettes factsheet. Completed a submission to the Therapeutic Goods Administration regarding heated tobacco products in February 2020.	In November 2020 the ACT Government provided a submission to the Select Committee on Tobacco Harm Reduction noting the importance of protecting tobacco control achievements and prioritising protection of children and young people and also calling for regulation of non-nicotine e-cigarettes. In August 2021 a motion was passed in the ACT Legislative Assembly stating that the government would continue to develop programs that educate and inform Canberrans about the risks of e-cigarettes and would review relevant legislation to ensure current arrangements are contributing to minimising harm being caused by e-cigarettes and vaping. ACT Health has worked with other states and territories and the TGA to plan and roll out the 1 October 2021 changes resulting from the TGA decision that consumers need a valid prescription to import nicotine vaping products. ACT Health is collaborating with ANU's National Centre for Epidemiology and Population Health on monitoring of e-cigarette harms to young people. ACT Health is developing co-design initiative to reduce uptake of e-cigarettes by young people. The ACT Education Directorate distributed E-cigarette resources provided by ACT Health to schools. In October 2021 a joint operation by the Therapeutic Goods Administration and ACT Health seized large numbers of illegal nicotine vaping products from three Canberra businesses in response to community tip offs.	Completed and exceeded

Drug Strategy Action Plan – Action/commitment	Progress in 2019–20	Progress in 2020–21	Status
14. Review current information and identify gaps in order to improve access to sterile injecting equipment and sharps disposal in the ACT.	Reviewed the *Australian Needle and Syringe Program Survey: National Data Report 2014–2018*. Reviewed the *Needle Syringe Program National Minimum Data Collection Report 2019*. Replaced two of the four sterile equipment dispensing machines in the ACT with larger capacity machines. Provided larger equipment packs from Needle and Syringe Programs during the COVID-19 emergency response to reduce the number of trips required by clients to Needle and Syringe Programs. Provided sterile equipment to public housing areas during the COVID-19 emergency response. Maintain continuity of access to sterile injecting equipment during the COVID-19 emergency response.	The Government invested $982,000 over four in the 2021-22 Budget for ongoing expansion of the existing Needle and Syringe Program and to explore options for a medically supervised injecting/drug consumption facility, including the development of a suitable service model and a potential location. This additional funding includes additional funding of $140,000 per year, index linked, to expand the existing Needle and Syringe Program, including providing equipment through new nurse-led walk-in centres. Additional dispensing machines at the walk-in centres also provide for out-of-hours supply in more locations. The Directions Health Services mobile clinic outreach clinic is now able to provide additional sterile equipment via outreach.	Completed
15. Increase access to prevention, screening, testing and treatment for blood-borne viruses, particularly hepatitis C, and sexually transmitted infections among people who use drugs, including in treatment settings, and increase access to vaccinations for types of blood-borne viruses where vaccines are available.	In 2019, to ensure clients have streamlined access to the new Hepatitis C treatments, Canberra Health Services introduced direct access to screening, assessment and Hepatitis C treatment within the Alcohol and Drug Services. Patients can also be screened for other blood-borne viruses such as HIV and Hepatitis B. Consultation was conducted on the Strategy with service providers to the Alexander Maconochie Centre and the Alcohol Tobacco and Other Drug Association (ATODA) ACT.	The ACTCS Drug and Blood Borne Virus Strategy is near finalisation.	Completed

Drug Strategy Action Plan – Action/commitment	Progress in 2019–20	Progress in 2020–21	Status
16. Implement a real-time prescription monitoring remote access portal, DAPIS Online Remote Access (DORA), by March 2019.	Successfully implemented the ACT DORA portal in March 2019. The system included real-time prescription dispensing information for ACT patients including from interstate pharmacies. Invested $2.114 million over two years to adopt the national Real-Time Prescription Monitoring system.	In 2020–21 the ACT Government prepared for the roll-out of the national Real-Time Prescription Monitoring system. On 24 February 2022, DORA was replaced by Canberra Script as the ACT's real time prescription monitoring system as part of the national effort to minimise harms associated with monitored medicines and shares core features and functionality with other Australian jurisdictions.	Completed and exceeded
17. Explore further opportunities to expand on pill testing at events in the ACT.	Completed second pill testing trial at the Groovin the Moo festival in April 2019. Published independent evaluation report by the Australian National University in December 2019. The evaluation found an overwhelmingly positive response to pill testing by festival patrons and concluded that pill testing is an effective health intervention that can have a significant impact reducing the potential harms associated with the use of illicit drugs.	ACT Health published The Festivals Pill Testing Policy in September 2020. In October 2021 the ACT Government announced $260,000 in 2021-22 Budget to support a six-month pilot for a fixed-site pill testing service. This will be Australia's first pilot of this type.	Completed
18. Investigate the feasibility, need, effectiveness and appropriateness of establishing a medically supervised drug consumption facility (supervised injecting facility) in the ACT.	Invested $200,000 for research to determine whether there is a need for a medically supervised injecting facility in the ACT. Commissioned the Burnet Institute to conduct a needs analysis.	The Burnet Institute needs analysis report was completed and published in early 2021. In September 2021 the Government announced investment of $400,000 over two years to explore further options for such a facility in the ACT, including a suitable service model and potential location.	Completed

Drug Strategy Action Plan – Action/commitment	Progress in 2019–20	Progress in 2020–21	Status
19. Develop and implement actions relating to opioids including those that address or expand overdose prevention and response; access to naloxone; access to opioid maintenance treatment.	Provided Budget funding of $300,000 annually to increase the supply of naloxone and prevent overdoses in the ACT. Provided Budget funding of $3,014,000 over four years to increase the availability of opioid replacement treatment in Canberra's north by establishing a government-run opioid treatment service. Provided grant funding of $170,577 to the Australian Red Cross Society for the SAM program to respond to alcohol and other drug emergencies, targeting young people and parents. Canberra Health Services began prescribing new opioid treatment, long-acting buprenorphine. The new medications have also been made available through three GP clinics in central and southern ACT. Directions ACT began providing take home naloxone through needle and syringe programs, with funding from ACT Health Directorate. Began providing take-home naloxone through Canberra Health Services Alcohol and Drug Services. Introduced opioid maintenance treatment contingency guidelines during COVID-19 to maintain patient access to medications during the pandemic. Increased annual funding to the Canberra Alliance for Harm Minimisation and Advocacy by $159,590 to expand the take-home naloxone program. Maintained continuity of access to take-home naloxone during the COVID-19 pandemic.	Canberra Health Services opened its new Northside Opioid Treatment Service at Belconnen in December 2020. Increased numbers of organisations have been trained to able provide overdose response training, including needle and syringe programs. Access to naloxone to clients in high-risk settings has been increased, including on release from prison. During lockdown in late 2021, specialist AOD services and the peer-based organisation CAHMA ensured naloxone was provided to people impacted by isolation and quarantine requirements. Despite being significantly impacted by COVID-19 restrictions within schools, the Australian Red Cross Society delivered 17 save-a-mate overdose response workshops (≤20 people per workshop) for young people and parents. Access to long-acting buprenorphine was expanded, including in community and correctional settings. An additional $300,000 was provided for the Canberra Alliance for Harm Minimisation and Advocacy to employ additional treatment support workers to help support people with complex needs who were affected by public health measures, including people who inject drugs, and people with opioid dependencies. A Budget announcement was made on 21 September 2021 of $524,000 for Directions Health Services to meet increased demand for primary care and opioid maintenance treatment for clients who are unable to access pharmacies due to the COVID-19 outbreak.	Completed

Drug Strategy Action Plan – Action/commitment	Progress in 2019–20	Progress in 2020–21	Status
20. Disrupt and dismantle the networks and facilities involved in the production, cultivation, trafficking and supply of illicit drugs and pre-cursors—particularly targeting organised crime groups.	ACT Policing continued to target drug manufacturing and distribution networks through its works targeting serious and organised crime. In May 2019, ACT Policing seized 5 kilograms of cocaine, worth approximately $1.5 million, the largest cocaine seizure in the ACT.	ACT Policing continued to prioritise dismantling organised crime groups and individuals involved in illicit drug trafficking and their related supply chains. In 2020, this saw a total of highly addictive substances seized within the ACT, including: 2,728 grams of methamphetamine; 293 grams of heroin; 2,251 grams of cocaine; and 176 grams of MDMA (Ecstasy). It is important to note that current statistics are live, and data is continually revised, therefore statistics may differ depending on the date of extraction. Drug seizure statistics are therefore subject to significant revisions each year.	Completed and ongoing
21. Target the financial proceeds and confiscation of assets from illicit supply activities.	ACT Policing continued to focus attention on confiscated assets deemed to be proceeds of crime. This was assisted by the ACT Government signing up to the Intergovernmental Agreement on Unexplained Wealth, and work progressed on developing an ACT specific unexplained wealth scheme.	ACT Policing continued to target the financial proceeds derived from criminal activity and confiscate those assets. This work involves a close working partnership between the ACT Criminal Investigations Financial Investigations Team and the ACT Office of the Director of Public Prosecutions.	Completed and ongoing
22. Develop a regulatory framework for pre-cursor drugs and equipment that mirrors the Australian Government framework to regulate the sale of substances and key equipment used in the preparation of illicit drugs. This will include, but will not be limited to, an end-user declaration framework for prescribed substances and key pieces of equipment.	ACT Policing continued to work with the Commonwealth on an Australia-wide regulatory framework.	ACT Policing continued to work with the Commonwealth on an Australia-wide regulatory framework. This includes additional considerations regarding specific controlled substances and drug paraphernalia; however this continues to be in-progress given time delays as a result of the COVID-19 pandemic.	Partially completed and ongoing

Drug Strategy Action Plan – Action/commitment	Progress in 2019–20	Progress in 2020–21	Status
23. Maintain and enhance cooperation and collaboration between law enforcement and forensic agencies, across jurisdictions—particularly New South Wales and Victoria.	Work was ongoing.	ACT Policing continue to maintain and enhance cooperation between law enforcement agencies across Australia. This is notably seen across major cross-jurisdictional investigations and their corresponding efforts, such as Operation Ironside, which involved extensive collaboration not only with other states/territories within Australia, but international counterparts such as the Federal Bureau of Investigation (FBI) from the US, Europol, alongside a total of 18 other counties and global partners. Successful operations such as Operation Ironside saw seizures of illicit substances in tonnes, over 100 weapons seized, police disruptions involving 'threats to kill', over $44 million in cash, in addition to assets expected to run into the millions of dollars.	Completed and ongoing
24. Gather intelligence and monitor trends to identify new drugs or supply chains.	Work was ongoing.	As in previous years, ACT Policing continued to gather information and monitor trends in relation to new types of controlled substances, supply chains, and how this interrelated to harm, supply, and drug demand. Further to this, ACT Policing continues to work with numerous different government agencies to ensure effective information sharing and collate efforts to monitor and most updated trends in relation to drug control.	Completed and ongoing

Drug Strategy Action Plan – Action/commitment	Progress in 2019–20	Progress in 2020–21	Status
25. Drawing on specialist sector knowledge, identify options to expand alcohol and other drug services to meet the needs of a growing population, including outpatient withdrawal services, early interventions and responses to the needs of priority populations.	Invested Budget funding of $300,00 for preliminary work to establish an Aboriginal and Torres Strait Islander residential rehabilitation facility. Invested $300,000 annually to expand naloxone access in the ACT. Invested $200,000 for research to determine whether there is a need for a medically supervised drug consumption service (supervised injecting facility) in the ACT. Invested $1.075 million over four years (ongoing) to expand the opiate replacement treatment service and provide a range of additional drug and alcohol services at the Alexander Maconochie Centre. Invested $2.930 million over four years (ongoing) to expand early intervention and diversion programs for people in contact, or at risk of contact, with the justice system. The funds will be allocated to Canberra Health Services Alcohol and Drug Services Police and Court Diversion Service to meeting increasing for early intervention and support services. Invested $167,000 funding to support continuation of the Karralika outpatient withdrawal program beyond the pilot period funded by the Australian Government. Fully decriminalised adult personal cannabis use to encourage engagement with treatment system and minimise contact with the criminal justice system. Invested $3.014 million over four years to establish ongoing opioid maintenance treatment clinic in Canberra's north.	Public consultation on the Draft Territory-wide Health Services Plan has been conducted. The Draft Territory-wide Health Services Plan commits to developing a framework for alcohol and drug services and a review of ACT alcohol and other drug services. ATODA has worked the Capital Health Network (CHN) on consultations related to the development of their AOD needs assessment, and ATODA has been contracted to provide an updated 2022-25 report as part of the overall assessment of health needs. ACT Health Directorate is moving towards collaborative commissioning for health services delivered by non-government service providers. The Select Committee Inquiry into the *Drugs of Dependence (Personal Use) Amendment Bill 2021* also inquired into alcohol and other drug treatment. 59 submissions were received. The Inquiry report to be tabled in the Legislative Assembly by 30 November 2021. The Government will formally respond in 2022. In September 2021 the Government provided $803,000 to commence design work to deliver a new community-led alcohol and other drug and mental health treatment precinct in Watson. The includes design work for a new Aboriginal and Torres Strait Islander residential alcohol and other drug rehabilitation facility in partnership with Winnunga Nimmityjah and for the redevelopment of the Ted Noffs Foundation and CatholicCare facilities currently located on the Watson site. The needs analysis for a medically supervised injecting facility service completed in early 2021. The new northside opioid maintenance treatment clinic opened in December 2020. Access to long-acting buprenorphine has been expanded. Canberra Health Services has introduced an outpatient alcohol withdrawal program and collaborates closely Karralika on its non-residential withdrawal program, which is funded by the Commonwealth through Capital Health Network.	Completed

Drug Strategy Action Plan – Action/commitment	Progress in 2019–20	Progress in 2020–21	Status
26. Work with primary, secondary and tertiary AOD services, peak bodies, and the Capital Health Network, to improve two-way pathways between alcohol and other drug treatment and primary care.	Introduction of the Directions Health Services Mobile Outreach Clinic to improve primary care access for vulnerable individuals.	ACT Health joint funding with Capital Health Network and John James Foundation of the Mobile Primary Care Outreach Clinic ("Pat", or Pathways to Assistance and Treatment) delivered by Directions Health Services. This mobile outreach service provides weekly integrated primary care, appropriate acute care services (health, mental health and AOD), and access to a range of supports to highly vulnerable people with complex service needs at five locations across the ACT, for free and without an appointment. $300,000 additional funding was provided in September 2021 for the Canberra Alliance for Harm Minimisation and Advocacy for additional Peer Treatment Support Workers, helping to support people with complex needs who are affected by public health measures. Budget announcement on 21 September 2021 of $524,000 for Directions Health Services to meet increased demand for primary care and opioid maintenance treatment for clients who are unable to access pharmacies due to the COVID-19 outbreak. ATODA has continued to engage with the Capital Health Network (the ACT's Primary Health Network) on undertaking fit for purpose AOD specific planning, needs assessment and contracting activities. This has included discussions on improving AOD-related engagement processes through accurate presentation of ATOD data and collaboration opportunities related to AOD data enhancement. ATODA commenced its next iteration of the Workforce Qualifications and Remuneration Profile, beginning data collection during the period. Canberra Health Services' Mental Health Services offer physical health assessment, provided by medical and nursing to all consumers being cared for, both and ongoing as is clinically indicated.	Completed

Drug Strategy Action Plan – Action/commitment	Progress in 2019–20	Progress in 2020–21	Status
27. Collaborate with non-government organisations to implement the National Quality Framework for Drug and Alcohol Treatment Services and the National Drug and Alcohol Treatment Framework.	National Quality Framework for Drug and Alcohol Treatment Services released in December 2019. National Framework for Alcohol, Tobacco and Other Drug Treatment, 2019-2029 released in December 2019. Implementation work was initially delayed by COVID-19.	The Government is collaborating with non-government organisations to implement the National Framework for Alcohol, Tobacco and Other Drug Treatment 2019-29 and the National Quality Framework for Drug and Alcohol Treatment Services in the context of drug and alcohol service planning and commissioning processes currently being undertaken by ACT Health in collaboration with the AOD sector. The national quality framework and national treatment framework rollout timeframe will extend beyond the life of the current plan. ACT Health is working closely with Capital Health Network, the Australian Government, and ATODA to improve collaboration between funders and coordination of funding. Collaborative re-commissioning of services is also expected to improve funding coordination. It is estimated that full implementation of the National Treatment Framework will take up to ten years. The National Quality Framework is due to be implemented by November 2022. ACT Health has provided additional funding in 2021 to CAHMA, a peer-led organisation, to achieve accreditation against an approved standard under National Quality Framework for Drug and Alcohol Treatment Services. Other clinical organisations in the ACT are already accredited against approved standards. Work to align online treatment directories to emerging national requirements has been delayed as a result of delays in the national project.	Partially completed and ongoing
28. Develop specialty service plans for ACT Health treatment services and review/develop appropriate models of care.	Work on this Action was initially delayed, and alternative planning processes have been put in place by ACT Health Directorate.	The draft Territorywide Health Services Plan was released for consultation in the first half of 2021. It includes an action to develop an Alcohol and Other Drug Health Services Plan to establish the future state for Alcohol and Other Drug Services in the ACT. Service plans and Models of Care will be progressed within the context of the broader Territory-Wide Health Services Plan. The Model of Care for the Aboriginal and Torres Strait Islander residential rehabilitation facility was finalised in 2021.	Completed

Drug Strategy Action Plan – Action/commitment	Progress in 2019–20	Progress in 2020–21	Status
29. Undertake co-design processes to: agree on principles for prevention and treatment of co-occurring alcohol and other drug and mental health conditions, including suicide prevention; and then develop an implementation plan for responding to co-occurring mental health and AOD conditions, which could include: development of guidelines; multi-agency responses; outcome reporting, and indicators of integrated service access; and consider the implications of the co-design process for other co-occurring conditions.	Considered the findings of the Productivity Commission Inquiry into Mental Health. Progressed service planning within the Government health services system that further considers the relationship between mental illness and alcohol and other drug use behaviours.	Canberra Health Services Alcohol and Drug Services provides holistic health care, screening, assessments, treatment planning, interventions and care coordination in line with the National Guidelines on the Management of Co-occurring Alcohol and other Drug and Mental Health Conditions in Alcohol and other Drug Treatment Settings (2016). Treatment of co-occurring conditions is priority for Mental Health, Justice Health, Alcohol and Drug Services, as reflected in the MHJHADS Business Plan (July 2021 – June 2022) with the inclusion of the development of a Responding to People with co-occurring Mental Health and Drug and Alcohol Conditions Plan by 30 June 2022. The Plan will focus on enhancing staff members responsiveness in identifying co-occurring conditions and taking a holistic approach to their clinical management Canberra Health Services employs two comorbidity clinicians who are developing further training and support for Mental Health, Alcohol and other Drug workforces. Funding for the redevelopment of the Watson site will help to deliver a world class, community-led alcohol and other drug and mental health treatment precinct for those most in need. ATODA continued to provide alcohol, tobacco and other drug information and harm reduction training for allied sectors over this period, reaching 142 individuals. Due to COVID-19 restrictions, training was primarily provided via 4-part online webinar series. Sectors that participated included youth, housing, multicultural, mental health and women's services. Participants' roles included support workers, managers/ supervisors, case managers, youth and social workers, teachers, learning specialists and welfare workers. ACT Health Directorate has jointly funded with Capital Health Network and John James Foundation of the Mobile Primary Care Outreach Clinic ("Pat", or Pathways to Assistance and Treatment) delivered by Directions Health Services. This mobile outreach service provides mental health and alcohol and other drug treatment via outreach.	Partially completed

Drug Strategy Action Plan – Action/commitment	Progress in 2019–20	Progress in 2020–21	Status
30. Identify and implement initiatives to support the development of a skilled and diverse alcohol, tobacco and other drug workforce.	Conducted staff training for implementation of the ACT Drug and Alcohol Court. Expanded staff training for treatment and harm reduction services in providing naloxone to clients. Carried out product familiarisation at Canberra Health Services Alcohol and Drug Services and Alexander Maconochie Centre to support introduction of long-acting buprenorphine. Canberra Health Services and ACT Health Directorate provided staff training and upskilling to develop appropriate clinical skills to respond to the COVID-19 pandemic. Stimulus funding provided by ACT Health Directorate to ATODA funded development of a training program to respond to alcohol and drug uses issues in the context of the pandemic, for example preventing spread of the virus when people are using drugs. Continued expansion of training for staff of treatment and harm reduction services to respond to overdoses and to provide naloxone to clients.	Training has been conducted for alcohol and other drug for workers to respond to domestic and family violence issues. (See Action 35). The ACT AOD Qualification Strategy requires AOD service providers to ensure all their staff have the minimum level (Certificate IV) of expertise in specialist AOD assessment and service delivery. ATODA, delivered nationally recognised AOD Skills set training to 10 workers from four organisations in 2020, and a further 16 workers from seven organisations started their training in 2021, with high gender diversity and rates of Indigenous worker participation. There was more demand for training than capacity. Further work will be informed by the new national AOD Workforce Development Strategy, currently being developed through the national Project Advisory Group. Planning of workforce qualifications and skills are also addressed through the National Quality Framework for Drug and Alcohol Treatment Services and will be incorporated into ACT Health Directorate service commissioning processes. Canberra Health Services supports professional development and career development for all staff members. A range of external and flexible training options are currently being explored. SoBar – No So Straight Up lead by Meridian delivered LGBTIQ+ alcohol and other drugs awareness training to 17 organisations from the AOD sector reaching 43 participants (equivalent to approximately one-quarter of the AOD workforce assuming 1 FTE for each participant).	Completed

Drug Strategy Action Plan – Action/commitment	Progress in 2019–20	Progress in 2020–21	Status
31. Collaborate with Aboriginal and Torres Islander services, mainstream specialist Alcohol and Other Drug services (AOD) and other stakeholders to determine specialist AOD implementation priorities, including residential rehabilitation for Aboriginal and Torres Strait Islander peoples.	Invested $300,000 for co-design work for an Aboriginal and Torres Strait Islander alcohol and other drug rehabilitation program. Provided $476,200 grant over two years to Winnunga Nimmityjah Aboriginal Health and Community services to establish a program to prevent the uptake of excessive alcohol consumption, provide community-wide education about risky drinking, and reduce harm associated with such drinking. Provided grant funding of $170,577 the Australian Red Cross save-a-mate (SAM) alcohol and other drug program, which will work in Collaboration with Canberra Institute of Technology's Aboriginal and Torres Straits Islander Unit to equip young people and persons at risk with the knowledge and skills to prevent, recognise and respond to alcohol and other drug related emergencies. Provided a Healthy Canberra Grant of $233,787 to the Worldview Foundation for the program 'Smoke, Booze and Drug Free Prison Post-Release' to work with Aboriginal and Torres Strait Islander inmates.	The Model of Care for the Aboriginal and Torres Strait Islander residential rehabilitation facility was finalised in 2021. Funding of $803,000 in 2021-22 will provide for preliminary design of a new Aboriginal and Torres Strait Islander residential alcohol and other drug rehabilitation facility in Watson. It will also support design work for the redevelopment of the Ted Noffs Foundation and CatholicCare facilities currently located on the site. The Winnunga Nimmityjah grant project to scale up work to address alcohol issues among the Aboriginal and Torres Strait Islander Community has been implemented. The Government announced additional funding to support the continuation of Winnunga's holistic model of health service delivery to Aboriginal and Torres Strait Islander detainees at the Alexander Maconochie Centre (AMC). This work contains a significant alcohol and other drug element. COVID-19 halted implementation of the Smoke, Booze and Drug Free Prison Post Release program, due to the inability of Worldview staff to provide face to face training within the Alexander Maconochie Centre (AMC). The program has been modified and adapted to an online format, and following user testing later this year the modules will go live in 2022.	Completed
32. Deliver a comprehensive strategy that will describe actions to be undertaken to address alcohol, tobacco and drug and blood-borne viruses issues in ACT correctional centres until 2022.	Developed a draft Alexander Maconochie Centre Drug and Blood-Borne Virus Strategy, and undertook two rounds of key stakeholder consultation on the draft. Completed the final round of key stakeholder consultation on the Alexander Maconochie Centre Drug and Blood-Borne Virus Strategy early in 2020.	The ACTCS Drug and Blood Borne Virus Strategy is near finalisation. The ACT Correctional Services' Drug and Blood Borne Virus Strategy has been drafted and is working through the government approval process for decision on the appropriate time and method for release. The work has been completed, but the release of the Strategy is being considered in the broader context around non-smoking at the AMC.	Partially completed

Drug Strategy Action Plan – Action/commitment	Progress in 2019–20	Progress in 2020–21	Status
33. Design and deliver a range of interventions using a number of models to meet the diverse needs of people involved in, or at risk of being involved in, the criminal justice system. This includes exploring ways to increase diversion and treatment and support options available as part of an integrated system in the ACT, through either policy or legislative reform.	Provided Budget funding of $1.075 million over four years to expand alcohol and other drug services in the Alexander Maconochie Centre. Provided a Healthy Canberra Grant of $233,787 to the Worldview Foundation for the program 'Smoke, Booze and Drug Free Prison Post-Release' to work with Aboriginal and Torres Strait Islander inmates. Provided a grant of $325,696 to the Worldview Foundation for pre and post release support for alcohol, tobacco and other drug issues for non-indigenous inmates (to supplement the Aboriginal and Torres Strait Islander Program). In January 2020 fully decriminalised minor personal cannabis use and possession offences for adults, to reduce potential contacts with the criminal justice system. A University of New South Wales report published in 2019 highlighted that the ACT had the second highest rate among Australian states and territories of diversion from the criminal justice system for minor drug offences. Recruited nursing staff to treatment positions at the Alexander Maconochie Centre to expand the range of services offered. Introduced providing naloxone to relevant detainees upon release from the Alexander Maconochie Centre.	Expansion of Canberra Health Services' Diversion Services throughout 2019/20 has improved response rates for assessment and treatment planning for individuals presenting with alcohol and other drug concerns who are in contact with the criminal justice system. The expansion of Diversion Services has increased capacity for ongoing case management with clients. This has also provided additional support to individuals at risk of contact with the criminal justice system, most notably, youth and family counselling. An external evaluation of the Police Illicit Drug Diversion Program was conducted in 2020. The recommendations are being considered. Findings were generally positive. On 11 February 2021, Mr Michael Pettersson MLA introduced a Private Member's Bill, the *Drugs of Dependence (Personal Use) Amendment Bill 2021* into the ACT Legislative Assembly. The Private Member' Bill seeking to reduce the penalties for drug possession offences and to introduce a Simple Drug Offence Notice (SDON). Select committee hearings on the Private Members' Bill were held in July 2021 and the committee report was tabled on 30 November 2021. The Government will carefully consider the committee's findings and recommendations once they have been made public. The Government allocated $8.213 million over four years in the 2021-22 Budget ongoing to continue to support the Intensive Corrections Order (ICO) scheme, including funding for eight full-time equivalent positions as well as to cover the cost of weekly drug tests for offenders. Launched in June 2021, COVID-19 halted implementation of the Worldview Foundation Aboriginal and Torres Strait Islander and non-indigenous pre-release programs due to the inability of Worldview staff to provide face to face training within the Alexander Maconochie Centre (AMC). The programs have been modified and adapted to an online format, which will be delivered within the AMC on computers. Development of the online modules has taken time, however, following user testing later this year the modules should go live in the AMC 2022. Progress on the ACT Drug and Alcohol Court is covered under Action 34.	Completed

Drug Strategy Action Plan – Action/commitment	Progress in 2019–20	Progress in 2020–21	Status
34. Implement an ACT Drug and Alcohol Court within the term of the ninth Assembly.	The ACT Drug and Alcohol Court commenced operations in December 2019. Drug and Alcohol Treatment Orders commenced in early 2020.	In the 2021-22 Budget the Government announced an investment of $17.8 million to continue the Drug and Alcohol Court, which aims to rehabilitate high risk and high need offenders, and protect the community, by providing health and justice interventions, while holding people to account for their behaviour. The Drug and Alcohol Sentencing List deals with offending related to serious drug and alcohol use. It aims to rehabilitate high-risk and high-need offenders, and protect the community, by providing health and justice interventions, while holding people to account for their behaviour. The funding for a further two years, includes funding staff in Justice and Community Services, ACT Health, ACT Policing, Legal Aid and the Community Services Directorate.	Completed
35. Integrate more effective responses within Alcohol and Drug Services for people who either experience domestic and family violence or are at risk of using it.	Consultants 360Edge completed a baseline assessment of ACT treatment services' capacity to respond to issues of domestic and family violence. Allocated Budget funding to continue work to integrate more effective responses to domestic violence in alcohol and other drug treatment services.	ACT Health provided $250,000 to ATODA to undertake an additional portion of the Safer Families project to improve the capacity of the alcohol and other drug sector to identify and respond effectively to domestic and family violence. ATODA has been working in collaboration with the Office of the Coordinator-General for Family Safety and the ACT Health Directorate to embed the ACT Government domestic and family violence capacity-building approach within the Alcohol Tobacco and Other Drug sector. ATODA engaged consultants 360Edge to provide seven workshops to workers in specialist alcohol and other drug services in the ACT, and for the ACT Domestic Violence Crisis Service to present at each workshop. 91 AOD workers successfully completed the Safer Families training, representing approximately half of the ACT alcohol and drug workforce. Knowledge, skills and confidence levels rose by 47-49% and familiarity with DFV services increased 25%. In June 2021, ACT Health Directorate provided a grant of $366,300 (GST inclusive) to Winnunga Nimmityjah Aboriginal Health and Community Services for work to 30 June 2023 to build the capacity of the ACT and surrounding region's Aboriginal and Torres Strait Islander communities to address domestic and family violence within the community, particularly in the context of alcohol and other drug use.	Completed

Drug Strategy Action Plan – Action/commitment	Progress in 2019–20	Progress in 2020–21	Status
36. Implement actions to increase the safety of ACT road users including: Develop and implement an ACT Drug Driving Strategy; Continue existing road safety strategies that address impaired driving, e.g. roadside breath testing, roadside drug testing; Address the findings of the independent evaluation of the ACT alcohol interlock program; and Conduct activities to educate road users to be unimpaired and alert.	Ran the *Drug Driving: Don't Risk it* campaign over the summer season. Completed the summer holiday period drug driving road safety campaign *Drug Driving: Don't Risk It* in February 2020. Participated in the National Drug Driving Work Group Progressed finalisation of the independent evaluation of the ACT alcohol interlock program	Launched the *ACT Road Safety Strategy 2020-2025* (the Strategy) and the *ACT Road Safety Action Plan 2020-2023* (Action Plan) in which the ACT Government committed to actions to address drink and drug driving as a key focus area. The Action Plan commits the ACT Government to reviewing and assessing the effectiveness of the Territory's drink and drug driving scheme against best practice models, including consulting with experts and the community on the effectiveness of scheme and potential reforms. The ACT Government also commits to exploring measures that are appropriate for the ACT, which will deter drink and drug driving. The ACT continued to participate in the National Drug Driving Working Group. Legislative reforms were progressed to address drink and drug behaviours on the entire road network. The Government also ran *The Drink or Drive - Choose one campaign* which highlighted that whilst it's fun to socialise with friends, if you're drinking the safest options are to catch public transport, get a lift with a sober friend, stay overnight or if you plan to drive, don't drink.	Partially completed
37. Implement evidence-informed programs in community settings such as sporting clubs and workplaces to prevent and reduce harms of alcohol, tobacco and other drugs.	Awarded more than $2 million on behalf of the Healthy Canberra Grants. Renewed funding for the Canberra Night Crew to reduce alcohol and drug related harms in Canberra City at night. Established a new 'Cannabis and Your Health' webpage on 14 January 2020. Provided information to stakeholders, intermediaries, drug and alcohol services and public health staff. Ran social media advertisements on the health risks of cannabis from 31 January to 19 March 2020.	ACT Health continued to implement Healthy Canberra Grants projects focused on alcohol, tobacco and other drug use, taking into account the COVID-19 context.	Completed

Drug Strategy Action Plan – Action/commitment	Progress in 2019–20	Progress in 2020–21	Status
38. Identify a range of evidence-based educational resources that can be used by ACT schools and ensure schools are informed about these resources and know how to access them.	Promoted the Student Well-being Hub. Provided $154,400 to Canberra Health Services to expand the Prevent Alcohol and Risk Related Trauma in Youth program for students aged 15–16 years, through outreach to schools.	The Positive Choices website was publicised to teachers as a key resource for schools. Teachers can access a range of resources on alcohol and drug education to support the delivery of the Australian Curriculum in ACT schools. The decisions to adopt specific educational materials and resources are school-based decisions. The 'Alcohol and other drugs' focus area addresses a range of drugs, including prescription drugs, bush and alternative medicines, energy drinks, caffeine, tobacco, alcohol, illegal drugs and performance-enhancing drugs Although COVID-19 restrictions led to delays and some modifications to the Canberra Health Services' PARTY Outreach Program, more than 20 sessions were still able to be delivered to approximately 2,160 senior high school students. The ACT Education Directorate distributed e-cigarette (vaping) resources provided by ACT Health to schools.	Completed
39. Leverage opportunities to inform the public about the contents of illicit drugs and how they are manufactured, including findings from pill testing and drug seizures.	Published pill testing evaluation.	The Government continues to explore how to secure substances disposed of at festival-based pill testing services for later testing at government laboratories. Improved internal communications processes have been implemented within ACT Government on drug alerts and in coordination with NSW. Drug alerts in 2021 have included ecstasy potentially containing NBoME and 'cocaine' potentially containing opioids, both of which have been detected in NSW.	Completed
40. Monitor interventions in other jurisdictions and overseas in relation to the supply of alcohol, including the implementation of minimum unit pricing in the Northern Territory.	The National Alcohol Strategy 2019–2028 was released in November 2019. This strategy indicates the Australian Government does not intend to increase alcohol taxation. ACT Health Directorate carried out active monitoring of alcohol supply interventions, including minimum pricing.	To prevent unsafe episodes of alcohol withdrawal occurring the in community, alcohol retail outlets were regarded as essential suppliers during the COVID-19 pandemic lockdowns. The Government is monitoring potential issues arising from internet supply and home delivery of alcohol.	Completed

Drug Strategy Action Plan – Action/commitment	Progress in 2019–20	Progress in 2020–21	Status
41. Consider emerging issues, and identified gaps, in alcohol, tobacco and other drug control and respond as required, including participation in national initiatives, during the lifetime of the *Drug Strategy Action Plan*.	The ACT Legislative Assembly passed amendments to the Drugs of Dependence Act to fully decriminalise adult use of cannabis at home, in September 2019. Invested more than $518,000 in stimulus funding for non-government treatment services to respond to the COVID-19 pandemic. Maintained continuity of access to essential treatment and harm reduction services during the COVID-19 pandemic and lockdown period. Maintenance the safety of clients and staff during the COVID-19 pandemic. The Government developed amendments to the *Drugs of Dependence (Personal Cannabis Use Bill) 2018* which were incorporated into the *Drugs of Dependence (Personal Cannabis Use) Amendment Act 2019*. Amendments to the Drugs of Dependence Act on personal cannabis use to come into effect on 31 January 2020.	In September 2021 the Government also announced $300,000 in additional funding for the CAHMA for additional Peer Treatment Support Workers to maintain their valuable work to support people with complex needs affected by the ACT Public Health Directions, and an additional $160,000 in flexible funding to alcohol and other drug services to provide additional treatment and counselling support to those with substance use problems. The ACT Government provided a submission to the Select Committee Inquiry on the Drugs of Dependence (Personal Use) Amendment Bill 2021. The Private Members' Bill proposes reduced penalties for 10 commonly used illicit drugs and introduction of a Simple Drugs Offence Notice. The Government will respond to the Select Committee's report in 2022. The Government, ATODA, CAHMA, CHN Directions and other providers collaborated to maintain access to essential services during the COVID-19 outbreak and lockdown period in 2021. Canberra Health Services supports The Royal Australian and New Zealand College of Psychiatrists (RANZCP) position on the potential utility of psychedelic therapies for the treatment of certain mental illnesses: Further research is required to assess the efficacy, safety and effectiveness of psychedelic therapies to inform future potential use in psychiatry.	Completed

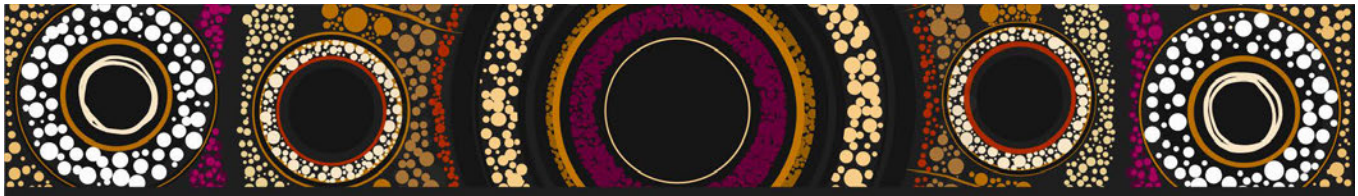
Drug Strategy Action Plan – Action/commitment	Progress in 2019–20	Progress in 2020–21	Status
42. Implement initiatives to improve data collection, management, reporting and analysis.	Requested additional ACT analyses for ACT National Drug Strategy Household Survey 2019 from Australian Institute of Health and Welfare. The 2019 National Drug Household Survey was released in July 2020. Additional analyses and factsheets for states were included in Strategy materials. Additional surveys and analyses of survey data regarding cannabis use and policy support.	ATODA worked with the Drug Policy Modelling Program team at the University of New South Wales to develop a Drug and Alcohol Services Planning methodology specific to the needs of the ACT and to provide improved data to inform strategic planning and future funding of alcohol and other drug services in the ACT. The Australian Secondary Schools' Alcohol and Drug Survey was postponed to 2022 due to COVID-19. The Government conducted a YourSay survey to assess views of the ACT community on drug decriminalisation and diversion. ACT Health Directorate has funded ATODA to undertake a co-design process with service users, service providers and policy makers to improve the content and design of the (alcohol and drug) Service Users' Satisfaction and Outcomes Survey. The aim is to better capture the areas of service experience that are of interest and importance to people accessing alcohol and other drug treatment and harm reduction services. This process will be undertaken during the first half of 2022 to inform the next iteration of the Service Users' Satisfaction and Outcomes Survey. The government supported additional analysis of Illicit Drug Reporting System data by University of NSW regarding naloxone uptake.	Completed
43. Refer to learnings from national pilots and explore the implementation of a local early warning system to ensure timely use of data to monitor and respond to emerging drug trends and harms.	Findings from national projects early warning pilots were not released in 2019.	ACT Health is participating in the National Centre for Clinical Research in Emerging Drugs Prompt Response Network (PRN) project. Work to establish the National Prompt Response Network platform will take place in 2022. The national project has been impacted by COVID-19.	Completed

ACT Government | ACT Health

Review of the ACT Drug Strategy Action Plan 2018–2021

ACT Health Directorate

June 2022



Acknowledgment of Country

ACT Health Directorate acknowledges the Traditional Custodians of the land, the Ngunnawal people. The Directorate respects their continuing culture and connections to the land and the unique contributions they make to the life of this area. It also acknowledges and welcomes Aboriginal and Torres Strait Islander peoples who are part of the community we serve.

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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.

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.

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.

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.

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

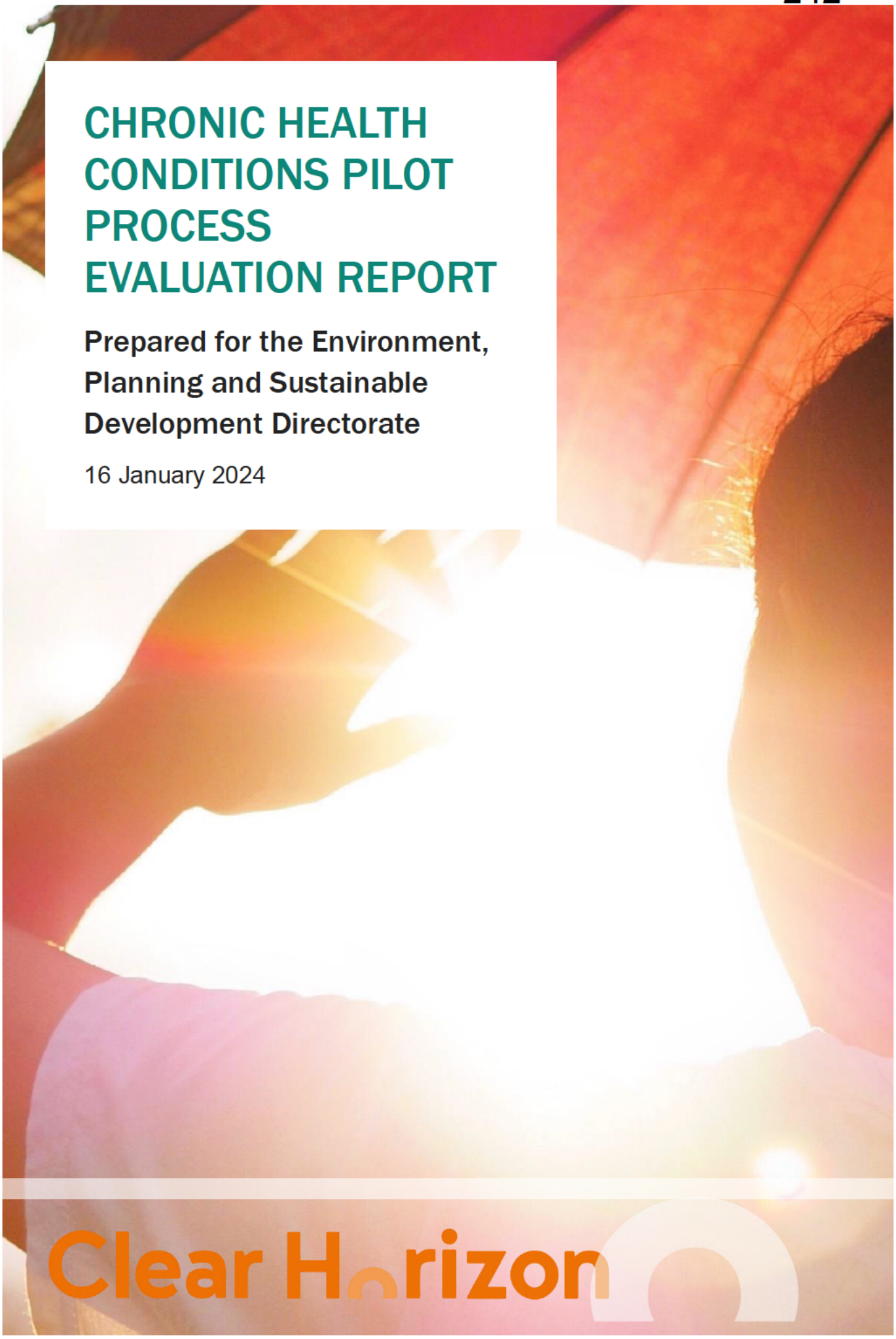
- Reduce exposure of the community, including children, to second-hand smoke
- Reduce smoking rates among high-risk population groups through both population level and targeted measures

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.



CHRONIC HEALTH CONDITIONS PILOT PROCESS EVALUATION REPORT

Prepared for the Environment, Planning and Sustainable Development Directorate

16 January 2024

Clear Horizon

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CONTENTS

EXECUTIVE SUMMARY

Introduction

This report presents the findings from the process evaluation of the Chronic Health Conditions Energy Efficiency Upgrades pilot (the Chronic Health Conditions pilot). The Chronic Health Conditions pilot aims to deliver holistic energy upgrades to 100 homes lived in by people with chronic conditions from 2022/23 to 2023/24. It targets low-income households experiencing energy hardship because of their chronic conditions. The objectives of the pilot are to improve the wellbeing, thermal comfort, climate resilience and financial agency of people experiencing both hardship and chronic conditions.

The pilot customer flow includes a referral from a partner organisation, eligibility checks, a Scorecard Assessment (SA), and selecting and installing $10,000 worth of upgrades for each participant. The Chronic Health Conditions pilot sits within Stream 4 of the broader Vulnerable Household Energy Support Scheme (VHESS), within the ACT Environment, Planning and Sustainable Development Directorate.

The purposes of this process evaluation were to document what has been delivered so far for accountability, learn about pilot design and processes, including customer experience, and to inform the future pilot and policies. The key primary audiences for this process evaluation were the ACT Government: the Directorates and other oversight bodies, and the policy and pilot implementation teams.

The evaluation drew on evidence collected through key informant interviews, program documentation and delivery data. The Clear Horizon evaluation team conducted nine interviews – three with the Chronic Health Conditions pilot and policy teams, three with referral partner organisations, two with Victorian government staff overseeing the Scorecard Assessment, and one with the contractor who oversaw quotes and installation of upgrades. The team also reviewed 16 key program documents including the delivery plan and data on pilot uptake. No data was collected from participants to verify the claims about pilot design and appropriateness, which limits the strength of most findings. Respondent data was not collected to reduce the burden on respondents, as the upcoming outcomes evaluation in February 2024 will include a participant survey. It was too early to conduct the participant survey at the time of the process evaluation.

Findings

What has the pilot delivered so far?

The Chronic Health Conditions pilot enrolled 26 participants over the period of February to November 2023 (DOC11). Of these participants:

- 25 have received a Scorecard Assessment (SA).
- 7 have received property upgrades in their home.

As the Chronic Health Conditions pilot is still in progress, the 25 homes that have received a SA will all be offered upgrades and (if they accept) will receive upgrades in the coming months.

Was the design appropriate to reach households with chronic health conditions?

The design of the Chronic Health Conditions pilot is appropriate for reaching households with chronic health conditions, with the referrals-based design and eligibility criteria supporting reach. A range of learnings about the design also surfaced.

Referrals

- The referral-based design was appropriate, as partner organisations referred a suitable number of eligible participants to the Chronic Health Conditions pilot team.
- Referrals partners in the hardship sector provided 42 referrals. Hardship program clients were already seeking external support and were generally willing to participate in the program.
- Referrals partners in the healthcare sector provided just two referrals. Healthcare workers said that people with chronic health conditions can be reluctant to reach out for support due to not wanting to be seen as dependent, fear of stigma from workers they engage with, and because they believe there were others in greater need.

Eligibility criteria

The initial eligibility criteria were targeted towards people with chronic conditions that prevent the body from regulating temperature, and the Chronic Health Conditions pilot team broadened the eligibility criteria to anyone with a chronic condition. With the broader criteria:

- Early evidence suggests that the program intent (to reach those in significant need of support) was achieved through the combination of criteria and referral partners.
- Both the Chronic Health Conditions pilot team and partner organisations said that the participants were in significant need for support, even if their chronic health condition did not hamper heat regulation.
- The broadened criteria overcame the challenge faced by some staff in partner organisations who lacked the capacity to diagnose the specific conditions associated with heat regulation – the broader criteria led to more referrals from these partners.

Was the customer flow appropriate for households with chronic health conditions?

The customer flow was generally appropriate for households with chronic conditions, albeit it was considered that the scorecard assessment by itself was insufficient to meet the needs of the Chronic Health Conditions pilot team.

Customer flow

- The hands-on and interpersonal approach to customer management was appropriate because it minimised the logistical work required by participants.
- The customer flow was slow due to participants taking time to provide the required information and consent. The team made small process improvements to improve the customer flow, such as by having contactors bring consent forms to participants homes before installing the selected upgrades.
- Evidence from the program team and contractors suggest that customer interactions were positive and many participants were highly grateful for the support.

Scorecard assessment

The appropriateness of the scorecard assessment varied due to the different needs of the policy team, pilot team and participants.

- The scorecard assessment was useful for the Policy team for informing reporting and policy
- The scorecard assessment was insufficient for the Chronic Health Conditions pilot team, which needed more information about behaviour
- The scorecard assessment may not be useful for participants themselves, who lack the resources and capacity to make any changes based on information in the assessment.

The pilot team asked contractors to collect additional behaviour information and is developing a new assessment tool to address the needs of both the team and the policy team.

Scale of funding

The scale of funding available was appropriate because it allowed for some deep retrofits that would not have occurred with less funding.

- The Chronic Health Conditions pilot team has used a 'variable cap' (where some upgrades are more than $10,000, but the average upgrade is less than $10,000) which also aligned with the policy intent – to provide comprehensive upgrades.
- Inflation is influencing the scope of upgrades possible under the current cap.

Conclusion

This process evaluation has verified that delivery of the Chronic Health Conditions pilot is progressing as anticipated. The referral-partner design is appropriate for reaching people experiencing both chronic health conditions and hardship, the Chronic Health Conditions pilot team is successfully coordinating both participants and contractors through the customer flow, and the scale of funding is allowing for deep retrofits.

The Chronic Health Conditions pilot has highlighted several lessons about design and customer flow, including

- confirmation that hardship organisations work with many people with chronic conditions,
- people with chronic conditions can be reluctant to engage with services such as this pilot,
- eligibility criteria that require hardship and health support workers to diagnose specific chronic conditions are impractical,
- the scorecard assessment by itself does not incorporate considerations of behaviour to meet the needs of the pilot team, and
- the substantial funding and 'variable cap' for upgrades allows for deep retrofits.

This evaluation did not collect data from participants to triangulate findings about the customer flow and appropriateness of pilot design. The evaluation team will collect this information through a participant survey in February 2024, which will provide data about program outcomes and appropriateness with the intention to inform future policies and programs.

Recommendations

This evaluation provides three recommendations for the Chronic Health Conditions pilot team and policy team to consider:

1. Require scorecard assessors to provide a separate report in addition to the scorecard: adding a second report in addition to the scorecard is common practice across different jurisdictions, and this will provide useful information to both the Chronic Health Conditions pilot team and policymakers.
2. Consider how program communications and promotion campaigns can be designed to address the reluctance of people with chronic conditions to engage with services. Pilot team members said there may be a need to refocus pilot communications towards hardship and/or de-emphasis the language around weaknesses (chronic conditions).
3. Tailor the participant survey to understand the following:
    a. the extent to which participants required significant support, even if their chronic condition did not hinder heat regulation.
    b. the extent to which participants have the capacity to coordinate their own assessment, upgrades, and acquittals, without the support of the Chronic Health Conditions pilot team.
    c. Participant feedback on communications with the Chronic Health Conditions pilot team and contractors.

1. INTRODUCTION

This report presents the findings from the process evaluation of the Chronic Conditions (CC) pilot.

Evaluation 101: What is a process evaluation?

A process evaluation is an assessment of the design and processes of a program/ pilot. It is often conducted midway through a program/ pilot to test that the design is working in practice and identify lessons and opportunities for continuous improvement.

A process evaluation is distinct from an outcomes evaluation, which seeks to understand the change the pilot/program has influenced in its target areas and often includes surveys/ interviews with participants. Outcomes evaluations are often conducted towards the end of the pilot when it is expected that the intended outcomes or changes are more likely to be emerging.

This report is structured as follows:

1. Introduction (this section)
2. Findings
    a. What has the Chronic Health Conditions pilot delivered so far?
    b. Was the design appropriate to reach households with chronic conditions?
    c. Was the customer flow appropriate for households with chronic conditions?
3. Conclusion and recommendations
4. Appendix – Document register

1.1. About the Chronic Health Conditions pilot

The Chronic Health Conditions pilot aims to deliver holistic energy upgrades to 100 homes lived in by people with chronic conditions from 2022/23 to 2023/24. It targets low-income households experiencing energy hardship because of their chronic conditions. The objectives of the Chronic Health Conditions pilot are to improve the wellbeing, thermal comfort, climate resilience and financial agency of people experiencing hardship as a result of their chronic health condition. This pilot is part of the broader efforts across ACT government to support a just transition to net zero for the ACT community, and support just, sustainable, and affordable housing in the ACT.

The Chronic Health Conditions pilot works through the following steps:

1. A partner organisation refers prospective participants to the pilot team
2. The pilot team conducts an eligibility check, which requires the participant to provide documentation (including a doctor's letter as evidence of their chronic condition, concession card, rates notice and energy or gas bill).
3. If eligible, an accredited assessor will conduct a Scorecard Assessment (SA)
4. The pilot team evaluates the scorecard report and provides a list of recommended upgrades within the $10,000 cap
5. If accepted, the pilot team organises a contractor to install the upgrades

The Chronic Health Conditions pilot sits within Stream 4 of the broader Vulnerable Household Energy Support Scheme (VHESS), also known as the Home Energy Support Program (HESP).

1.2. About the evaluation

Purpose and audiences

The purpose of the process evaluation was to:

- provide **accountability** on whether the pilot is on track to meet its intended outcomes and is an appropriate use of government funds.
- **learn** about the pilot processes and design, including the customer experience
- **inform** future policy and programs

The key audiences for this process evaluation were the Directorates and other oversight bodies (including EPSDD, CMTEDD, CSD, and the Climate Action Sub Committee), and the policy and pilot teams.

Key evaluation questions

The table below sets out the Key Evaluation Questions (KEQs) that have guided this evaluation. The KEQs respond to the evaluation purpose and audience.

Table 1 Key Evaluation Questions

KEQ	Sub-KEQ
KEQ1: To what extent was the design appropriate for the primary objective – to reduce energy hardship for vulnerable households with Chronic Health Conditions?	1a. Who did the program reach?
	1b. How did the program design reach and target the appropriate cohort
	1c. What were the barriers to reaching households with Chronic Health Conditions
KEQ2. To what extent were the program processes appropriate for vulnerable and low-income households?	2a. How did the program engage with participants?
	2b. What worked well about this engagement?
	2c. What were the challenges with this engagement?

Evaluation approach

This evaluation report has drawn on the data sources summarised Table 2 below. The key data collection method was interviews with the program team and referral partners. Note that interviews were not conducted with program participants. The outcomes evaluation in February 2024 will include data collection from participants.

Table 2 Summary of data sources

Data collection method	Description of data sources	Citated as

Program documentation	Review of 16 documents, including the program plan, data on program uptake and guides for processing applications.	DOC#
Semi structured interviews	Three Directorate interviews, three delivery partner interviews, two external interviews with people who oversee the scorecard assessment, and one contractor who oversaw installation of upgrades.	INT#

Qualitative data was clustered and grouped into themes against the key evaluation questions, and quantitative data was summarised in tables and graphs using Excel.

Following data analysis, an online reflections workshop was held with members of the Chronic Health Conditions pilot and policy team. The purpose of the workshop was to provide team members with an opportunity to validate and share their interpretation of the data, and test key findings. Workshop feedback has been collated and incorporated into this report as an additional data collection method.

Limitations

It is typical for every evaluation to have some form of limitations. The findings of this evaluation should be considered in the context of the following limitations.

- No data was collected from participants to verify the claims about pilot design and appropriateness, which limits the strength of most findings. The upcoming outcomes evaluation in February 2024 will include a participant survey to fill this data gap. No data was collected from participants for this evaluation to reduce respondent burden.
- The findings are based on a small number of interviews due to the size of the pilot. This again limits the strength of findings. The evaluation team sought to verify all claims with documented evidence where possible.

2. FINDINGS

This section contains responses to three key evaluation questions:

1. What has the Chronic Health Conditions pilot delivered so far?
2. Was the design appropriate to reach households with chronic health conditions?
3. Was the customer flow appropriate for households with chronic health conditions?

2.1. What has the Chronic Health Conditions pilot delivered so far?

The Chronic Health Conditions pilot has enrolled 26 participants so far, as of November 2023 (DOC11). Of these participants:

- 25 have received a Scorecard Assessment (SA).
- 7 have received property upgrades in their home.

The Chronic Health Conditions pilot is still in progress at the time of writing, so the 25 homes that have received a SA will all be offered upgrades and (if they accept) will receive upgrades on their home in the coming months.

2.2. Was the design appropriate to reach households with chronic health conditions?

This section explores the Chronic Health Conditions pilot referrals, eligibility, and funding for upgrades. The next section will explore the customer experience post-referral.

Summary finding

The design of the Chronic Health Conditions pilot is appropriate for reaching households with chronic health conditions, with the referrals-based design and eligibility criteria supporting reach. A range of learnings about the design were also surfaced.

The referral-based design was appropriate, as partner organisations referred a suitable number of eligible participants to the Chronic Health Conditions pilot team. Referrals partners in the hardship sector were most effective in providing referrals, with fewer referrals from organisations in the healthcare sector. The Chronic Health Conditions pilot team learned that people with chronic conditions can be reluctant to reach out for support due to them not wanting to be seen as dependent, fear of stigma from workers they engage with, and because they believe others were in greater need than themselves. Healthcare workers said that these barriers are common to all programs that seek to engage with this cohort, which led to few referrals from organisations in the healthcare sector.

The initial eligibility criteria were targeted towards people with chronic conditions that prevent the body from regulating temperature, and the Chronic Health Conditions pilot team broadened the eligibility criteria to anyone with a chronic condition. While the eligibility criteria were broadened, early evidence suggests that the intent (to reach those in significant need of support) was achieved through the combination of criteria and referral partners. The specific selection of referral partners used in the pilot meant that referrals were experiencing significant hardship and were in need of support, and both the Chronic Health Conditions pilot team and partner organisations said that the participants were in

significant need of support, even if their chronic condition did not hamper heat regulation. The broadened criteria were more appropriate than the previous criteria as they enabled other target households to engage with the pilot and overcame the challenge associated with some staff in select partner organisations lacking the capacity to diagnose the specific conditions associated with heat regulation – the broader criteria led to more referrals from these partners.

The eligibility criteria would reach more people with chronic health conditions if it were expanded to include renters. While renters were ineligible (and supporting renters was out of scope for the Chronic Health Conditions pilot), partner organisations suggested that most of their clientele living with both hardship and a chronic condition were renting.

Referrals

The Chronic Health Conditions pilot partnered with organisations in the hardship and healthcare sectors to identify and refer potential participants to the pilot team. The team communicated the pilot to these organisations but not to the general public (DOC08).

> *"Participation in the Pilot is by referral from one of the community organisations only and will not be publicly advertised". (DOC08)*

Partner organisations have referred 48 potential participants to the program so far.

Hardship organisations have provided many more referrals than healthcare organisations. Table 3 shows that 89% of referrals have come from hardship partners (42), 4% from healthcare partners (two), and three from one community housing provider engaged through the program (DOC11).

Table 3 No. referrals received from each delivery partner (DOC11)

Community referral partner	No. referrals	
Hardship organisations		
St Vincent de Paul	18	38%
ACT Civil and Administrative Tribunal	9	19%
ActewAGL (Hardship programs)	6	13%
Care Financial Counselling	5	11%
CHC	3	6%
Sustainable Home Advice CCE	1	2%
All hardship organisations	**42**	**89%**
Healthcare organisations		
Carers ACT	1	2%
Live Well Program (ACT Health)	1	2%
All healthcare organisations	**2**	**4%**
Community Housing providers		
Catholic Care	3	6%
All community housing providers	**3**	**6%**

Two pilot team interviewees (INT01, INT02) said the partnerships with hardship organisations had worked well.

> *"The referral partners have worked really well. Both for capacity, we have built successful relationships with ACAT, Care Financial, and Vinnies." (INT01)*

Healthcare organisations have provided relatively few referrals (two). One interviewee from a health organisation said that many people with chronic health conditions were reluctant to reach out for support due to the fear of stigma, and not wanting to be seen as dependent on external support. The interviewee explained that this was a barrier for them participating in many programs including the Chronic Health Conditions pilot (INT04).

> *"People with chronic conditions can be harder to engage… They have a fear of the stigma they receive from government departments or others they meet. Some people are not super willing to reach out for help, they are a bit stoic. So one of our aims [in our healthcare programs] is for them to reach out for help and access services. They don't want to be seen as leaning on the system…" (INT04)*

This interviewee also said that many participants were reluctant to receive support because they thought others were in greater need than themselves.

> *"Some [potential] participants felt that others were more worthy of support, so many participants have chosen not to take part." (INT04)*

Pilot data indicates that potential participants from hardship organisations have also demonstrated a reluctance to participate. Table 4 shows that just over half of potential participants referred by hardship organisations have enrolled in the pilot so far. Many potential participants have either been difficult to contact (nine) or chose not to take part (eight). These barriers have not applied to referrals from healthcare organisations so far – 4 out of five have enrolled and received upgrades; and the one other participant was ineligible.

Table 4 Conversion from referrals to enrolments, by referral partner (DOC11)

Item	Hardship organisation	Healthcare organisation	Community Housing provider
Referrals	42	2	3
Enrolled	22	1	3
% referrals converted to enrolled	52%	50%	100%

The partnership organisations have consistently referred eligible participants to the Chronic Health Conditions pilot team. The vast majority of people referred (46 of 48 referrals) were eligible for support (DOC11) – that is, they had a chronic condition and eligible property.

Eligibility

The initial eligibility criteria were targeted towards people with chronic conditions that *prevent the body from regulating temperature*. The Directorate set this narrow criteria in an attempt to reach those in greatest need of support, acknowledging that criteria open to any chronic condition was too broad (DOC02).

"As of 2017-18, the ACT reported… almost half of all adults in the ACT living with at least one chronic condition. Given these figures, the VHESS will require eligibility criteria to determine which households to include in the Chronic Conditions Pilot". (Extract from Pilot proposal (DOC02))

The Chronic Health Conditions pilot team broadened the eligibility criteria to anyone with a chronic condition, due to:

- Lack of understanding among referral partners: some referral partners were unable to identify these conditions in order to refer people to the program (INT02).
- Removed the need for the Chronic Health Conditions pilot team to make eligibility decisions related to the specific condition.

> *"I don't necessarily want to judge people for their suitability for the program" (INT02)*

How well did the broader eligibility criteria work in practice?

The reflections workshop participants agreed that the criteria had worked in line with the policy intent, because they observed that all participants had needed the high level of support from the program.

> *"All the households scored low on their Scorecard Assessment, which suggests they were still in need of support [even if they did not have a chronic condition that prevented their body from regulating temperature]." (Reflections workshop participant)*

One contractor interviewed (INT09) said that feedback from installers suggested that the participants were facing hardship and in high need of support.

> *"The feedback from installers was that they felt these homeowners were very deserving of government assistance… I am aware of one household that did not have any hot water because the system had broken and the homeowner was unable to afford to fix it. As soon as we got wind of that we treated it as a priority job. I understand they had been without hot water for a few months… to go through a Canberra winter without hot water would be tough." (INT09)*

This contractor (INT09) also said that participants were very grateful for the support received.

> *"The participants were also very grateful for that assistance. One anecdotal feedback that I got [from an installer] was that an older couple were so happy with their heating job that they were inviting their installer to bring their family over for dinner. I thought that was quite touching feedback." (INT09)*

The referral pathways and partners supported the claim that referred participants were in significant need of support. The program reached people in need of support through the partner hardship and healthcare organisations. One delivery partner from a healthcare organisation said the broader criteria was appropriate because many of their clients face hardship due to the costs associated with their chronic condition.

> *"[The broader criteria] was more appropriate. Chronic conditions are more complex than heat regulation. Sometimes people are spending lots of money on their condition, so they could have more hardship than someone with a heat regulation issue too. Some people [participating in the pilot] had families and drove their children up to Sydney for appointments." (INT04)*

The evaluation recommends that the upcoming evaluation surveys should be tailored to test the claim that participants were in significant need of support.

Partnership organisations also found the broader criteria easier to administer in practice. One delivery partner said the broader criteria helped them to make referrals. Their staff had generally lacked the capacity to diagnose and recall the specific chronic conditions associated with heat regulation.

> *"The lax criteria helped dispel some confusion in our team." (INT04)*

Most people with chronic conditions and hardship do not own their home, and therefore are ineligible for the Chronic Health Conditions pilot. All three delivery partners interviewed (INT04, INT05, INT06) said that the eligibility criteria should be broadened to incorporate renters.

> *"The eligibility criteria about home ownership is my main concern. The home ownership was one of the biggest barrier to referrals. A large proportion of our clients do not own their own home … From an equity side of things it would be nice to offer it to everyone. Some are even at risk of homelessness." (INT04)*
>
> *"I have not referred a huge amount of people, because we tend to… it's people who have concession cards and own their own property is a very small group…. We tend to engage with a lot of people who are renters." (INT06)*

The evaluation acknowledges that renters are outside the scope of this pilot due to the split incentive issue, and that the Directorate is doing other work to support this group.

2.3. Was the customer flow appropriate for households with chronic health conditions?

This section explores the customer flow from the point of referral onwards, including the customer experience, and appropriateness of the scorecard assessment and funding provided.

Summary finding

The customer flow was generally appropriate for households with chronic conditions, and the scorecard assessment needs some tailoring to better meet the needs of the Chronic Health Conditions pilot team.

Pilot team members interviewed suggested that their hands-on and interpersonal approach to customer management was appropriate because it minimised the logistical work for participants. Interviewees also said that the customer flow was achieved thanks to the Chronic Health Conditions pilot team successfully engaging and coordinating contractors to deliver scorecard assessments, quotes for upgrades, and install upgrades.

The customer flow was slow due to participants taking time to provide the required information and consent. The team made small process improvements to improve the customer flow, such as by having contactors bring consent forms to participants homes before installing the selected upgrades.

Evidence from the program team and contractors suggest that customer interactions were positive and many participants were highly grateful for the support.

The appropriateness of the scorecard assessment varied due to the different needs of policymakers (both within EPSDD and nationally), the pilot team and participants. The scorecard assessment is rigorous and standardised to inform research and policy nationally, but was insufficient for the Chronic Health Conditions pilot team – which needed more information about behaviour. The Chronic Health Conditions pilot team asked contractors to collect and report on additional behaviour information about homes, which is a standard practice nationally when more information about behaviour is required.

The scale of funding available was appropriate because it allowed for some deep retrofits that would not have occurred with less funding. The Chronic Health Conditions pilot team has used a 'variable cap' (where some upgrades are more than $10,000, but the average upgrade is less than $10,000) which also aligned with the policy intent – to provide comprehensive upgrades. Inflation is influencing the scope of upgrades possible under the current cap.

Customer experience

The Chronic Health Conditions pilot was designed to minimise the amount of work required by participants. The Chronic Health Conditions pilot team organised the retrofits rather than simply issuing a rebate and requiring applicants to do that logistical work.

> *"It was strongly recommended not to do a rebate program, because for more vulnerable people the logistics are too complex. It's an admin heavy program [for us]." (INT01)*

Program team interviewees indicated that this hands-on approach did work well for this cohort. There was no evidence from applicants to verify this claim; the evaluation recommends the Chronic Health Conditions pilot team tests this claim in the evaluation survey to be conducted in February 2024.

The Chronic Health Conditions pilot team took an interpersonal approach with participants. Both pilot team members (PT01, PT02) said the interpersonal approach to engaging applicants has worked well. Once again, the evaluation survey will test this claim with participants.

> *"Some participants are difficult to contact, I have reached out and spoken to them… those that are engaged, the communications have been really good. The interpersonal relationships have been important, the phone calls have been more effective, the personal conversations have been the best policy." (INT02)*

Installers were qualified and equipped to engage with this cohort of participants. One contractor interviewed (INT09) said that all installers were registered with the ACT Working With Vulnerable People scheme and were well-equipped to work with participants. Some contractors had significant experience with Housing ACT properties and other program working with vulnerable residents.

In line with the hands-on approach, the Chronic Health Conditions pilot team coordinated contractors to visit eligible homes at three stages – for the Scorecard Assessment, to quote for upgrades, and to install the approved upgrades.

The Chronic Health Conditions pilot team has successfully coordinated the contractors for Scorecard Assessments in 25 homes, quotes in 21 homes, and installations in seven homes so far.

Evidence shows that the time taken to convert a referral to an enrolment (including the eligibility assessment and participant obtaining a doctor's notice) was 4-6 weeks on average (Figure 1). Pilot team members said that the delays were due to participants taking time to provide the relevant documentation.

> *"The limiting factor is always how long the participant takes to provide the documentation." (INT02)*

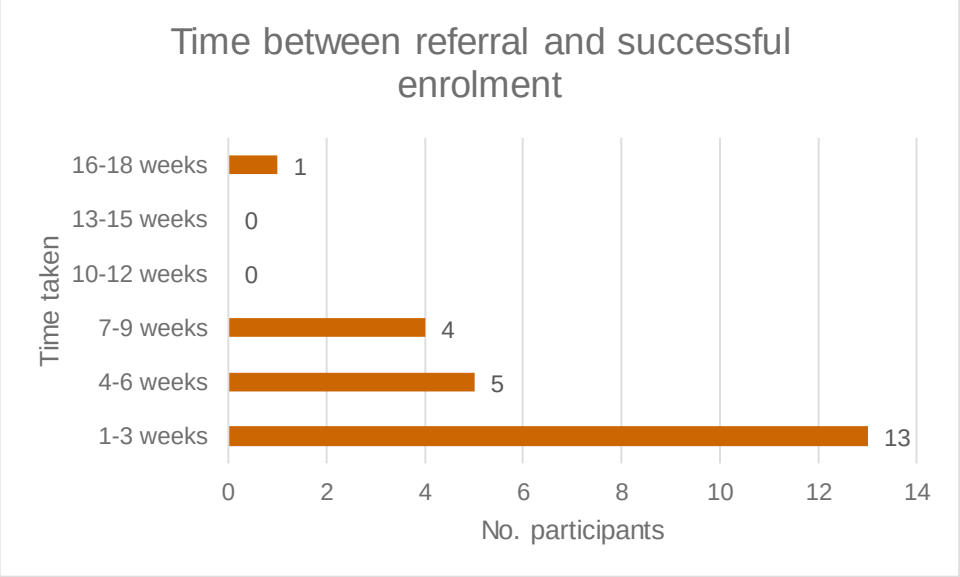


Figure 1 Time between referral and successful enrolment (DOC11)

Figure 2 shows the time between enrolment and the Scorecard Assessment (which is subject to availability of both contractors and participants). The evidence shows that most Scorecard Assessments were conducted in less than six weeks, although a few assessments required more than nine weeks.

One contractor (INT09) said that the time between quotes and upgrades was long, compared to similar programs. They explained that the key delay was due to waiting for consent from the homeowner for upgrades.

> *"There was a long processing time from identification to approval and completion of work. Our understanding is this was because the work being done was in the house of a property owner, outside of ACT government, therefore the process was to get the owners' consent before being in a position to approve a quote." (INT09)*

The pilot team adapted to this delay by having contractors bring a consent form to homes and gain consent directly before commencing the installation.

> *"We offered to help streamline the process, we offered to have the contractors book the installation in, and on that date go out with the [consent] letter and ask them to sign it before starting the job… I felt that went well." (INT09)*

One pilot team member (INT02) said some delays were partially due to delays in coordinating contractors, as agreements were still being established with contractors.

> *"There has been logjams such as contractors. Contractors for the upgrades, contractors for the scorecards… there are a few people that may have been referred in March but they are still waiting for the upgrades to happen in their home. Now that things are established… I imagine it is more around one month [from referral to upgrades]." (INT02)*

Reflections workshop participants agreed that the time taken to coordinate contractors has improved greatly now that agreements are in place. These agreements will continue into the future.

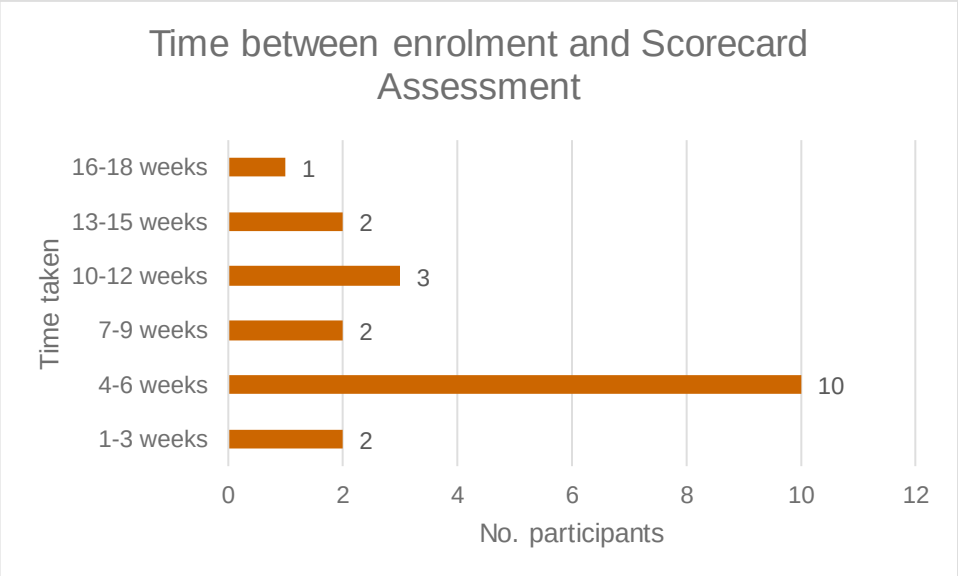


Figure 2 Time between enrolment and Scorecard Assessment (DOC11)

Scorecard Assessment (SA)

The Scorecard Assessment includes assessment and improvement options for:

- Overall home energy efficiency
- Hot weather comfort, cold weather comfort, and home energy production.
- Appliance efficiency and contribution to energy cost (heating, cooling, lighting, hot water, spas and pools)
- The scorecard also highlights other valuable features of the house and other ways to reduce energy costs.

The Chronic Health Conditions pilot delivered Scorecard Assessments as part of the customer flow.

This evaluation identified three audiences for the scorecard assessment: the Chronic Health Conditions pilot team (for identifying potential upgrades through the pilot), the pilot participant (to inform their future upgrades after the pilot), and policymakers, both within EPSDD and nationally.

Results from Scorecard Assessments are used to inform policymaking both within EPSDD and across Australia. Two interviewees (INT07, INT08) from Victorian government said that the data from SAs across the country were collected and inform policy and publications, including the publications on the Home Scorecard website. One interviewee from EPSDD (INT03) said that the information collected in SAs had informed reporting.

> *"I think [the SA] still has merit. There is value for households knowing about their property, value in us having data on properties. We have used it for our reporting." (INT03)*

Two pilot team members (INT01, INT02) said the SA was insufficient to inform their decision-making about appropriate upgrades because the scorecard did not incorporate enough information about behaviour. Behaviour was especially relevant to pilot participants because their chronic condition sometimes dictated their energy usage and behaviours. While the Scorecard Assessment includes an open-ended question about behaviour, this data collection was not systematic.

> *"The SA is not working as well as we would like to. It does not incorporate any behavioural usage. Our assessor for the scorecard needs to do a separate assessment." (INT01)*

The SA focuses on 'objective' elements such as appliances rather than 'subjective' elements such as behaviour change to achieve a high level of rigor. Two interviewees from Victorian government (who oversee the scorecards nationally) explained that the SA must be 'objective' and provide this level of rigour in order to provide robust research and inform policymaking.

> *"One of the most important outcomes from the Scorecard Assessment is the home energy rating. You have to have a rating that is not subjective [based on behaviour change]. That means the rating is comparable… subjective evidence you cannot compare results, you cannot do statistical research." (INT07)*

It is common practice nationally for assessors to provide a second report focused on 'subjective' behaviour changes alongside their SA report. Two interviewees from Victorian government who oversee the scorecards nationally said that this was common practice when more information was sought.

> *"Most assessors we know provide their own report alongside the SA certificate… There are fact sheets on our website which integrate the two. The assessors are meant to be talking to this." (INT07)*

Pilot team members at the reflections workshop said the team is planning to test a new assessment that would inform both the Chronic Health Conditions pilot and policy team, by incorporating both the building and behavioural components.

Two pilot team members (INT01, INT03) said that the SA was not useful for pilot participants because they lacked the resources and capacity to make any changes based on information in the assessment.

> *"The problem with SA for low income people is they don't have the money to do anything with it." (INT03)*

Funding for upgrades

The Chronic Health Conditions pilot provides $10,000 per participant for upgrades, which is more substantial than similar programs. The Chronic Health Conditions pilot team provided more than $10,000 in upgrades for some participants, but the average funding amount was less than the $10,000 cap.

The substantial funding cap has enabled some upgrades that would have been unfeasible with other programs. For example, the Chronic Health Conditions pilot is upgrading gas ducted heating to electric in four participants' homes (DOC11), which alone cost around the $10,000 mark according to the Chronic Health Conditions pilot team members (INT01, INT02).

One interviewee (PT03) said the variable cap was fine because it aligned with the policy intent of the program. The Chronic Health Conditions pilot team members were also supportive of the variable cap.

> *"Providing a little bit more for some people, it's fine, it's the policy intent of the program. The policy intent was always to provide comprehensive upgrades. There was a really clear policy intent, there is no issue around parity." (INT03)*

The Chronic Health Conditions pilot team has developed a decision-making framework (DOC14) to inform decisions on upgrades above the $10,000 cap moving forwards.

One contractor (INT09) noted that they were unaware that a $10,000 cap for upgrades existed, which may have let to the contractors setting an incorrect expectation with participants (that all the quoted upgrades would be completed). Once the pilot team notified the contractors then they managed this expectation with participants.

Pilot team interviewees said that inflation was hindering the scope of possible upgrades. Both team members said that the upgrades were more expensive than anticipated.

> *"Each component is more expensive than we were expecting." (INT01)*

3. CONCLUSION AND RECOMMENDATIONS

3.1. Conclusion

This process evaluation has verified that pilot delivery is progressing as anticipated. The referral-partner design is appropriate for reaching people experiencing both chronic conditions and hardship, the Chronic Health Conditions pilot team is successfully coordinating both participants and contractors through the customer flow, and the scale of funding is allowing for deep retrofits.

The Chronic Health Conditions pilot has surfaced several lessons about design and customer flow, including

- confirmation that hardship organisations work with many people with chronic conditions,
- people with chronic conditions can be reluctant to engage with services such as this pilot,
- eligibility criteria that require hardship and health support workers to diagnose specific chronic conditions are impractical.
- the scorecard assessment need to incorporate considerations of behaviour to meet the needs of the pilot team. and
- the substantial funding and 'variable cap' for upgrades allows for deep retrofits.

This evaluation did not collect data from participants to triangulate findings about the customer flow and appropriateness of pilot design. The evaluation team will collect this information through a participant survey in February 2024, which will provide data about program outcomes and appropriateness with the intention to inform future policies and programs.

3.2. Recommendations

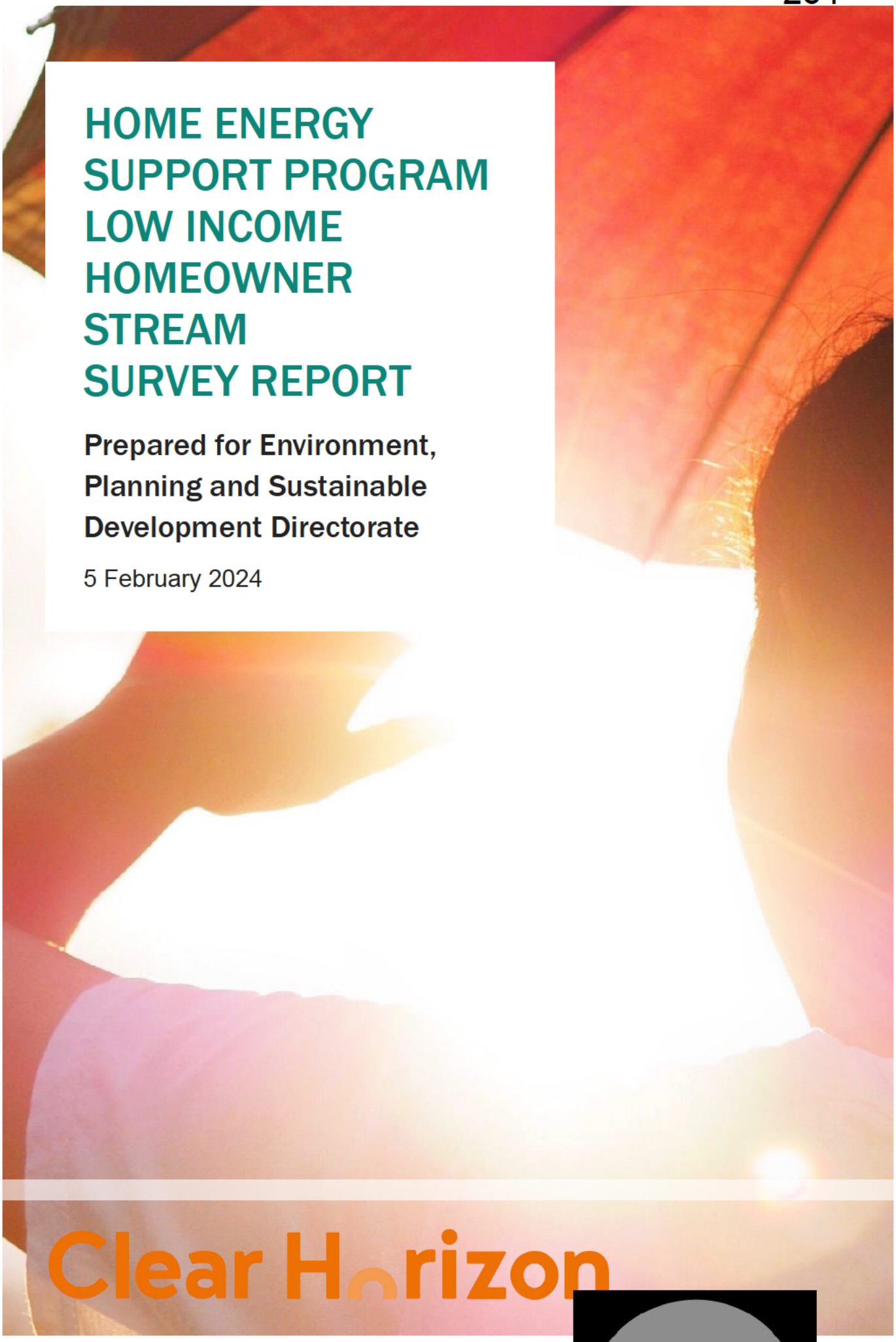
This evaluation provides three recommendations for the Chronic Health Conditions pilot team and policy team to consider:

1. Require scorecard assessors to provide a separate report in addition to the scorecard: adding a second report in addition to the scorecard is common practice across different jurisdictions, and this will provide useful information to both the Chronic Health Conditions pilot team and policymakers.
2. Consider how program communications and promotion campaigns can designed to address the reluctance of people with chronic conditions to engage with services. Pilot team members said there may be a need to refocus pilot communications towards hardship and/or de-emphasis the language around weaknesses (chronic conditions).
3. Tailor the participant survey to understand the following:
    a. the extent to which participants required significant support, even if their chronic condition did not hinder heat regulation.
    b. the extent to which participants have the capacity to coordinate their own assessment, upgrades, and acquittals, without the support of the Chronic Health Conditions pilot team.
    c. Participant feedback on communications with the Chronic Health Conditions pilot team and contractors.

APPENDIX A APPENDIX – DOCUMENT REGISTER

The following documents were reviewed for this evaluation.

Document number	Document title
DOC01	2022 - VHESS Chronic Conditions Pilot Program Logic.docx
DOC02	20220329 - Proposal for Chronic Conditions Pilot.docx
DOC03	20220726 - Overview of Chronic Conditions Pilot.pptx
DOC04	20221024 - Chronic Conditions Pilot Program Plan.docx
DOC05	20221201 - Chronic Conditions Program Population Statistics.docx
DOC06	20230113 - Chronic Conditions - Participant Consent Form.docx
DOC07	20230728 - Chronic Conditions - Additional Assessment Report for Scorecard.docx
DOC08	Chronic Conditions - Processing applications SOP.docx
DOC09	Chronic Health Conditions Updated Energy Efficiency Upgrades Program Information.pdf
DOC10	HESP Chronic Health Conditions Guidelines - Draft.pdf
DOC11	Chronic Conditions Application Tracker.xlsx
DOC12	Chronic Health Conditions - Upgrade Quotes (6).xlsx
DOC13	2023-24 Chronic Conditions Energy Efficiency Upgrades Project Plan (Draft).docx
DOC14	20231019 Chronic Health Conditions - decision making framework - draft.docx
DOC15	Scorecard Certificate – Wanniassa Home Energy Assessment
DOC16	Scorecard Certificate – Wanniassa



HOME ENERGY SUPPORT PROGRAM LOW INCOME HOMEOWNER STREAM SURVEY REPORT

Prepared for Environment, Planning and Sustainable Development Directorate

5 February 2024

Clear Horizon

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Disclaimer

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CONTENTS

1. INTRODUCTION

This short report summarises the key insights from the survey of participants from Home Energy Support Program Stream 4: Low Income Homeowner participants. The survey opened on 1st November and closed on 14th of December 2023.

The survey aimed to understand:

- Program outcomes
  - Energy savings
  - Thermal comfort
  - Resilience to heatwaves and extreme cold weather events
- State of the transition away from gas
- Customer experience of the program

1.1. About the program

The Home Energy Support Program (HESP) is a $50m investment by the ACT Government to improve building efficiency and sustainability for social and public housing, low income owner-occupiers, and the lowest performing rental properties.

The objectives of HESP are to:

- Reduce energy hardship for vulnerable and low-income households.
- Complement and support the development of the Minimum Energy Efficiency Standards for Rental Homes which have been introduced by Government to address poor thermal performance of rental homes.
- Where appropriate, support the broader gas transition work.

HESP is structured around four work steams. This report is concerned with Stream 4: Low income homeowners. Stream 4 offers partial rebates to low-income homeowners for solar and energy efficiency upgrades. Applicants also have the option of combining the rebate with an interest free loan through the ACT Government Sustainable Household Scheme.

The Stream 4 program logic (Appendix 1) identifies the key outcomes from the program.

1.2. Survey respondent demographics

Summary of findings

The majority (86%) of program participants were aged 65 or above and are English speaking, indicating that:

- The low-income homeowner group is largely those on the pension, not the 'working poor' (i.e., young families).
- These beneficiaries have minimal capacity to increase their income as they are retired and likely unable to rejoin the workforce.

Note this assumes that the average age of survey respondents is representative of the age of participants.

Below is a summary of the demographics of survey respondents, including age, cultural identity and postcode. Detailed summaries of these figures can be found in the Appendix.

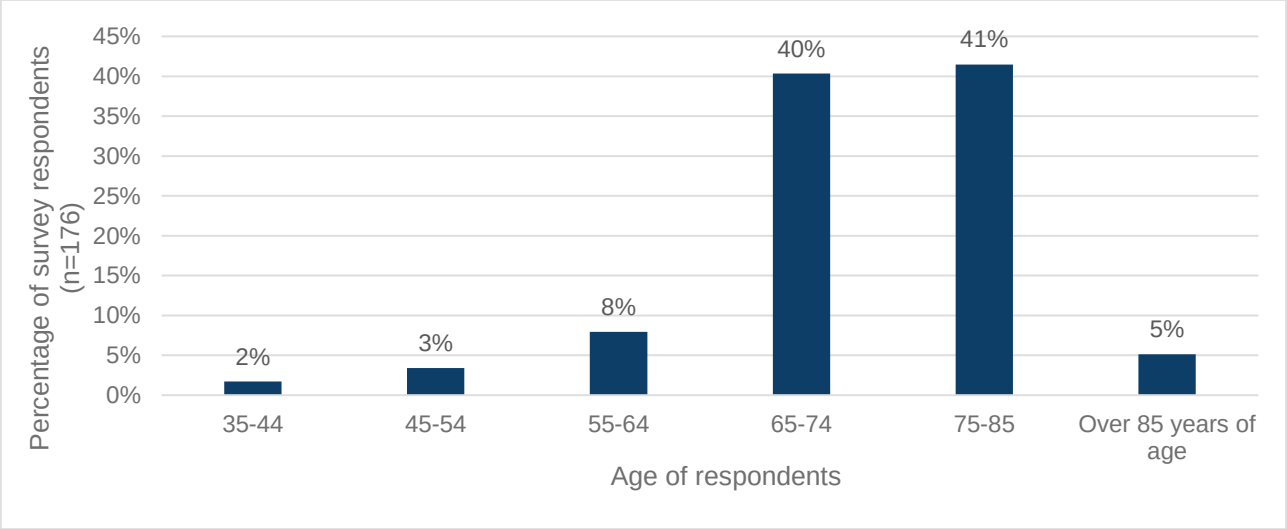


Figure 1 Survey respondent age

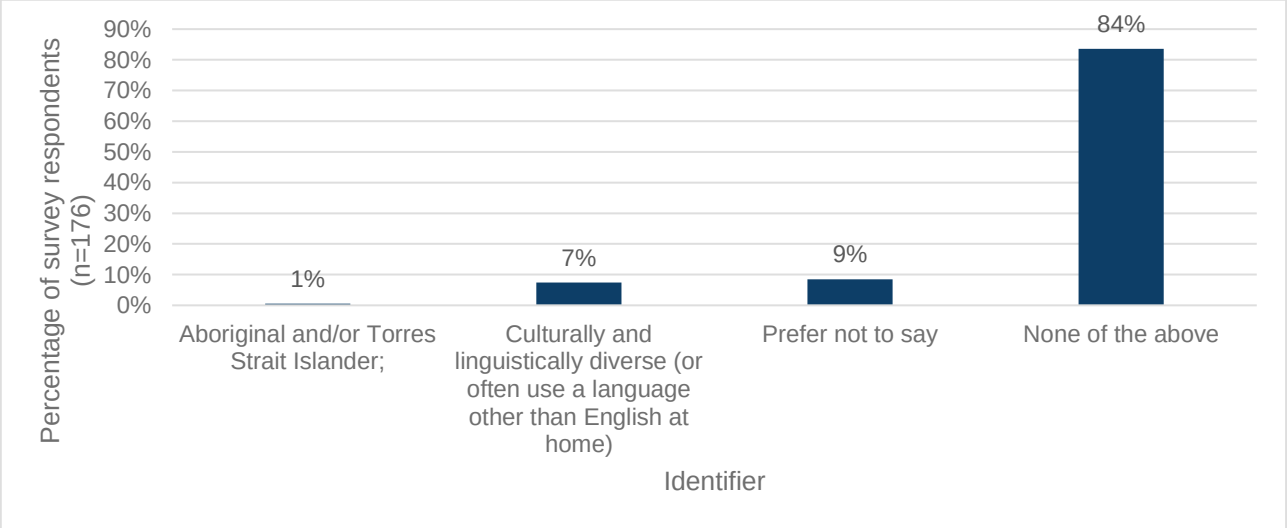


Figure 2 Cultural identity of survey respondents

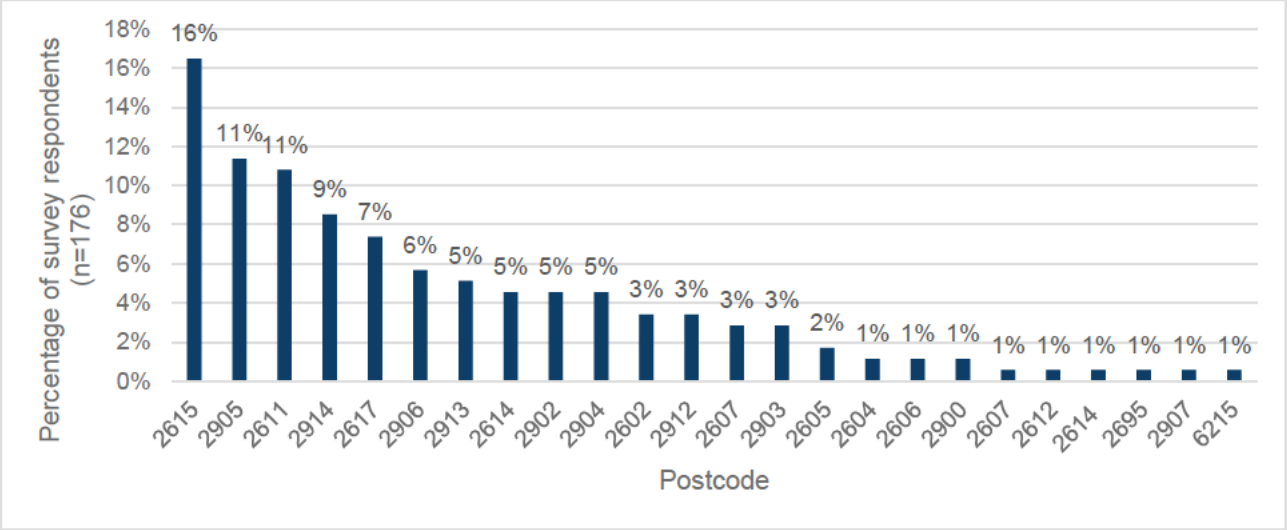


Figure 3 Postcode of survey respondents

2. RESPONSES

This section presents the survey results in the following chapters:

1. Participant homes and motivation
2. Program outcomes
3. State of the transition away from gas
4. Customer experience of the program

2.1. Participant homes and motivation

Summary of findings

Reducing energy costs was the primary motivation to participate in the program, followed by transitioning off gas. The key motivators for transitioning off gas were cost savings, then environmental concerns, followed by the understanding that the ACT is transitioning away from gas. These findings align with research conducted by similar programs in NSW, Victoria, and Queensland that shows cost to be the primary motivator above environmental concerns.

The program prioritised upgrades with the highest cost savings (solar, heating and cooling). This responded to participant motivations and was successful in reducing costs (see next section).

The program aimed to contribute towards the transition off gas, and it is estimated that up to 19% of participants disconnected from gas completely due to the program.

However, a further 61% of survey participants still had gas appliances in their homes following the program, and most do not intend to remove these in the next 12 months.

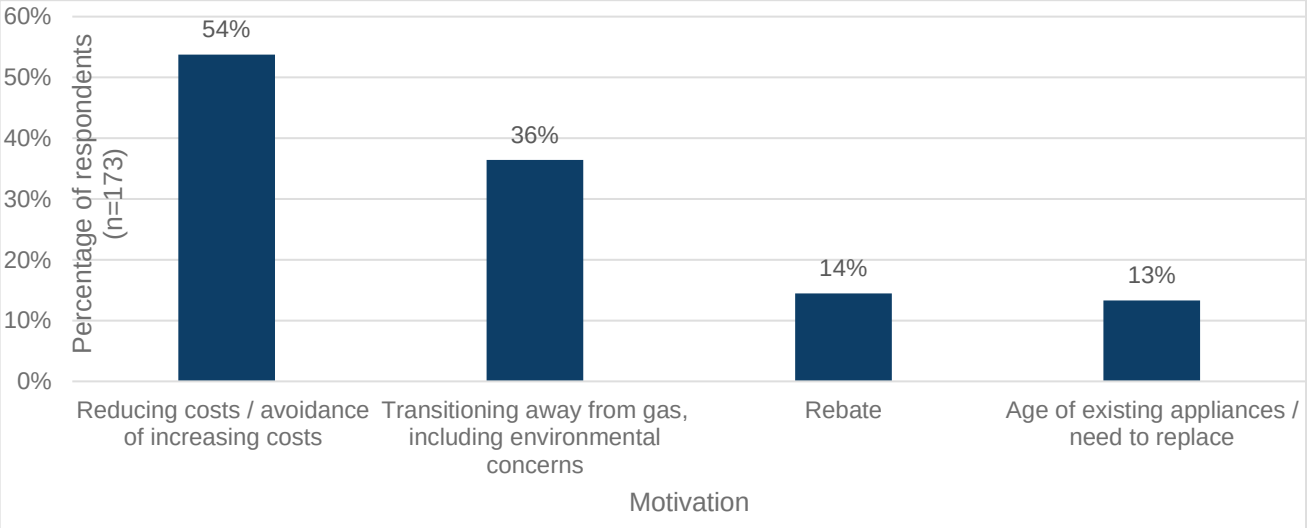
This means that EPSDD and other actors will need to re-engage with this cohort of participants in the future to provide comprehensive electrification. Future programs should consider:

- What is a realistic target for percentage of homes disconnected from gas?
- Would it be more efficient to run a single, comprehensive electrification program, rather than a series on piecemeal programs that require multiple engagements with the same homeowners?
- There is an opportunity for EPSDD to retain the contact details of those houses with remaining gas appliances and contact these homes directly in future programs (while meeting privacy requirements).

2.1.1. Participant motivation to participate

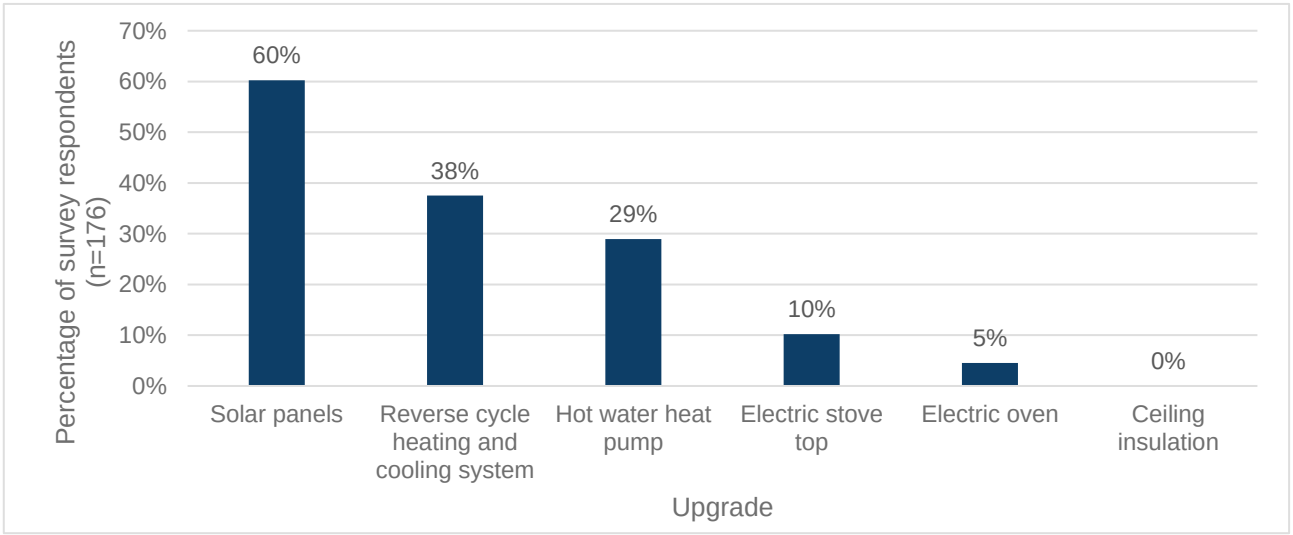
The most frequently cited motivation for participation was to reduce electricity and gas costs, particularly in the context of increasing costs for these services (54% of respondents). Transitioning away from gas was the second most common motivation (36% of respondents), which included environmental and

climate concerns (21%). Access to the rebate and the need to replace old appliances were also common motivations.



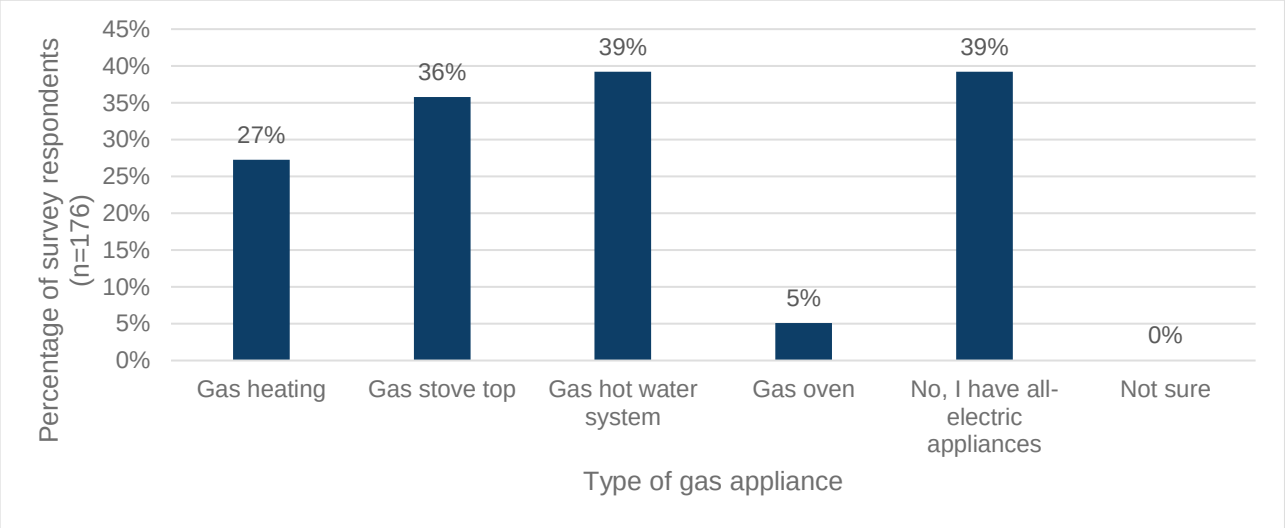
2.1.2. Energy efficiency upgrades received

The most common energy efficiency upgrade received was solar panels (60%), followed by reverse cycle heating and cooling systems (38%) and hot water heat pumps (29%). Less common upgrades received include electric stove tops (10%) and electric ovens (5%). No survey respondents received ceiling insulation.



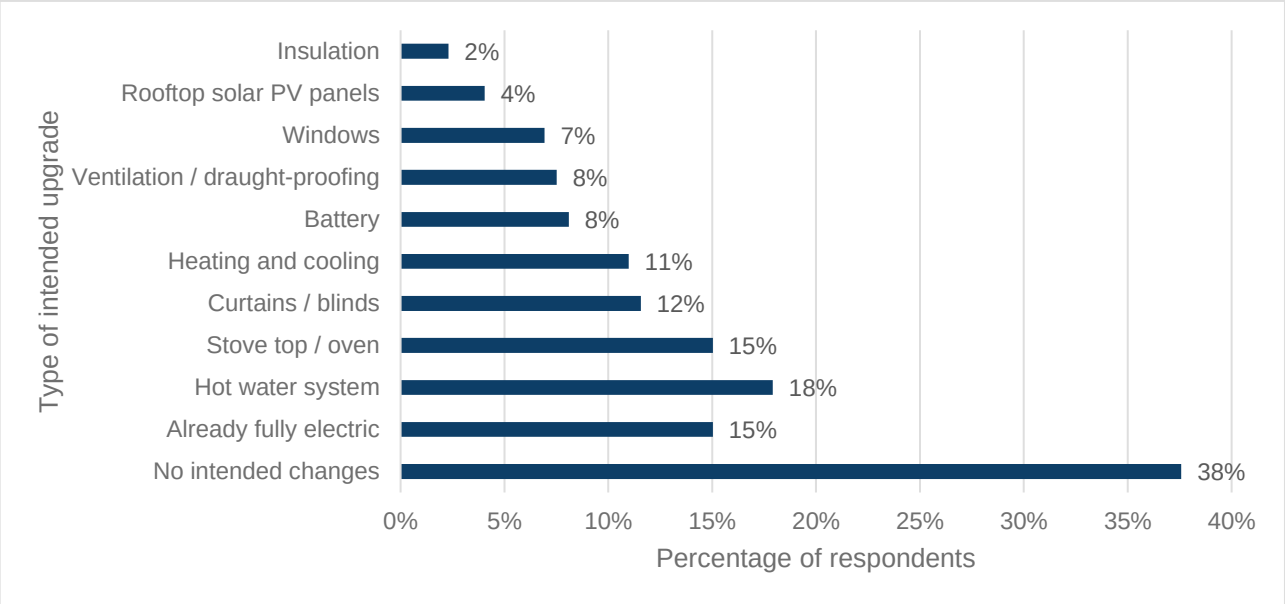
2.1.3. Remaining gas appliances

Following energy efficiency upgrades, 61% of survey respondents reported that they had at least one gas appliance in their home. The most common gas appliance was a gas hot water system (39%), followed by a gas stove top (36%). In the analysis of feedback and other comments from survey respondents, 7 instances of reasons for not transitioning away from gas were identified. This included being too costly and preferring to cook with gas.



2.1.4. Intention to improve energy efficiency in the next 12 months

48% of survey respondents intend to make one or more energy efficiency upgrades in the next 12 months. Of those intending to improve their energy efficiency, the most common type of upgrade intended is a hot water system (18%), followed by stove top / oven (15%) and heating and cooling (11%). In comparing to the figure above, this likely means that 21% of this cohort will still have a gas hot water system and 21% will still have a gas stove top.



2.2. Program outcomes

Summary of findings:

The program has successfully contributed towards its key outcomes - low-income homeowners reducing energy costs, improving thermal comfort, and improving heatwave resilience. The analysis of survey responses (excluding respondents who said it was 'too soon to tell') shows that:

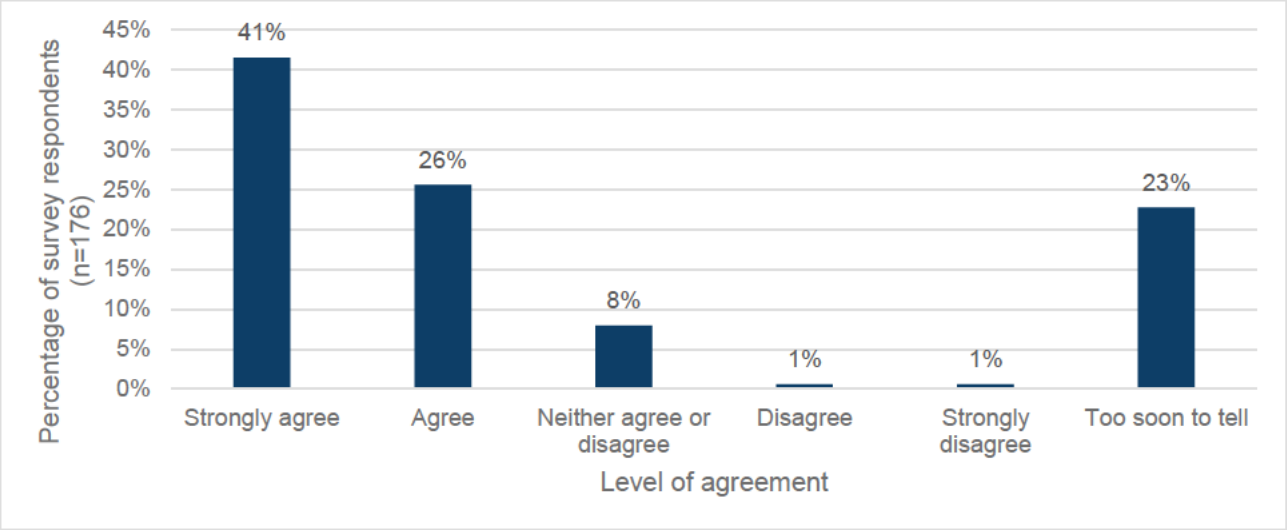
- 88% of survey respondents noticed a reduction in energy bills.
- Survey respondents had improved thermal comfort over winter and summer – just 5% said their homes were too cold in winter following upgrades (compared to 27% before the upgrades), and 4% said their homes were too hot in summer following the upgrades (compared to 22% before the upgrades).
- Two-thirds of survey respondents can now more easily cope with extreme cold weather events and heatwaves.

The program also reached the right target audience, that is, homes that suffered thermal discomfort during summer and winter.

The program was a significant factor in homeowners upgrading their appliances, as 44% of respondents would not have installed upgrades without a rebate. Note that 18% of respondents said they would have undergone the upgrades without a rebate – the program was unnecessary for this group as they did not need the financial support, and we could say that the program did not contribute to bill cost savings or emissions reductions for this group (as they would have done it even if the program did not exist). Some level of engagement with this group is unavoidable, and this is within the 20% threshold Clear Horizon has seen used in similar programs in other jurisdictions.

2.2.1. Energy savings

The installation of energy efficiency upgrades shows a high level of contribution to a reduction in energy bills. Since the upgrade, 41% of survey participants strongly agreed and 26% agreed that they had noticed a reduction in energy bills. For 23% of survey participants, it was too soon to tell whether it had contributed to a reduction in energy bills. When excluding the 'too soon to tell' group, 88% of respondents had noticed a reduction in energy bills. This is a significant achievement and demonstrates that the program is contributing to the immediate project outcome of 'low-income homeowners have reduced energy costs'.



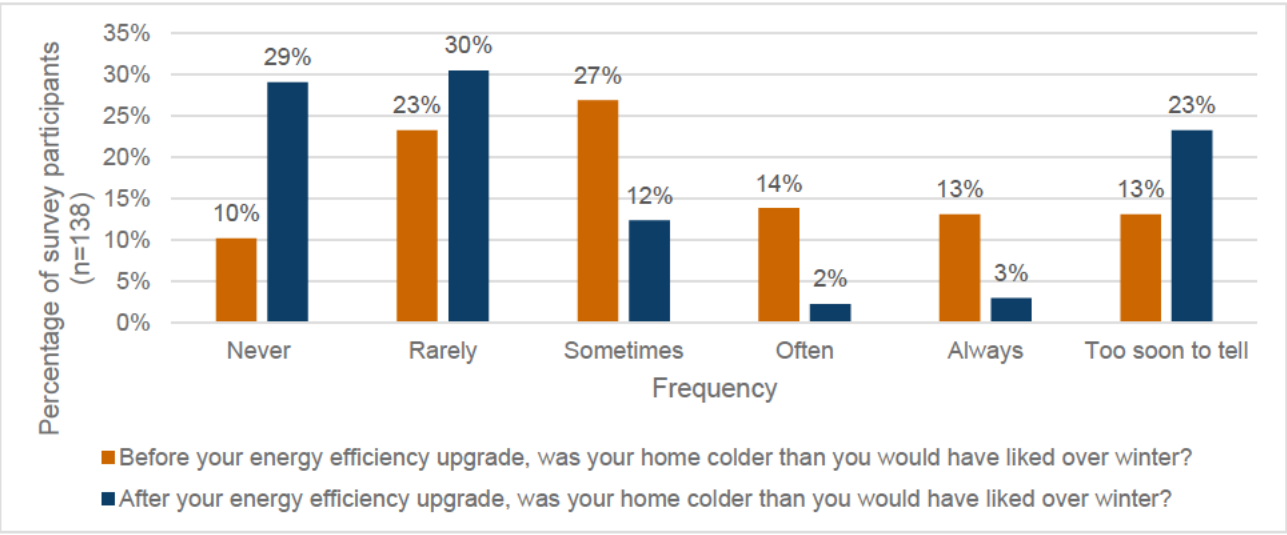
2.2.2. Thermal comfort

2.2.2.1. Change in thermal comfort in winter after energy efficiency upgrade

Following energy efficiency upgrades there was a decrease in survey respondents reporting that their homes were always, often or sometimes colder than what they would like over winter, and an increase in those reporting that their home was never or rarely colder than what they would like.

The percentage of those reporting that their home was always (13%) or often (14%) colder than what they would like decreased to 3% and 2% respectively following the upgrades. The percentage of those reporting that their home was never (10%) or rarely (23%) colder than what they would like increased to 29% and 30% respectively following the upgrades.

This shows that while it is still too soon to tell for 23% of survey respondents, the project has contributed to a significant improvement in thermal comfort over winter for the majority of respondents. This in turn contributes to the end of project outcome of 'low-income homeowners have improved wellbeing'.

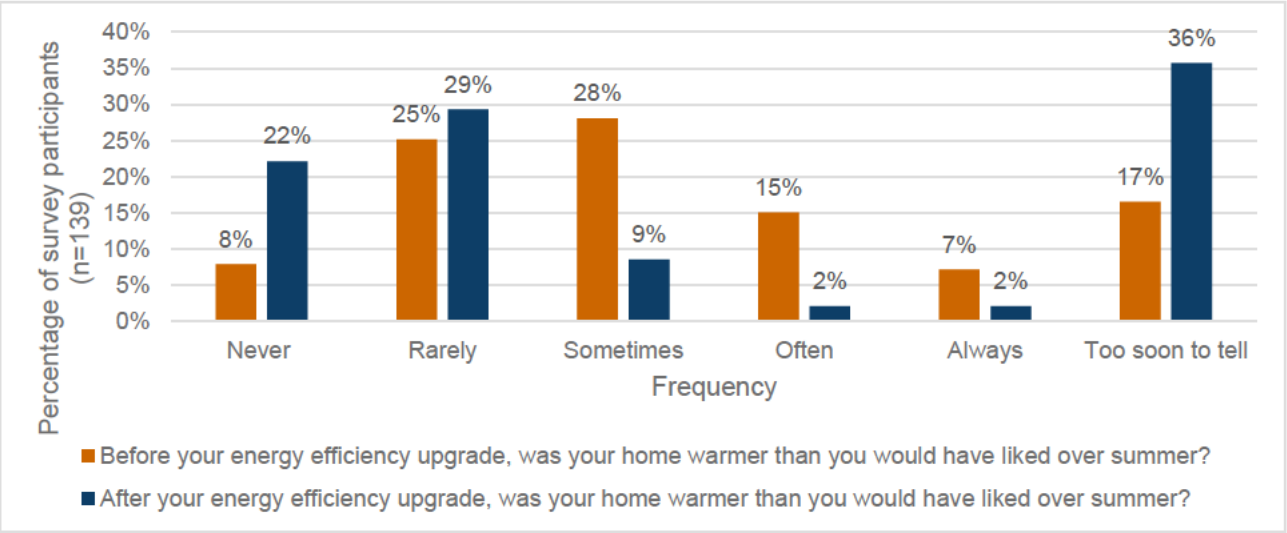


2.2.2.2. Change in thermal comfort in summer after energy efficiency upgrade

Following energy efficiency upgrades there was a decrease in survey respondents reporting that their homes were always, often or sometimes warmer than what they would like over summer, and an increase in those reporting that their home was never or rarely warmer than what they would like.

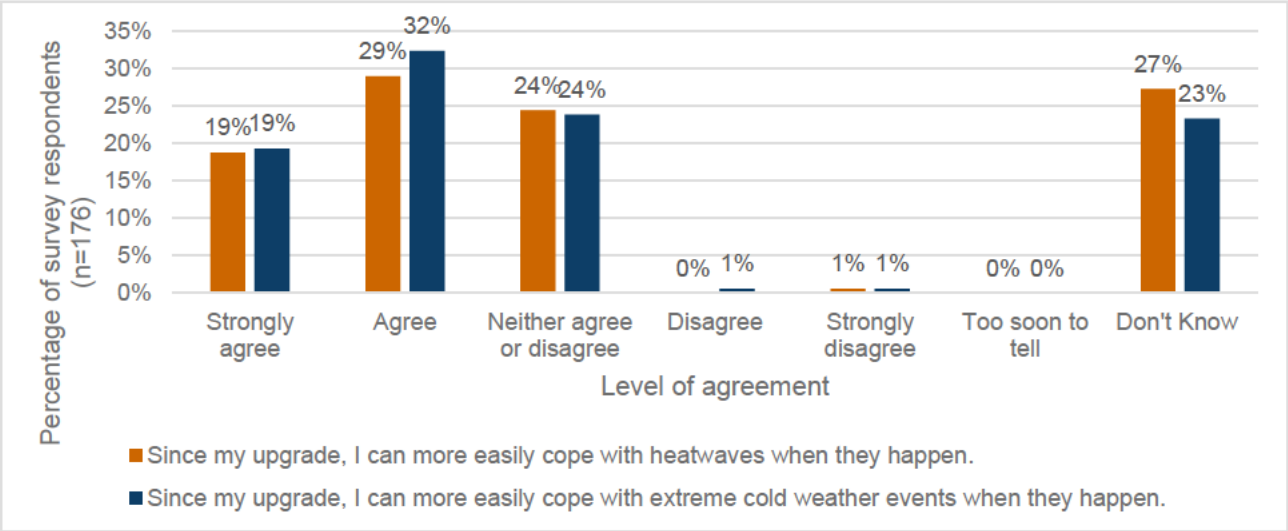
The percentage of those reporting that their home was always (7%) or often (15%) warmer than what they would like decreased to 2% for each. The percentage of those reporting that their home was never (8%) or rarely (25%) warmer than what they would like increased to 22% and 29% respectively.

While this demonstrates an improvement in thermal comfort over summer, a large proportion of the respondents remain too soon to tell (36%). This is likely due to some respondents having not experienced a summer with their upgraded appliances, due to the survey being deployed in November.



2.2.3. Ability to cope with heatwaves and extreme cold weather events

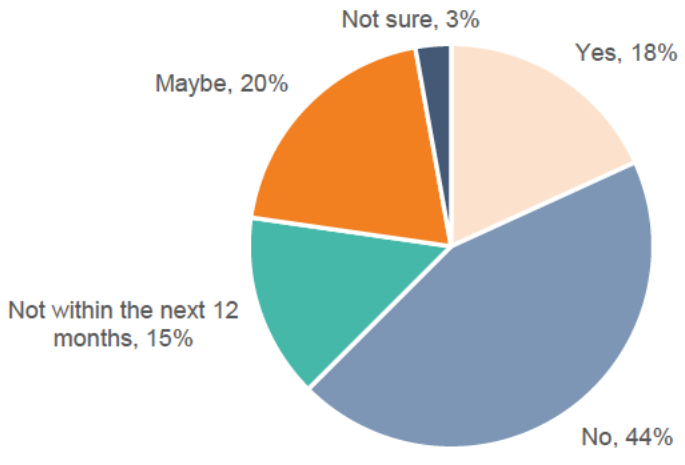
Survey respondents reported an increased ability to cope with heatwaves and extreme cold weather events following energy efficiency upgrades. 19% and 29% of respondents reported that they strongly agree or agree respectively that they can more easily cope with heatwaves when they happen. Similarly, 19% and 32% of respondents reported that they strongly agree or agree respectively that they can more easily cope with extreme cold weather events. This demonstrates that the project is achieving its end of project outcome of 'low-income homeowners have improved heatwave resilience'.



2.2.4. Contribution of program to energy efficiency upgrades

To understand the contribution of the program to energy efficiency upgrades, survey respondents were asked whether they would have upgraded their electric appliance or installed solar panels or ceiling insulation without a rebate.

The program shows a high level of contribution to the uptake of energy efficiency upgrades, with 44% of survey respondents stating that they would not have installed these upgrades without a rebate, and a further 15% of survey respondents stating they would not have installed these upgrades in the next 12 months.



2.2.5. Other benefits

Survey respondents reported a number of benefits since undertaking the energy efficiency upgrade/s. These benefits have been categorised into major themes as detailed in the table below.

Other benefit	No. responses
Increase in credit on their energy bills	7
Health (reduced sickness, dust etc.)	4
Reduced noise	3
Using more energy produced by solar (less energy feeding into the grid)	2
Gas disconnected	2
Using appliances during best time of day for solar	2

2.3. Customer experience

Summary of findings

The program processes worked well and were well received by respondents. Participants were highly satisfied with the program (92%). Participants felt the rebate processes were simple and smooth giving mostly positive feedback on the application and installation process, as well as the processes for obtaining quotes and claiming the rebate.

There were minimal instances of negative feedback about providers; quoting for bigger systems than required and/or overquoting. There was some feedback on program design; that the rebate was only available for larger electric hot water units, which were unsuitable for smaller households.

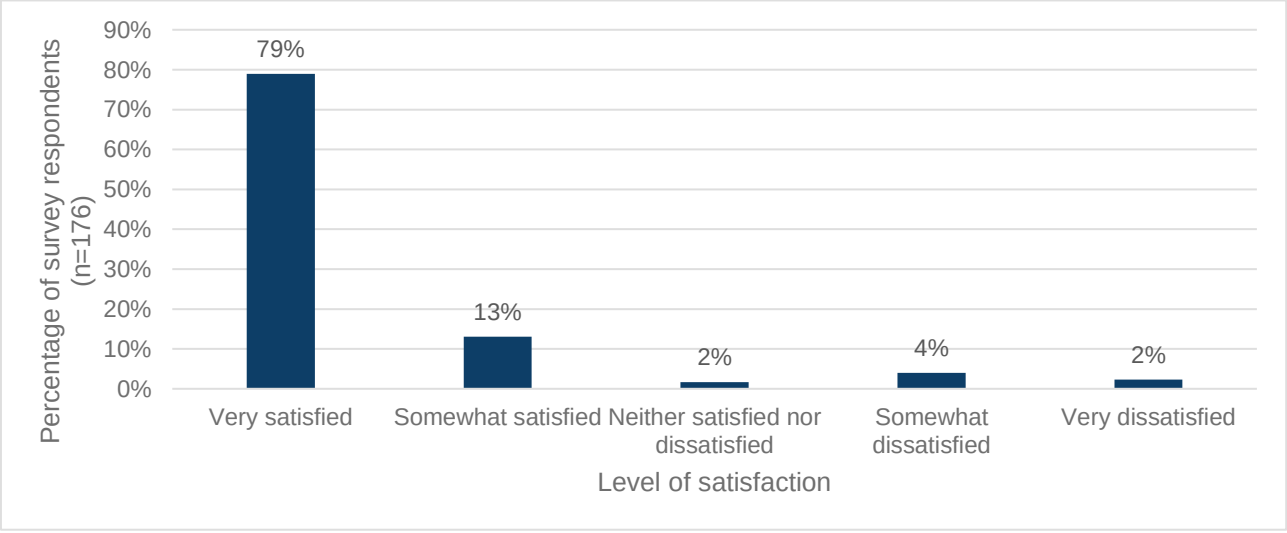
Survey respondents mostly sought advice on which energy efficiency products to install from sources outside of the ACT government – their supplier (24%), online research (19%) and advice from friends and family (9%) were all common. This suggests that most respondents did not find the numerous ACT government resources either necessary, helpful, or else they could not find them (the SHA phone line, ECC website, HESP team). Further investigation is required to determine the reasons for the low engagement with ACT government resources.

55% of survey respondents who took up solar accessed Brighte interest-free loans, and 29% of respondents who did not take up solar. The rate of loan uptake is lower than other programs, although the reason why is unclear.

The below section outlines survey respondents' level of satisfaction with the program overall, as well as their level of agreement with statements related to their experience of the program.

2.3.1. Program satisfaction

Overall, the program had a high level of satisfaction, with 79% of survey respondents reporting that they were very satisfied and 13% reporting that they were somewhat satisfied. In turn, the program received minimal reported dissatisfaction, with 2% very dissatisfied and 4% somewhat dissatisfied.

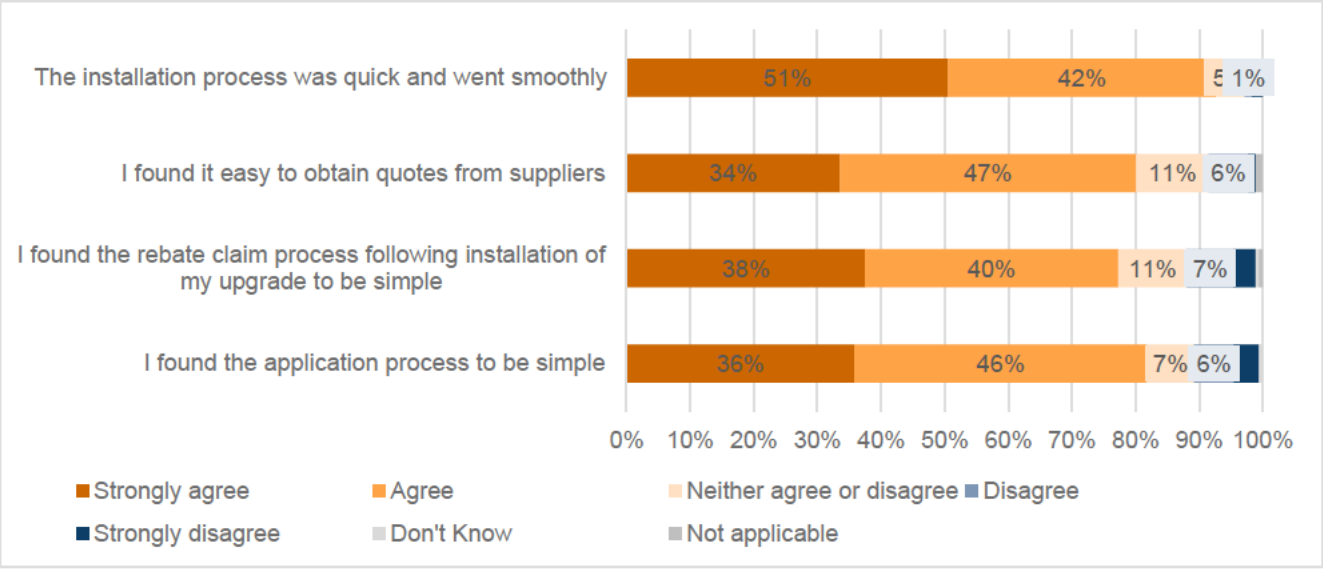


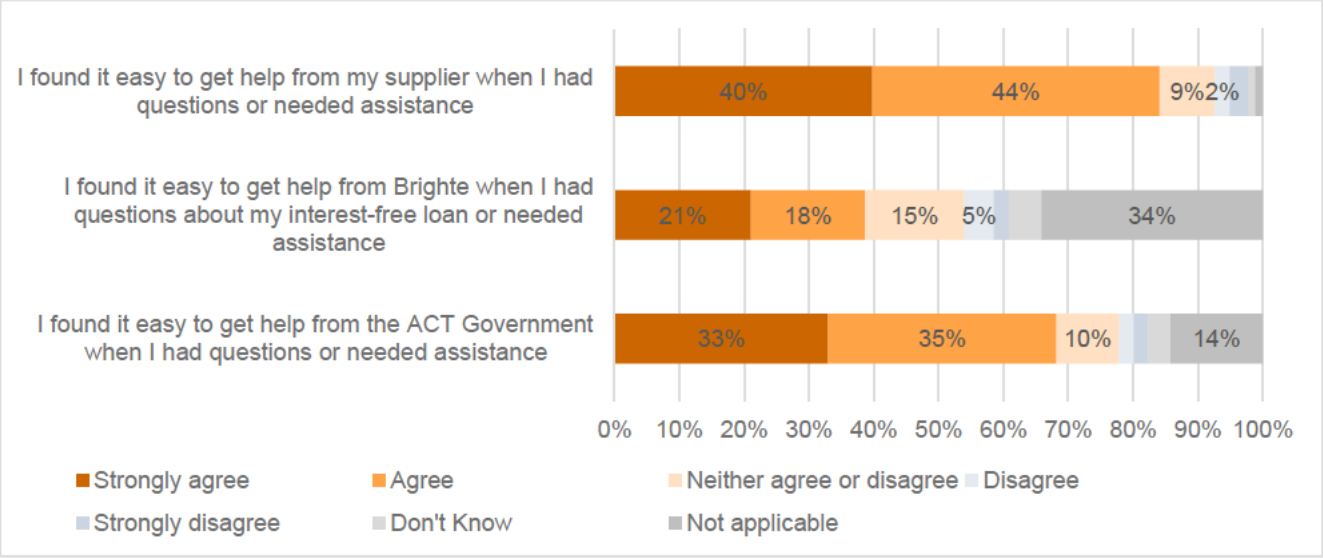
2.3.2. Experiences of program components

Overall, most survey respondents reported that the application process and rebate claim process was simple, obtaining quotes from suppliers was easy, and the installation process was quick and went smoothly.

In respect to receiving help from service providers, including the ACT Government and suppliers, most survey respondents reported that the process was easy. While most respondents similarly reported that Brighte was easy to receive help from, there was however a slightly higher level of respondents strongly disagreeing (2%) and disagreeing (5%) with this statement.

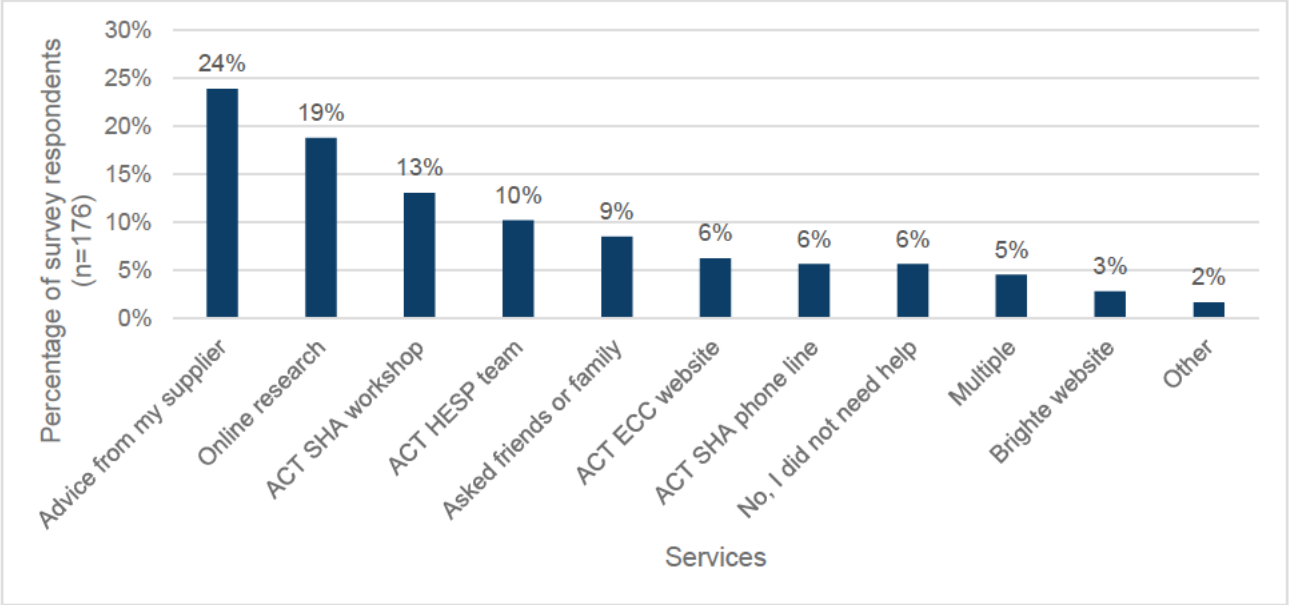
Survey respondents' level of agreement with statements related to their experience of the program can be found in the figures below.





2.3.3. Services accessed

The most common services survey respondents used when deciding which energy efficient product/s to install were advice from supplier (24%), online research (19%) and the ACT Government Sustainable Home Advice (SHA) workshop (13%).



2.3.4. Access to interest-free loan

Eligible homeowners had access to interest-free loans through the Sustainable Household Scheme to contribute to the remaining costs of the upgrades. Almost half of survey respondents (45%) accessed these loans.

2.3.5. Additional comments and feedback

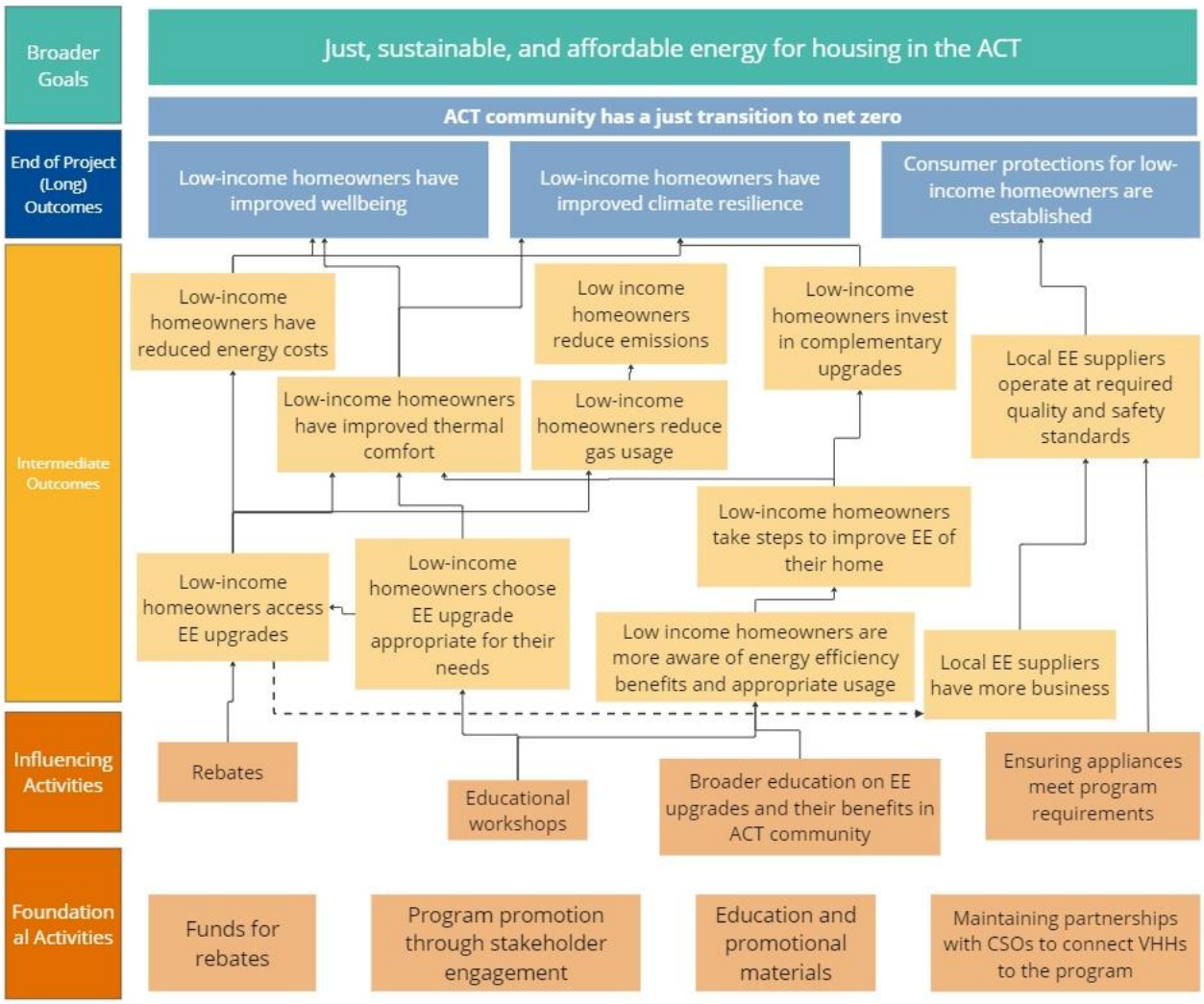
While additional comments and feedback for the program were largely positive, some instances of feedback were provided that had not been captured earlier in the survey.

This feedback related to:

- 4 instances of providers quoting for bigger systems than required and/or overquoting, and
- 2 instances of the rebate being only available for larger units, which were unsuitable for smaller households.

APPENDIX 1 – PROGRAM LOGIC

The figure below shows the program logic for Stream 4. The arrows show how the influencing activities at the bottom of the logic contribute to the longer outcomes at the top of the logic.



APPENDIX 2 – SURVEY RESULTS

Section 1: Your energy efficiency upgrades

1. What upgrade/s did you receive a rebate for under the Home Energy Support Program? (select all that apply)

Upgrade	No. responses	% respondents
Solar panels	106	60%
Reverse cycle heating and cooling system	66	38%
Hot water heat pump	51	29%
Electric stove top	18	10%
Electric oven	8	5%
Ceiling insulation	0	0%
Tot. respondents	176	100%

2. Would you have upgraded to an electric appliance or installed solar panels or ceiling insulation without a rebate?

Response	No. responses	% respondents
Yes	32	18%
No	78	44%
Not within the next 12 months	26	15%
Maybe	35	20%
Not sure	5	3%
Tot. respondents	176	100%

3. Did you also access an interest-free loan through the Sustainable Household Scheme?

Response	No. responses	% respondents
Yes	79	45%
No	97	55%
Tot. respondents	176	100%

Section 2: Experience of the program

4. What motivated you to undertake your energy efficient upgrade?

Response	No. of responses	% respondents
Reducing costs / avoidance of increasing costs	93	41%
Climate change and environmental concerns	37	16%
Transitioning away from gas	29	13%
Rebate	25	11%
Age of existing appliances / need to replace	23	10%
Interest-free loan	10	4%
Comfort & health	5	2%
Recommendation from family/friends	3	1%
Tot. major instances	225	100%

5. Please tell us to what extent you agree or disagree with the following statements:

Response	I found the application process to be simple	I found the rebate claim process following installation of my upgrade to be simple	I found it easy to obtain quotes from suppliers	The installation process was quick and went smoothly	I found it easy to get help from the ACT Government when I had questions or needed assistance	I found it easy to get help from Brighte when I had questions about my interest-free loan or needed assistance	I found it easy to get help from my supplier when I had questions or needed assistance
Strongly agree	36%	38%	34%	51%	33%	21%	40%
Agree	46%	40%	47%	42%	35%	18%	44%
Neither agree or disagree	7%	11%	11%	5%	10%	15%	9%
Disagree	6%	7%	6%	1%	2%	5%	2%
Strongly disagree	4%	3%	1%	2%	2%	2%	3%
Don't Know	1%	1%	0%	0%	3%	5%	1%
Not applicable	0%	1%	1%	0%	14%	34%	1%
Tot. respondents	176	176	176	176	176	176	176

6. Did you use any of the following services when deciding which energy efficient product/s to install? (tick all that apply)

Response	No. responses	% respondents
ACT Government Everyday Climate Choices website	11	6%
ACT Government Home Energy Support team	18	10%
ACT Government Sustainable Home Advice phone line 1300 141 777	10	6%
ACT Government Sustainable Home Advice workshop	23	13%
Advice from my supplier	42	24%
Online research	33	19%
I asked a friend or family member	15	9%
Brighte website	5	3%
Other	3	2%
No, I did not need help	10	6%
Multiple	8	5%
Tot. respondents	176	100%

7. Overall, how satisfied were you with your overall experience of the Home Energy Support Program?

Response	No. responses	% respondents
Very satisfied	139	79%
Somewhat satisfied	23	13%
Neither satisfied nor dissatisfied	3	2%
Somewhat dissatisfied	7	4%
Very dissatisfied	4	2%
Tot. respondents	176	100%

Section 3: Energy savings

8. To what extent do you agree or disagree with the following statement:

   a. Since my upgrade, I have noticed a reduction in my energy bills.

   b.

Response	No. responses	% respondents
Strongly agree	73	41%
Agree	45	26%
Neither agree or disagree	14	8%
Disagree	1	1%
Strongly disagree	1	1%
Too soon to tell	40	23%
Tot. respondents	176	100%

Section 4: Thermal comfort

This question applies to people who have installed heating and cooling systems and/or ceiling insulation and/or solar systems.

9. Before your energy efficiency upgrade, was your home colder than you would have liked over winter?

Response	No. of responses	% of respondents
Never	14	10%
Rarely	32	23%
Sometimes	37	27%
Often	19	14%
Always	18	13%
Too soon to tell	18	13%
Tot. respondents	138	100%

10. *This question applies to people who have installed heating and cooling systems and/or ceiling insulation and/or solar systems.*

11. Before your energy efficiency upgrade, was your home warmer than you would have liked over summer?

Response	No. of responses	% of respondents
Never	11	8%
Rarely	35	25%
Sometimes	39	28%
Often	21	15%
Always	10	7%
Too soon to tell	23	17%
Tot. respondents	139	100%

12. *This question applies to people who have installed heating and cooling systems and/or ceiling insulation and/or solar systems.*

13. After your energy efficiency upgrade, was your home colder than you would have liked over winter?

Response	No. of responses	% of respondents
Never	10%	29%
Rarely	23%	30%
Sometimes	27%	12%
Often	14%	2%
Always	13%	3%
Too soon to tell	13%	23%
Tot. respondents	138	100%

14. *This question applies to people who have installed heating and cooling systems and/or ceiling insulation and/or solar systems.*

15. After to your energy efficiency upgrade, was your home warmer than you would have liked over summer?

Response	No. of responses	% of respondents
Never	31	22%
Rarely	41	29%
Sometimes	12	9%
Often	3	2%
Always	3	2%
Too soon to tell	50	36%
Tot. respondents	140	100%

16. Please tell us to what level you agree or disagree with the following statements.

    a. Since my upgrade, I can more easily cope with heatwaves when they happen.

Response	No. of responses	% of respondents
Strongly agree	33	19%
Agree	51	29%
Neither agree or disagree	43	24%
Disagree	0	0%
Strongly disagree	1	1%
Too soon to tell	0	0%
Don't Know	48	27%
Tot. respondents	176	100%

    b. Since my upgrade, I can more easily cope with extreme cold weather events when they happen.

Response	No. of responses	% of respondents
Strongly agree	34	19%
Agree	57	32%
Neither agree or disagree	42	24%
Disagree	1	1%
Strongly disagree	1	1%
Too soon to tell	0	0%
Don't Know	41	23%
Tot. respondents	176	100%

17. Have you noticed any other benefits since you undertook your upgrade/s?

Response	No. responses	% respondents
Reduced costs/bills	34	55%
Consistent temperature and comfort	8	13%
Increase in credit	7	11%
Health (reduced sickness, dust etc.)	4	6%
Reduced noise	3	5%
Using more energy produced by solar (less energy feeding into the grid)	2	3%
Gas disconnected	2	3%
Using appliances during best time of day for solar	2	3%
Tot. major instances	62	100%

Section 5: Transition off fossil fuel gas

18. Do you have any gas appliances in your home? (select all that apply)

Response	No. responses	% respondents
Gas heating	48	27%
Gas stove top	63	36%
Gas hot water system	69	39%
Gas oven	9	5%
No, I have all-electric appliances	69	39%
Not sure	0	0%
Tot. respondents	176	100%

19. Over the next 12 months, are you intending to improve the energy efficiency of your home by upgrading any of the products below? (Tick any that apply)

Response	No. responses	% respondents
I'm not intending on improving the energy efficiency of my home over the next 12 months	59	34%
I have already made the above upgrades to my home	25	14%
One upgrade	48	27%
Two upgrades	25	14%
Three upgrades	14	8%

Four upgrades	3	2%
Five upgrades	0	0%
Six upgrades	2	1%
Tot. respondents	176	100%

Section 6: A little more about you

20. Do you have any further comments or feedback that has not been covered in the sections above?

No relevant responses to report

21. What is your age?

Age	No. responses	% respondents
Under 18	0	0%
18-24	0	0%
25-34	0	0%
35-44	3	2%
45-54	6	3%
55-64	14	8%
65-74	71	40%
75-85	73	41%
Over 85 years of age	9	5%
Tot. respondents	176	100%

22. Do you identify as any of the following? Select all that apply.

Identifier	No. responses	% respondents
Aboriginal and/or Torres Strait Islander;	1	1%
Culturally and linguistically diverse (or often use a language other than English at home)	13	7%
Prefer not to say	15	9%
None of the above	147	84%
Tot. respondents	176	100%

23. What is the postcode for where you live?

Response	No. of responses	% respondents
2615	29	16%
2905	20	11%
2611	19	11%
2914	15	9%

2617	13	7%
2906	10	6%
2913	9	5%
2614	8	5%
2902	8	5%
2904	8	5%
2602	6	3%
2912	6	3%
2607	5	3%
2903	5	3%
2605	3	2%
2604	2	1%
2606	2	1%
2900	2	1%
2607	1	1%
2612	1	1%
2614	1	1%
2695	1	1%
2907	1	1%
6215	1	1%
Tot. respondents	176	100%