



FOI18-100



Dear 

Freedom of information request: FOI18/104

I refer to your application under section 30 of the *Freedom of Information Act 2016* (the Act), received by ACT Health on 25 October 2018.

In your application you requested:

- *“Briefs prepared for the Minister for Health and the Minister for Mental Health regarding pill testing from 1 July 2018 to date. These briefs may include, but are not limited to, General Briefs, Question Time Briefs, Estimates Briefs and Annual Report Briefs.*
- *Briefs prepared for the Minister for Health and the Minister for Mental Health regarding the legalisation of marijuana for personal use from 1 July 2018 to date. These briefs may include, but are not limited to, General Briefs, Question Time Briefs, Estimates Briefs and Annual Report Briefs.*
- *Briefs prepared for the Minister for Health and the Minister for Mental Health regarding the Draft Drug Strategy Action Plan 2018-2022 prepared from 1 January 2018 to date. These briefs may include, but are not limited to, General Briefs, Question Time Briefs, Estimates Briefs and Annual Report Briefs.*
- *Briefs prepared for the Minister for Health and the Minister for Mental Health regarding the Indigenous Bush Healing Farm from 1 January 2018 to date. These briefs may include, but are not limited to, General Briefs, Question Time Briefs, Estimates Briefs and Annual Report Briefs.*
- *Briefs prepared for the Minister for Health and the Minister for Mental Health regarding progress in implementing a real-time prescription drug monitoring scheme in the ACT from 1 July 2018 to today. These briefs may include, but are not limited to, General Briefs, Question Time Briefs, Estimates Briefs and Annual Report Briefs.*
- *Briefs prepared for the Estimates Committee Hearings for the 2018-19 Budget on Alcohol, Tobacco and other Drugs related issues.*
- *Briefs prepared for the Minister for Health and the Minister for Mental Health regarding drug overdoses from 1 January 2018 to date.*
- *Briefs prepared for the Minister for Health and Minister for Mental Health on issues primarily related to alcohol, tobacco and other drugs from 1 July 2018 to date. These briefs may include, but are not limited to, General Briefs, Question Time Briefs, Estimates Briefs and Annual Report Briefs.”*

I am an Information Officer appointed by the Director-General of ACT Health under section 18 of the Act to deal with access applications made under Part 5 of the Act.

ACT Health was required to provide a decision on your access application by 13 December 2018.

Decision on access

Searches were completed for relevant documents and 49 documents were identified that fall within the scope of your request.

I have included as Attachment A to this decision the schedule of relevant documents. This provides a description of each document that falls within the scope of your request and the access decision for each of those documents.

I have decided to grant full access to 34 documents and partial access to 12 documents as documents identified as relevant to your request contain information that I consider to be information that would, on balance, be contrary to the public interest to disclose under the test set out in section 17 of the Act.

I have decided to refuse access to 3 documents as these documents identified as relevant to your request contain information that I consider to be as the contrary to the public interest information under Schedule 1 of the Act.

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, Schedule 1 and Schedule 2;
- the content of the documents that fall within the scope of your request;
- the views of relevant third parties; and
- the *Human Rights Act 2004* and the *Coroners Act 1997*.

My reasons for deciding not to grant access to the identified documents and components of these documents are as follows:

Contrary to the public interest information under Schedule 1

Folios 5, 13, 14, 15, 18, 20 and 42 of the identified documents contain information that is considered to be contrary to the public interest under Schedule 1 of the Act;

- Schedule 1 1.2 Information subject to legal professional privilege.
- Schedule 1 1.6 (1) (d) Cabinet Information - the disclosure of which would reveal any deliberation of cabinet (other than through the official publication of Cabinet decision).

Information contained in folio 42 is information that is privileged from production or admission into evidence in a legal proceeding on the grounds of legal professional privilege.

Information contained in folios 5, 13, 14, 15, 18 and 20, if disclosed, would reveal deliberations of Cabinet.

Contrary to the public interest under Schedule 2

Folios 6, 11, 13, 23, 28, 29, 30, 42, 44 and 48 of the identified documents are composed of, or contain information that I consider, on balance, to be contrary to the public interest to disclose under the test set out in section 17 of the Act.

I have decided to grant access, under section 50 of the Act, to copies of documents identified below, with deletions applied to information that I consider would be contrary to the public interest to disclose.

Folios 6, 28, 30, 42, 44 and 48 contain personal identifiable information about individuals who are non-government employees.

I have identified that there are no factors favouring disclosure of this information under Schedule 2, section 2.1. I have identified that the following factor favours non-disclosure:

- Schedule 2 2.2 (a) (ii) - prejudice the protection of an individual's right to privacy or any other right under the Human Rights Act 2004.

On balance, the release of information identified is contrary to the public interest and I have decided not to disclose this information.

Folio 11 contains information provided by The Pharmacy Guild of Australia – ACT Branch. I determined that there are no relevant factors in favour of the disclosure of the identified information and the following factors were considered relevant in favour of the non-disclosure:

- Schedule 2.2 (a) (x) prejudice intergovernmental relations, and
- Schedule 2.2 (a) (xi) prejudice trade secrets, business affairs or research of an agency or person.

If the redacted information was released, it would be expected to unduly impact on the business affairs of The Pharmacy Guild of Australia and may impact on the future working relationship between the ACT Government and The Pharmacy Guild of Australia.

I have decided that on balance, disclosure of the information would be contrary to the public interest.

Folio 13 contains information concerning the development of a model for the ACT Drug and Alcohol Court and contains information which if released could reasonably be expected to prejudice the collective responsibility of Cabinet and affect the business affairs and competitive commercial activities of an agency.

The following factor was considered relevant in favour of the disclosure of the identified information:

- Schedule 2.1 (a) (iii) inform the community of the governments operations, including policies, guidelines and codes of conduct followed by the government in its dealings with members of the community.

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

- Schedule 2 2.2 (a) (i) prejudice the collective responsibility of Cabinet or the individual responsibility of members to the Assembly;
- Schedule 2 2.2 (a) (xi) prejudice the trade secrets, business affairs or research of an agency or person;
- Schedule 2 2.2 (a) (xiii) prejudice the competitive commercial activities of an agency, and
- Schedule 2 2.2 (a) (xvi) prejudice the deliberative process of government.

I have decided that on balance, disclosure of the information would be contrary to the public interest.

Folio 23 contains information concerning funding to expand alcohol and other drug services which if released could reasonably be expected to prejudice competitive commercial activities, business affairs, deliberative process of government and the ability to obtain confidential information.

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

- Schedule 2 2.1 (a) (iv) ensure effective oversight of expenditure of public funds;
- Schedule 2 2.1 (a) (viii) reveal the reason for a government decision and any background or contextual information that informed a decision, and
- Schedule 2 2.1 (a) (xvi) contribute to the innovation and facilitation of research.

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

- Schedule 2 2.2 (a) (xi) prejudice the trade secrets, business affairs or research of an agency or person;
- Schedule 2 2.2 (a) (xii) prejudice an agency's ability to obtain confidential information;
- Schedule 2 2.2 (a) (xiii) prejudice the competitive commercial activities of an agency, and;
- Schedule 2 2.2 (a) (xv) prejudice the management function of an agency or the conduct of industrial relations by an agency, and
- Schedule 2 2.2 (a) (xvi) prejudice the deliberative process of government.

The factors favouring non-disclosure outweigh the factors favouring disclosure. If this information was released it may prejudice current and future business/service relations and negotiations with organisations.

Folio 29 contains information I have determined, is on balance, contrary to the public interest to release.

I determined that there are no relevant factors in favour of the disclosure of the identified information and the following factor was considered relevant in favour of the non-disclosure:

- Schedule 2 2.2 (a) (xi) prejudice the trade secrets, business affairs or research of an agency or person.

If this information was released it may prejudice current and future business/service relations and negotiations with organisations on the Ngunnawal Bush Healing Farm and other matters.

Folio 42 includes information about a coronial inquest and the identified information is protected from disclosure under section 55 of the *Coroners Act 1997*.

Charges

Processing charges are not applicable for this request under Section 107 (2) (e) of the Act.

Online publishing – disclosure log

Under section 28 of the Act, ACT Health maintains an online record of access applications called a disclosure log. Your original access application, my decision and documents released to you in response to your access application will be published in the ACT Health 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.

You may view ACT Health's disclosure log at <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 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 on 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

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
Level 4, 1 Moore St
GPO Box 370
Canberra City ACT 2601
Telephone: (02) 6207 1740
<http://www.acat.act.gov.au/>

If you have any queries concerning the ACT Health's processing of your request, or would like further information, please contact the FOI Coordinator on 6205 1340 or e-mail HealthFOI@act.gov.au.

Yours sincerely

A handwritten signature in black ink, appearing to be 'Emily Harper', written over a thin horizontal line.

Emily Harper
Executive Branch Manager
Preventive and Population Health

13 December 2018

FREEDOM OF INFORMATION REQUEST SCHEDULE

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: <https://www.health.act.gov.au/about-our-health-system/freedom-information/disclosure-log>

| NAME | WHAT ARE THE PARAMETERS OF THE REQUEST | File No |
|---|---|-----------|
| <div style="background-color: black; width: 100%; height: 20px;"></div> | <ul style="list-style-type: none"> • Briefs prepared for the Minister for Health and the Minister for Mental Health regarding pill testing from 1 July 2018 to date. These briefs may include, but are not limited to, General Briefs, Question Time Briefs, Estimates Briefs and Annual Report Briefs. • Briefs prepared for the Minister for Health and the Minister for Mental Health regarding the legalisation of marijuana for personal use from 1 July 2018 to date. These briefs may include, but are not limited to, General Briefs, Question Time Briefs, Estimates Briefs and Annual Report Briefs. • Briefs prepared for the Minister for Health and the Minister for Mental Health regarding the Draft Drug Strategy Action Plan 2018-2022 prepared from 1 January 2018 to date. These briefs may include, but are not limited to, General Briefs, Question Time Briefs, Estimates Briefs and Annual Report Briefs. • Briefs prepared for the Minister for Health and the Minister for Mental Health regarding the Indigenous Bush Healing Farm from 1 January 2018 to date. These briefs may include, but are not limited to, General Briefs, Question Time Briefs, Estimates Briefs and Annual Report Briefs. • Briefs prepared for the Minister for Health and the Minister for Mental Health regarding progress in implementing a real-time prescription drug monitoring scheme in the ACT from 1 July 2018 to today. These briefs may include, but are not limited to, General Briefs, Question Time Briefs, Estimates Briefs and Annual Report Briefs. • Briefs prepared for the Estimates Committee Hearings for the 2018-19 Budget on Alcohol, Tobacco and other Drugs related issues. | FOI18/100 |

- Briefs prepared for the Minister for Health and the Minister for Mental Health regarding drug overdoses from 1 January 2018 to date.
- Briefs prepared for the Minister for Health and Minister for Mental Health on issues primarily related to alcohol, tobacco and other drugs from 1 July 2018 to date. These briefs may include, but are not limited to, General Briefs, Question Time Briefs, Estimates Briefs and Annual Report Briefs.

| Ref No | No of Folios | Description | Date | Status | Reason for non-release or deferral | Open Access release status |
|--------|--------------|--|------------|--------------|------------------------------------|----------------------------|
| 1 | 1 - 2 | Annual Report Hearing brief – Ngunnawal Bush Healing Farm | 29/10/2018 | Full Release | | Yes |
| 2 | 3- 5 | Annual Report Hearing brief – Coronial Findings into the Death of Steven Freeman | 26/10/2018 | Full Release | | Yes |
| 3 | 6 - 9 | Question Time Brief – Pill Testing | 23/10/2018 | Full Release | | Yes |
| 4 | 10 | Question Time Brief – Heroin Overdoses | 22/10/2018 | Full Release | | Yes |
| 5 | 11 - 59 | Ministerial Brief – Offsite pill testing options Spilt Milk 2018 | 19/10/2018 | Refused | Schedule 1, Section 1.6 (d) | Yes |
| 6 | 60 - 61 | Question Time Brief – Alexander Maconochie Centre Overdose Numbers | 18/10/2018 | Partial | Schedule 2, Section 2.2 (a) (ii) | |
| 7 | 62 - 64 | Question Time Brief – Ngunnawal Bush Healing Farm | 17/10/2018 | Full Release | | Yes |

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| 8 | 65 - 66 | Question Time Brief – Cannabis Legislation | 17/10/2018 | Full Release | | Yes |
| 9 | 67 | COAG Health Council – Addressing alcohol related harms through a program of policy reform | 12/10/2018 | Full Release | | Yes |
| 10 | 68 - 69 | Chief Minister’s Talkback – Hot Issue – Pill Testing | 9/10/2018 | Full Release | | Yes |
| 11 | 70 - 81 | Ministerial Brief – Update on real time reporting for controlled medicines | 8/10/2018 | Partial | Schedule 2, Section 2.2 (a) (x) (xi) | |
| 12 | 82 - 83 | Chief Minister’s Talkback – Hot Issues – Pill Testing | 27/09/2018 | Full Release | | Yes |
| 13 | 84 - 88 | Ministerial Brief – Drug and Alcohol Court – Update | 24/09/2018 | Partial | Schedule 1, Section 1.6 (d) and Schedule 2, section 2.2 (a) (i) (xi) (xiii) (xvi) | Yes |
| 14 | 89 - 94 | Ministerial Brief – Finalisation process: draft ACT Drug Strategy Action Plan 2018-2021 | 24/09/2018 | Partial | Schedule 1, Section 1.6 (d) | Yes |
| 15 | 95 - 113 | Ministerial Brief – Human Services and Social Inclusions Subcommittee of Cabinet | 26/09/2019 | Refused | Schedule 1, Section 1.6 (d) | Yes |
| 16 | 114 - 115 | Question Time Brief – Pill Testing | 19/09/2018 | Full Release | | Yes |
| 17 | 116 - 118 | Question Time Brief – Cannabis Legalisation | 17/09/2018 | Full Release | | Yes |



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| 18 | 119 - 173 | Ministerial Brief – Update – Pill testing proposal for the Spilt Milk music festival 2018 | 14/09/2018 | Partial | Schedule 1, Section 1.6 (d) | Yes |
| 19 | 174 – 175 | Question Time Brief – Independent Review and Systems Level Re-design of Withdrawal Management Services | 12/09/2018 | Full Release | | Yes |
| 20 | 176 | Advisory Note – Proposed meeting the Attorney-General Gordon Ramsay – Drug and Alcohol Court | 12/09/2018 | Refused | Schedule 1, Section 1.6 (d) | Yes |
| 21 | 177 - 179 | Question Time Brief – Ngunnawal Bush Healing Farm | 11/09/2018 | Full Release | | Yes |
| 22 | 180 | Question Time Brief – Drug Strategy Action Plan | 11/09/2018 | Full Release | | Yes |
| 23 | 181 - 184 | Ministerial Brief – Funding to expand alcohol and other drug services – Program to Aboriginal and Torres Strait Islander Peoples | 21/08/2018 | Partial | Schedule 2, section 2.2 (a) (xi) (xii) (xiii) (xv) (xvi) | Yes |
| 24 | 185 - 216 | Ministerial Brief – Determination of Fees and charges – Tobacco and Other Smoking Products Act 1927 | 21/08/2018 | Full Release | | Yes |
| 25 | 217 | Question Time Brief – Drug Strategy Action Plan | 20/08/2018 | Full release | | Yes |



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| 26 | 218 - 223 | Media Implications Summary – Alcohol, tobacco and other drugs online compendium | 18/08/2018 | Full Release | | Yes |
| 27 | 224 - 226 | Question Time Brief – Ngunnawal Bush Healing Farm | 09/08/2018 | Full Release | | Yes |
| 28 | 227 – 251 | Ministerial Brief – Funding Request – Family Drug Support | 03/08/2018 | Partial | Schedule 2, section 2.2 (a) (ii) | Yes |
| 29 | 252 - 271 | Ministerial Brief – Ngunnawal Bush Healing Farm – Program intent and history | 16/07/2018 | Partial | Schedule 2, section 2.2 (a) (xi) | Yes |
| 30 | 272 - 276 | Ministerial Brief – Last Drinks – Driving Change: using Emergency Department Data to Reduce Alcohol-related Harm (Canberra Hospital) | 14/07/2018 | Partial | Schedule 2, section 2.2 (a) (ii) | Yes |
| 31 | 277 - 278 | Advisory Note – Request – Outcomes of ATODA Forum | 14/07/2018 | Full Release | | Yes |
| 32 | 279 - 284 | Media Implications Summary – Overlap between youth justice supervision and alcohol and other drug treatment services 1 July 2012 to 30 June 2016 | 12/07/2018 | Full Release | | Yes |
| 33 | 285 - 286 | Question Time Brief – Pill Testing | 11/07/2018 | Full Release | | Yes |

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| 34 | 287 | Select Committee on Estimates 2018-2019 Budget | June 2018 | Full Release | | Yes |
| 35 | 288 - 292 | Media Implications Summary – Alcohol and other drug treatment services in Australia 2016-2017 | 22/06/2018 | Full Release | | Yes |
| 36 | 293 - 304 | Ministerial Brief – Public Consultation on the draft ACT Drug Strategy Action Plan 2018-2021 | 19/06/2018 | Full Release | | Yes |
| 37 | 305 - 308 | Advisory Note – Minister for Health and Wellbeing | 06/06/2018 | Full Release | | Yes |
| 38 | 309 - 312 | Ministerial Brief – Update on Ngunnawal Bush Healing Farm | 04/06/2018 | Full Release | | Yes |
| 39 | 313 - 314 | Question Time brief – Drug Strategy Action Plan | 22/05/2018 | Full Release | | Yes |
| 40 | 315 - 316 | Budget Estimates Brief – Strategic Indicator 15 – Percentage of persons aged 12 to 17 years who smoke regularly | 21/05/2018 | Full Release | | Yes |
| 41 | 317 - 318 | Question Time Brief – Ngunnawal Bush Healing Farm | 09/05/2018 | Full Release | | Yes |
| 42 | 319 - 326 | Ministerial Brief – Coroner Cook’s findings and reasons | 28/04/2018 | Partial | Schedule 1, 1.2, Schedule 2, Section 2.2 (a) (ii) and Section 55 of Coroners Act 1997 | Yes |



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| 43 | 327 - 328 | Question Time Brief – Drug Strategy Action Plan | 26/04/2018 | Full Release | | Yes |
| 44 | 329 - 331 | Ministerial brief – New IDose Procedure (regarding manual pumps) and the installation of additional IDose Machines | 01/04/2018 | Partial | Schedule 2, section 2.2 (a) (ii) | Yes |
| 45 | 332 - 335 | Question Time Brief – Ngunnawal Bush Healing Farm | 29/03/2018 | Full Release | | Yes |
| 46 | 336 | Question Time Brief – Coronial Findings into the Death of Steven Freeman | 27/03/2018 | Full Release | | Yes |
| 47 | 337 - 340 | Question Time Brief – Ngunnawal Bush Healing Farm | 16/03/2018 | Full Release | | Yes |
| 48 | 341 - 344 | Ministerial Dot Points – Meeting with Ngunnawal consumers to discuss the Ngunnawal Bush Healing Farm | 1/03/2018 | Partial | Schedule 2, section 2.2 (a) (ii) | Yes |
| 49 | 345 - 347 | Question Time Brief – Ngunnawal Bush Healing Farm | 26/01/2018 | Full Release | | Yes |
| Total No of Docs | | | | | | |
| 49 | | | | | | |

GBC18/688

Portfolio/s: Health and Wellbeing

ISSUE: NGUNNAWAL BUSH HEALING FARM

Talking points:

- The Ngunnawal Bush Healing Farm (NBHF) has recently completed its first year of operation.
- The second 14 week day program for the Ngunnawal Bush Healing Farm (NBHF) was completed on 6 September 2018.
- The third program of the NBHF commenced on 25 September 2018 with 5 clients. It is scheduled to be completed on 14 December 2018. Clients were referred from a range of government and non-government programs within the ACT.
- NBHF staff have provided a number of opportunities to continue to strengthen links and partnerships with organisations and with members of the Aboriginal and Torres Strait Islander community.
- As part of the ongoing development of the NBHF Program, the ACT Health Directorate is conducting a review following the initial 12 months of operations.
- Mr Russell Taylor AM has been contracted to undertake a 12 month review of various aspects of the NBHF.
- Mr Taylor AM is an Aboriginal Australian (Kamilaroi) and former long term Senior Executive Service member of the Australian Public Service. In 2016, he stepped down as CEO of the Australian Institute of Aboriginal and Torres Strait Islander Studies (AIATSIS) in Canberra. Mr Taylor is also a former CEO of the NSW Aboriginal Housing Office (AHO), the Chair of the Burbangana Group and the 2018 NAIDOC Male Elder of the Year
- Mr Taylor will examine and report on:
 - The existing and future governance arrangements for the NBHF
 - The strengths of current programs and potential future additions or improvements.
 - Operational and service delivery models of the NBHF.

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| Cleared as complete and accurate: | 29/10/2018 | |
| Cleared by: | Executive Director | Ext: 79143 |
| Information Officer name: | Patrick Henry | |
| Contact Officer name: | Jodie Brooks | Ext: 54907 |
| Lead Directorate: | Health | |

ANNUAL REPORT HEARING BRIEF

- Operational and governance policies for the NBHF.
- Resourcing, training and supervision procedures to best support staff in their work.
- Current and future infrastructure needs of the NBHF.

Key Information

- NBHF programs are targeted at improving social and individual worth and self-esteem, imparting new and useful skills and attributes, and education around social and/or cultural heritage. Specifically the programs provided:
 - focus on life skills or job training
 - promotion of cultural programs
 - involved traditional healing practices and/or promoted healing
 - aimed to reconnect Aboriginal and Torres Strait Islander people to land and culture
 - provided support and education, and /or contributed to breaking the cycle of drug dependence (to overcome drug and alcohol issues)
 - encouraged physical health and wellbeing
 - supported people to make ongoing and meaningful changes in their lives
 - involved activities related to land management and;
 - promotion social and emotional wellbeing (to break the cycle of drug addiction and substance abuse).
- The third program includes services delivered by the following providers:
 - Blacksmithing and toolmaking – Valley Forge Cuppcumbalong;
 - Physical fitness and wellbeing – Thriving Life and Strive Fitness;
 - Music therapy – Johnny Huckle;
 - Cultural walks and talks – ACT Parks and Conservation Aboriginal Rangers ‘Health Country Program’;
 - Horse therapy – Peakgrove Equine Assisted Therapy;
 - Relapse prevention – SMART Recovery; and
 - Cartoon therapy – FunnyOz Works.

Cleared as complete and accurate: 29/10/2018
Cleared by: Executive Director Ext: 79143
Information Officer name: Patrick Henry
Contact Officer name: Jodie Brooks Ext: 54907
Lead Directorate: Health

ANNUAL REPORT HEARING BRIEF

Add reference number

Portfolio/s: Mental Health

ISSUE: CORONIAL FINDINGS INTO THE DEATH OF STEVEN FREEMAN

Talking points:

- Steven Freeman's death in May 2016 was a tragedy. The ACT Government acknowledges the grief, loss and sadness that his family has experienced.
- The ACT Government also acknowledges the significant impact that his death has had on our Aboriginal and Torres Strait Islander community.
- The Government has supported the coronial process and has worked closely with the Coroner to provide all relevant documents and evidence during the Inquest.
- Since the death of Mr Freeman, the Government has made significant changes to improve detainee health, care and safety in the Alexander Maconochie Centre, including the commissioning of the Moss Review, which has led to an extensive reform program.
- On 11 April 2018, Coroner Cook handed down his findings in this matter, and did not make adverse findings against any individual person or the Territory. Coroner Cook made comment on a number of matters of public safety, which were found to have arisen in connection with the Inquest and made seven recommendations.
- ACT Health and ACT Corrective Services worked collaboratively to provide a response to the Coroner concerning the recommendations.

Background Information

- Coroner Cook made the following seven recommendations:

Recommendation 1 – Supported

The ACT Government should review the then existing practices and remove inconsistencies in policies and procedures relied upon by correctional officers so as to ensure prisoner safety and welfare checks through musters and headcounts which require eye contact and facial recognition to be complied with. The extent of compliance with those procedures,

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| Cleared as complete and accurate: | 26/10/2018 | |
| Cleared by: | Executive Director | Ext: 42728 |
| Information Officer name: | Katrina Bracher | |
| Contact Officer name: | Michelle Hemming | Ext: 55412 |
| Lead Directorate: | Health | |

ANNUAL REPORT HEARING BRIEF

given their purpose is to ensure the safety and wellbeing of a detainee, should be evaluated and tested periodically to ensure they are effective and practical and minimise compliancy through their routine.

Recommendation 2 – Supported in Principle

The ACT Government should consider the viability or effectiveness that a daily structured compulsory physical education and training session might have on a prisoner focusing on the prisoner's well-being and rehabilitation coupled with drug rehabilitation counselling. Any consideration of such course would need, I acknowledge, to be factored into current alcohol and drug support programs within the AMC and the various sentencing period for detainees.

Recommendation 3 – Supported

The ACT Government should ensure that minimising the infiltration of illicit substances into custodial facilities remains at the forefront of screening technology.

Recommendation 4- complete

ACT Health should consider obtaining, either by consent from a prisoner or through reliance on legislation a prisoners medical records and all relevant reports from alcohol and drug perspective created prior to incarceration for incorporation into the detainee's electronic medical file for the purposes of an AMC induction or prior to any assessment for access to pharmacotherapy treatment. Further, for detainees who are placed on pharmacotherapy, such as the MMP, that in the interest of the health and safety of the detainee and his or her wellbeing, information of this type should be shared with ACT Corrective Services conducting prisoner headcounts and musters for the very purpose of determining a detainees' location, safety and wellbeing. Equally, any independent urinalysis results undertaken by ACT Corrective Services should be placed on the detainee's medical record to enable medical staff to have a complete picture of the detainee's use of illicit substances as well as those substances prescribed through the Hume Health Centre.

Recommendation 5 – complete

The ACT Standard Operating Procedures should be reviewed and the focus should be on prescribing individualised treatment setting out the parameters for commencement doses of methadone for instance by anywhere from 5mg to 20mg with the ability to increase daily on medical review only.

Recommendation 6 – complete

The ACT Standard Operating Procedure should be reviewed to ensure that those who have only recently commenced on the methadone program not be allowed to self-prescribe increases for a set period of time to ensure they are in a physiological sense, capable of

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| Cleared as complete and accurate: | 26/10/2018 | |
| Cleared by: | Executive Director | Ext: 42728 |
| Information Officer name: | Katrina Bracher | |
| Contact Officer name: | Michelle Hemming | Ext: 55412 |
| Lead Directorate: | Health | |

ANNUAL REPORT HEARING BRIEF

accommodating the increased amount of methadone. Further and in the alternative, the ACT Government should consider whether not it is even appropriate to allow such increases to occur for a Schedule 8 drug.

Recommendation 7- complete

Justice Health Services to consider whether or not adopting the National Guidelines to replace its ACTOMTG and incorporating random urinalysis or blood tests where there is no objective medical history of opioid dependence prior to placement on the MMP.

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| Cleared as complete and accurate: | 26/10/2018 | |
| Cleared by: | Executive Director | Ext: 42728 |
| Information Officer name: | Katrina Bracher | |
| Contact Officer name: | Michelle Hemming | Ext: 55412 |
| Lead Directorate: | Health | |

QUESTION TIME BRIEF

GBC18/580

Portfolio/s: Health & Wellbeing**ISSUE: PILL TESTING****Talking points:**

- The ACT Government received a proposal from STA-SAFE to conduct a pill testing service at the Spilt Milk festival in Commonwealth Park on 17 November 2018.
- I asked the ACT Health Directorate to reconvene the cross-government pill testing working group to consider the public health, legal and social issues relating to the proposal and to provide advice to Government about this specific proposal.
- Agreement between all relevant parties, the festival promoter, STA-SAFE and the land owner, the National Capital Authority (NCA), is necessary for a pill testing service to proceed at the Spilt Milk music festival.
- Unfortunately, the NCA has made clear that it will not allow a pill testing service to be offered at the upcoming Spilt Milk festival.
- On 2 October 2018, STA-SAFE submitted a proposal to conduct pill testing on 17 November at a location not controlled by the NCA. The working group is considering the new issues raised by a pill testing service potentially being conducted outside a festival environment.
- The ACT Government has encouraged the Commonwealth Minister for Health to consider the harm minimisation benefits of a pill testing trial at Spilt Milk.
- The ACT Government continues to support an evidence based, harm minimisation approach to drug policy and believes the recent announcement by the NSW government to increase the penalties associated with drug possession is unlikely to prevent further deaths at music festivals.

Cleared as complete and accurate: 23/10/2018
Cleared by: Deputy Director-General Ext: 52439
Information Officer name: Emily Harper
Contact Officer name: Emily Harper Ext: 52245
Lead Directorate: Health

QUESTION TIME BRIEF

- The ACT Government would welcome any proposal to conduct pill testing at any music festivals held in the ACT. However, the option to make a pill testing service available is not intended to be an incentive to bring new events to the ACT, but rather to make an event safer.

Key Information:

- Australia's first trial of a pill testing service took place at Groovin the Moo Canberra on 29 April 2018.
- The service was provided by the Safety Testing and Advisory Service at Festivals and Events (STA-SAFE) and was supported by the ACT Government, the festival promoters (Cattleyard Promotions) and the University of Canberra, where the festival was held.
- STA-SAFE has submitted its report on the trial. The report indicates that potentially lethal substances were identified in two of the 85 samples submitted for testing. Following testing, a number of patrons utilised the amnesty bins to discard their pills instead of consuming them.

Background Information:

- Pill testing is a harm minimisation intervention that includes the chemical analysis of drugs surrendered by festival patrons, and the provision of relevant drug information and counselling by qualified personnel.
- The ACT Government reinforces that it is illegal to manufacture, possess, distribute and sell illicit drugs in the ACT. The ACT Government does not approve or condone illicit drug use. It is risky and dangerous to consume illicit drugs. The ACT Government is committed to harm minimisation, in line with the National Drug Strategy. The Government considers that pill testing as a component of harm reduction measures is a sensible approach to limiting the dangers of illicit drug use at ACT music festivals. This position is in no way softening the Government's stance on illegal drugs.
- The public debate around pill testing has been reinvigorated following the tragic deaths of attendees of the Defqon.1 music festival in Penrith on Saturday 15 September 2018.
- On 23 October 2018, the NSW Premier announced harsher penalties for music festival drug dealers and users - \$500 on the spot fines for drug possession and a new offence which holds drug dealers responsible for the deaths caused by the drugs they supply with up to 25 years imprisonment.

Cleared as complete and accurate: 23/10/2018
Cleared by: Deputy Director-General Ext: 52439
Information Officer name: Emily Harper
Contact Officer name: Emily Harper Ext: 52245
Lead Directorate: Health

Pill testing: Fast Facts

Talking points:

- An Australia-first trial of a pill testing service took place at the Groovin the Moo music festival at the University of Canberra campus on 29 April 2018.
- The pill testing service was conducted by the Safety Testing and Advisory Service At Festivals and Events (STA-SAFE), a consortium of harm reduction advocates and non-government organisations led by Harm Reduction Australia which support harm reduction strategies in relation to drug use.
- STA-SAFE approached the ACT Government with a proposal to provide a pill testing service for festival patrons attending Groovin the Moo in Canberra.
- The ACT Government carefully considered this proposal. As part of this consideration, a cross-government working group considered the public health, legal and social issues.
- The working group made a recommendation to me as the Minister for Health and Wellbeing and the recommendation was then further considered by the Government. As a result, the ACT Government provided a supportive policy environment for pill testing to take place at the festival.
- Both the ACT Government and the University of Canberra indicated support for the proposal. With the support of the festival promoter, the service was able to take place as the first of its nature in Australia.
- Following the Groovin the Moo festival a report from STA-SAFE identified that 125 patrons interacted with the service and 85 samples were submitted for testing. Of the tested samples, two were found to contain potentially lethal substances. Following testing, a number of patrons utilised the amnesty bins to discard their pills or substances instead of consuming them.
- The trial has demonstrated the potential for a pill testing service to save lives, having identified a high purity substance implicated in overdose deaths and mass casualties.
- 30 per cent of patrons indicated they would consume less or no illicit drugs following their interaction with the pill testing service.
- Even more importantly, the report tells us that many patrons indicated they would share their experiences with peers they knew who intended

Pill testing: Fast Facts

to use the same drugs. It indicates the reach of the pill testing service is wider than the measured outputs.

- A number of lessons have been identified through the process, and these will be incorporated into planning for any future pill testing services.
- The ACT Government welcomes proposals to provide pill testing services at future festivals, and each of these proposals would be assessed on their merits.

Key Information

- Pill testing is a harm reduction intervention that includes the chemical analysis of drugs surrendered by festival patrons, and the provision of relevant drug information and counselling by qualified personnel.
- The ACT Government has not softened its approach to illicit drugs. It remains illegal to possess, manufacture and distribute illicit drugs.
- The Government does not approve or condone illicit drug use. It is risky and dangerous to consume illicit drugs. The pill testing service provides this message to everyone who accesses the service.
- The ACT Government is committed to harm minimisation, in line with the National Drug Strategy 2017-2026. Harm reduction makes up one of the three pillars of the balanced harm minimisation approach outlined in the National Drug Strategy. Harm reduction includes measures aimed at reducing the adverse health, social and economic consequences of the use of drugs, for the user, their families and the wider community.
- The Government considers that pill testing as a component of harm reduction measures is a sensible approach to limiting the dangers of illicit drug use at ACT music festivals.
- Pill testing facilities have been effectively used internationally since the 1990s and are currently available in approximately 20 countries in Europe, the Americas and New Zealand.

QUESTION TIME BRIEF

GBC18/580

Portfolio/s: Minister for Health and Wellbeing

ISSUE: HEROIN OVERDOSES

Talking points:

- Reports earlier this month of several recent deaths by suspected overdose are very concerning. Any preventable death is a tragedy.
- There are many drug and alcohol support services available in the community and we would encourage people to seek the support they need.
- Information on support services is available 24-hours, 7 days a week through the Drug and Alcohol Help Line.

Key Information

- ACT Health funds the Canberra Alliance for Harm Minimisation and Advocacy (CAHMA), to run a take home naloxone program in Australia. This program provides comprehensive overdose management education to injecting drug users and other clients at high risk of experiencing or witnessing a heroin overdose.
- Increasing access to naloxone is in line with the soon-to-be-released ACT Drug Strategy Action Plan.

Background Information

- On 12 October 2018, the Canberra Times reported on three recent deaths from suspected heroin overdoses. This was followed by an editorial on 14 October 2018, calling for increased use of naloxone (a reversal agent used to treat overdose from opioid drugs, including fentanyl, oxycodone and morphine as well as heroin and methadone).

Cleared as complete and accurate: 22/10/2018

Cleared by:

Director

Ext: 78634

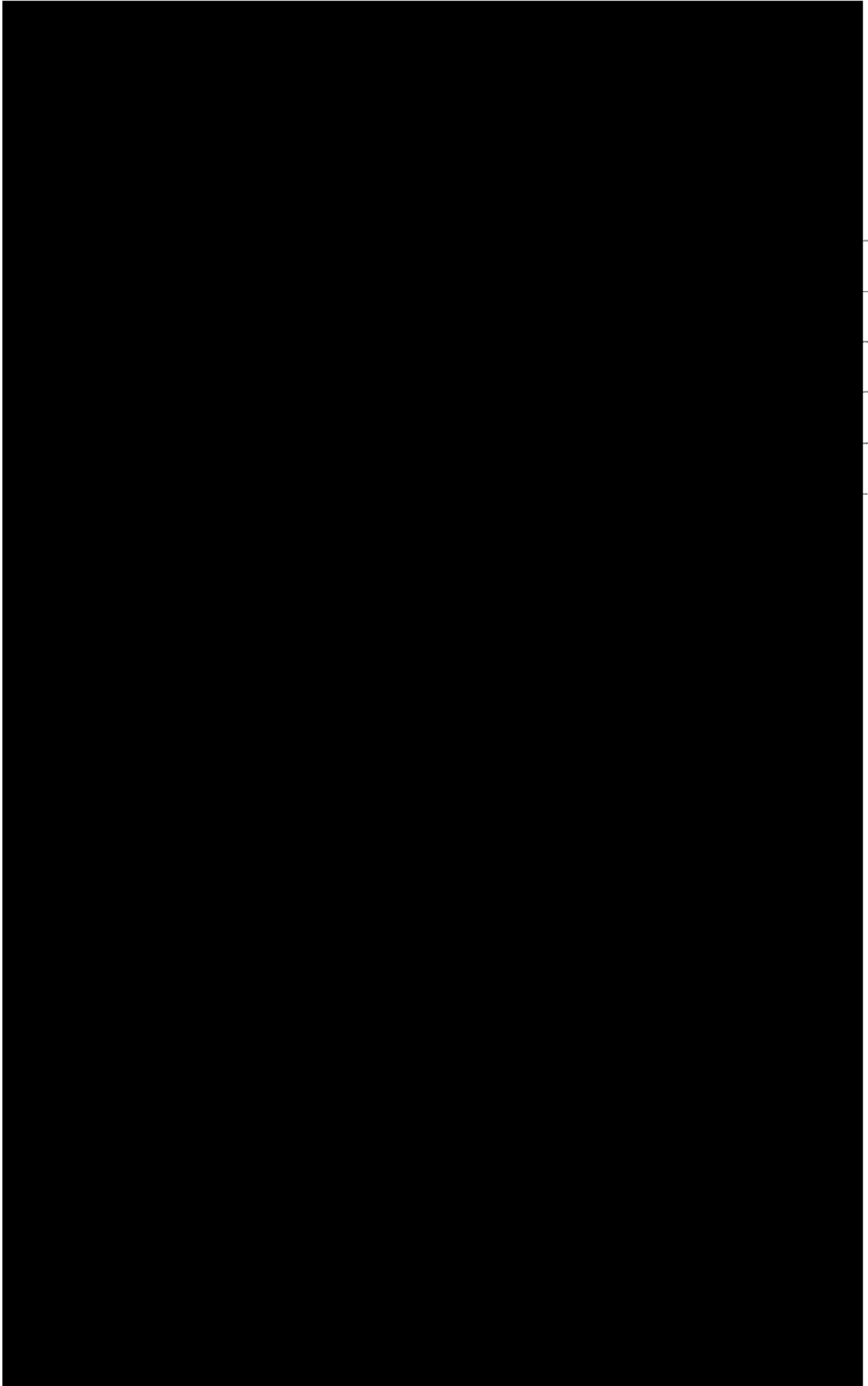
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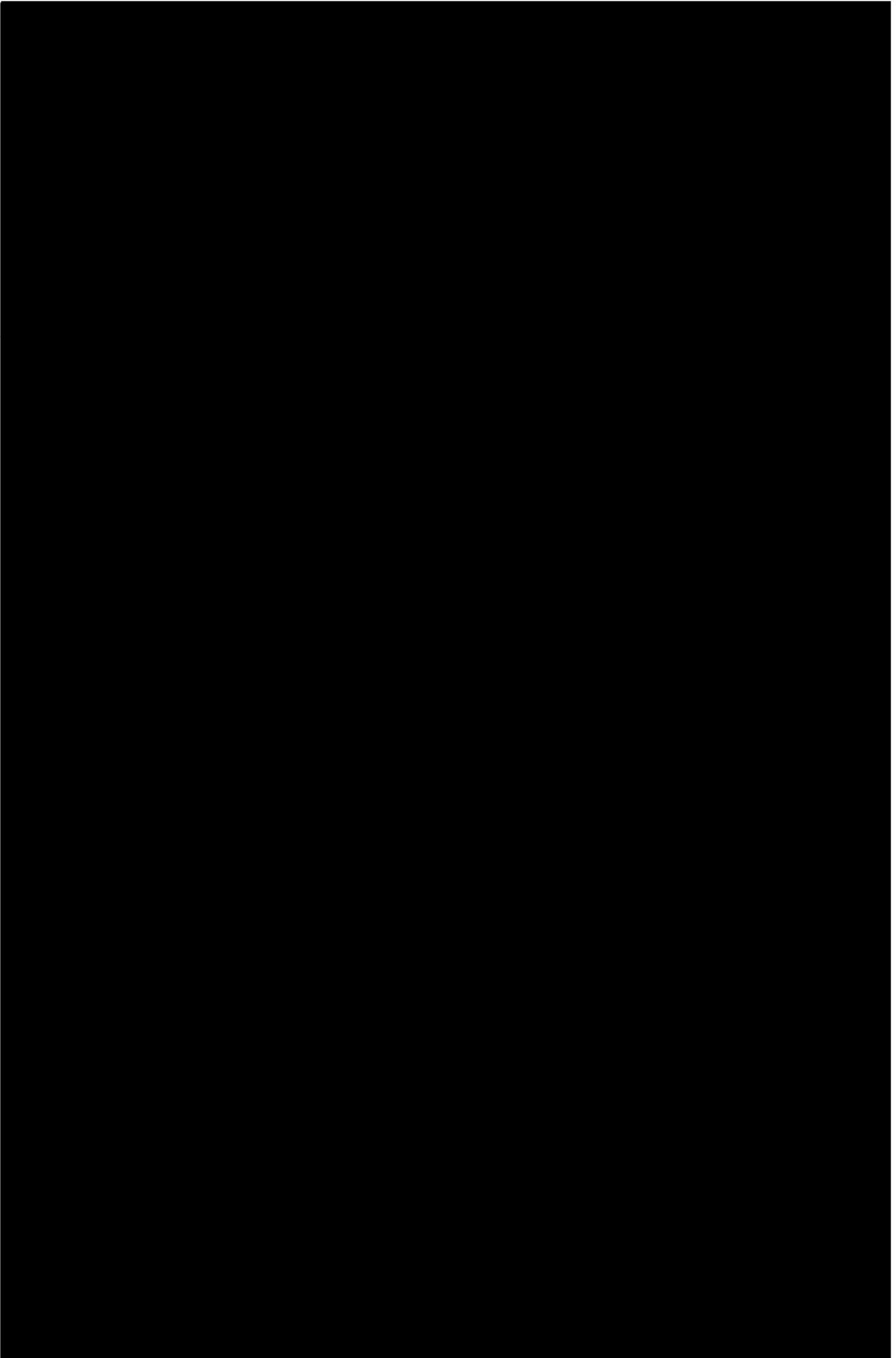
Emily Harper

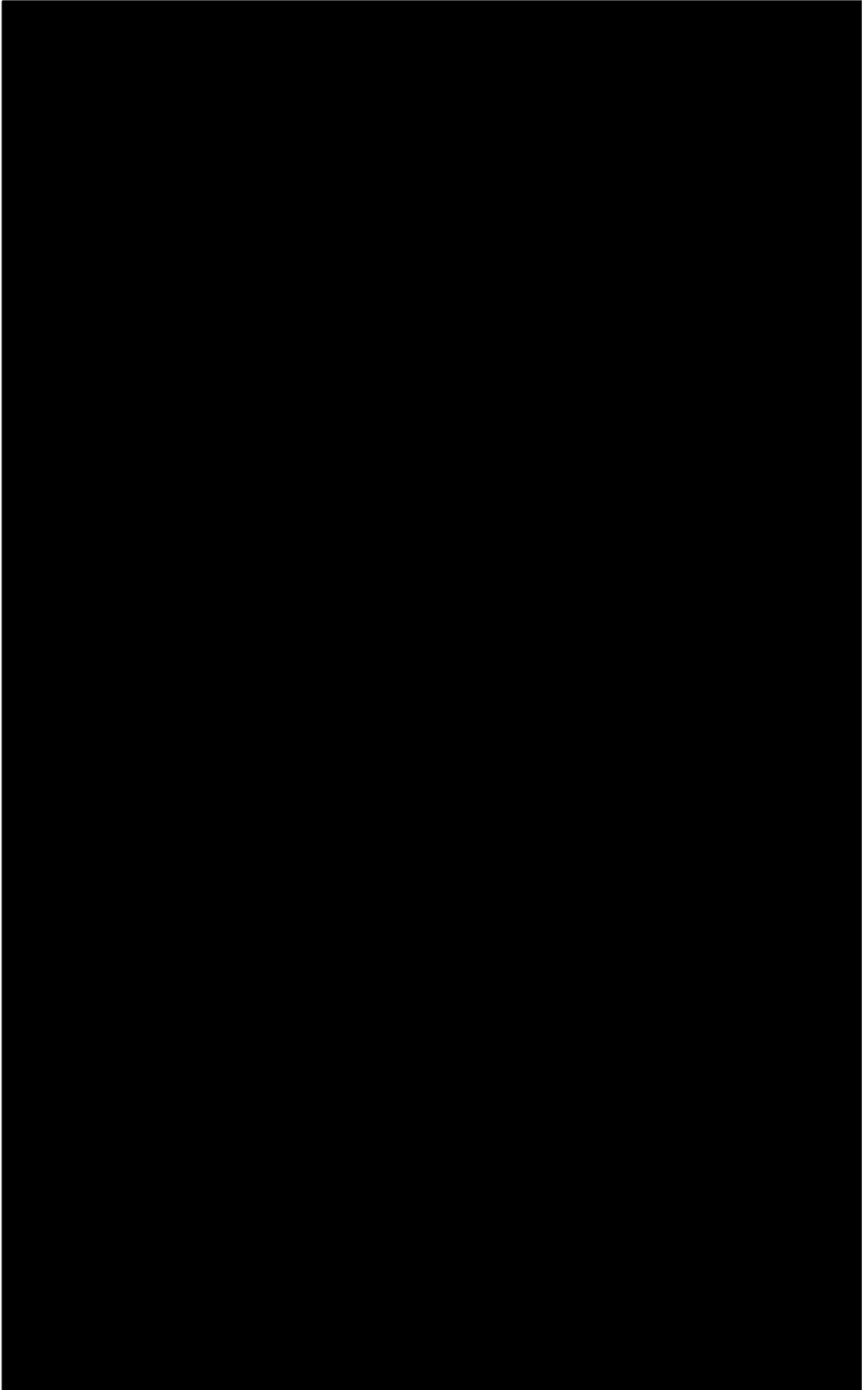
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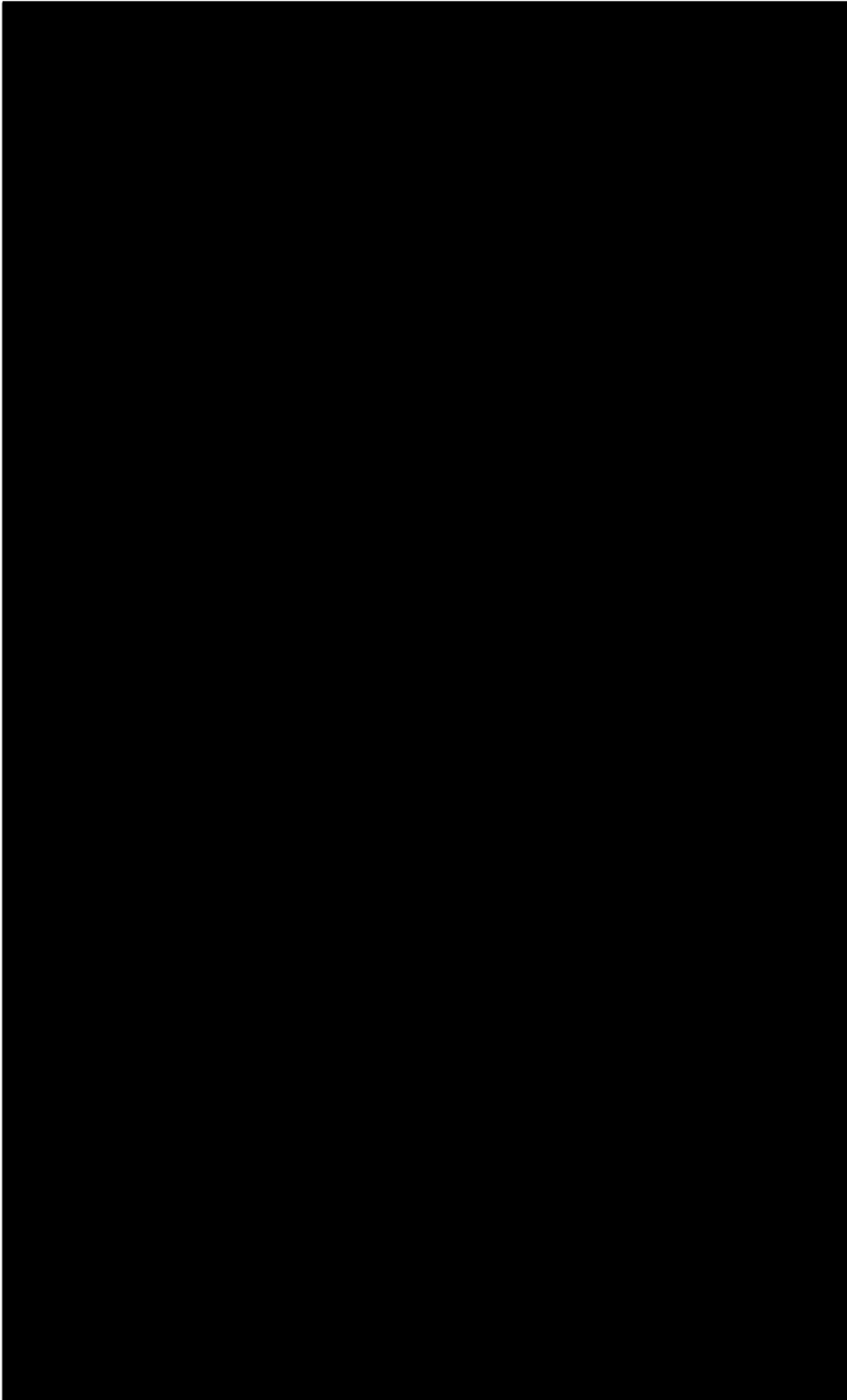
Lead Directorate:

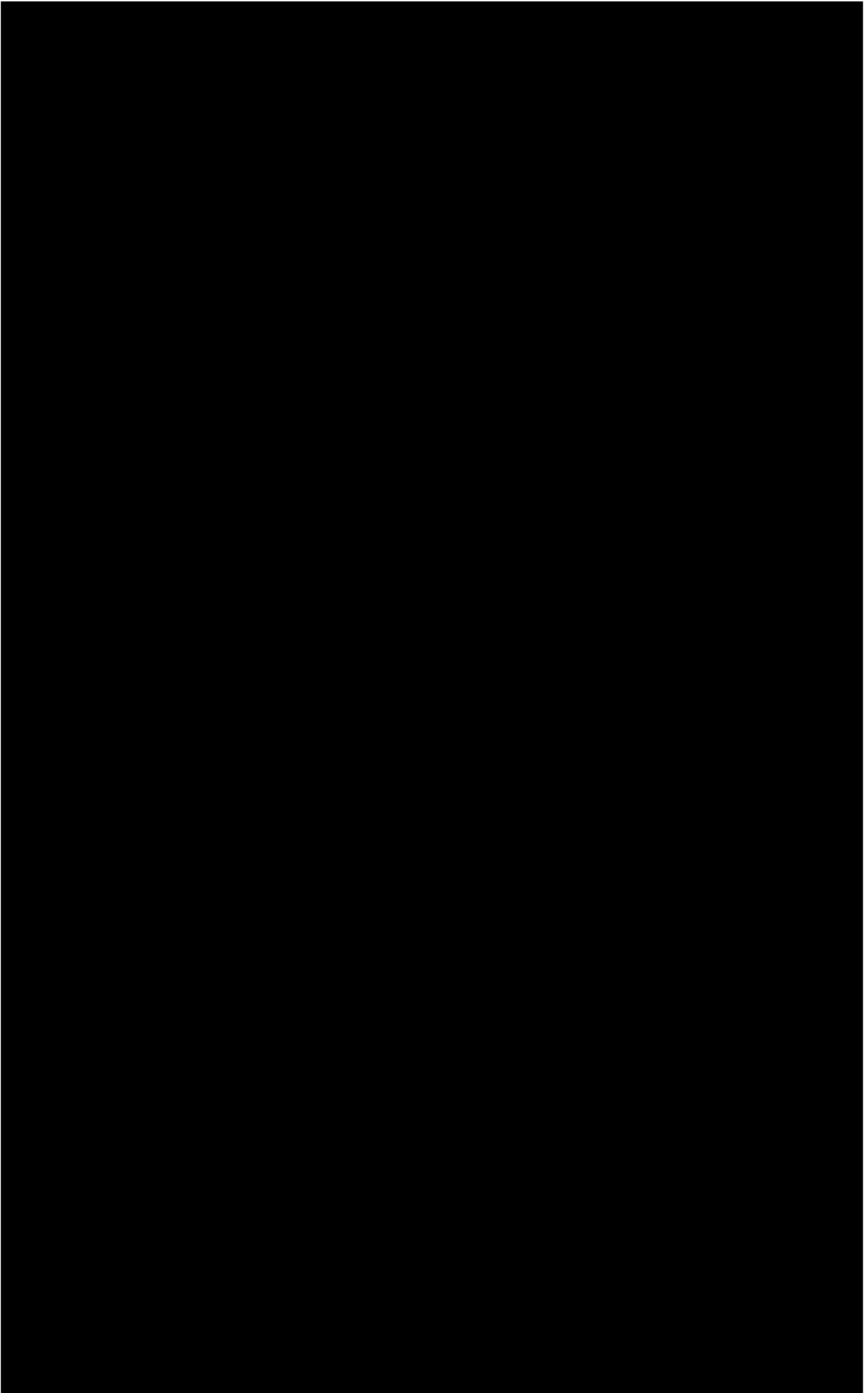
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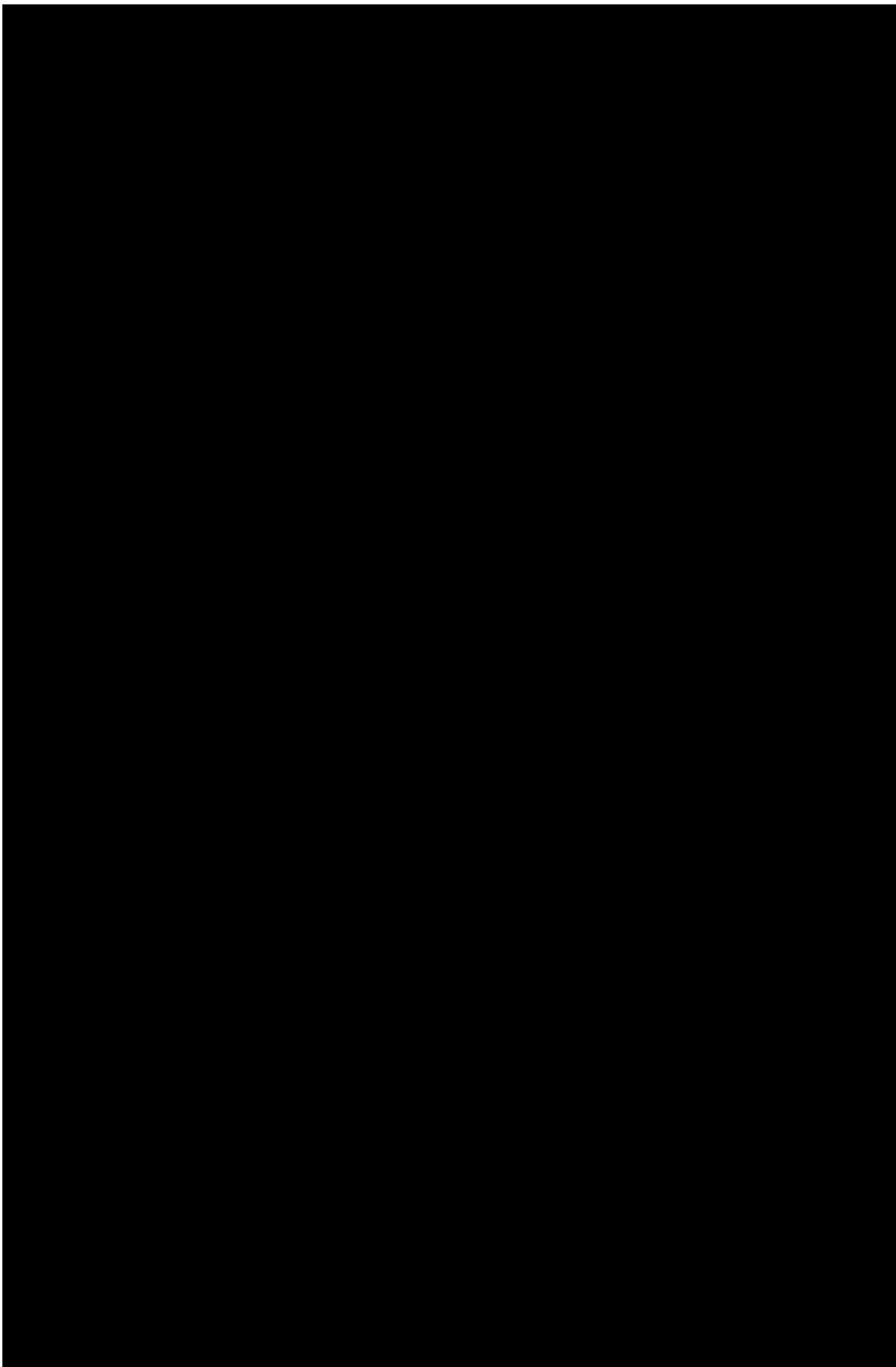


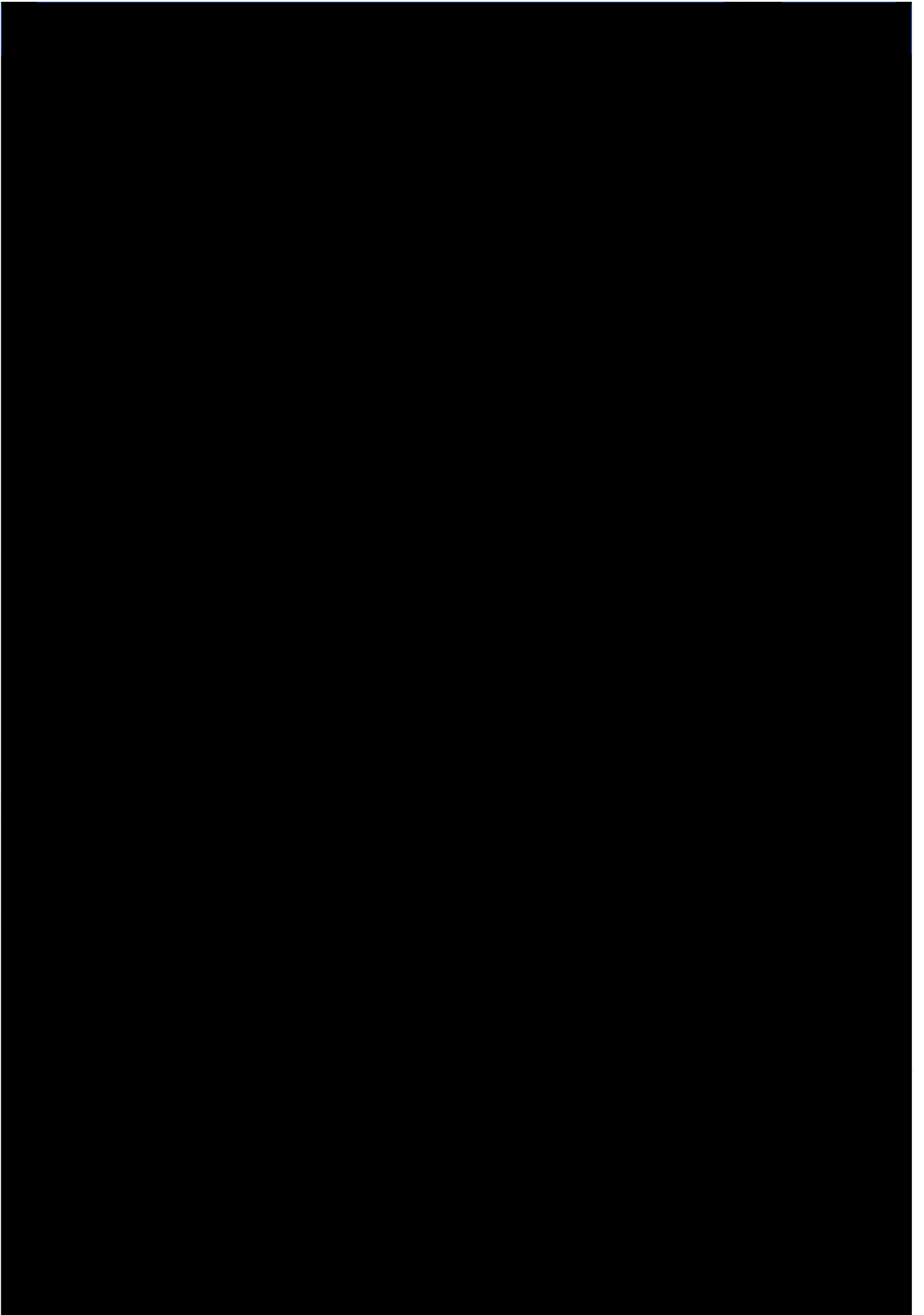


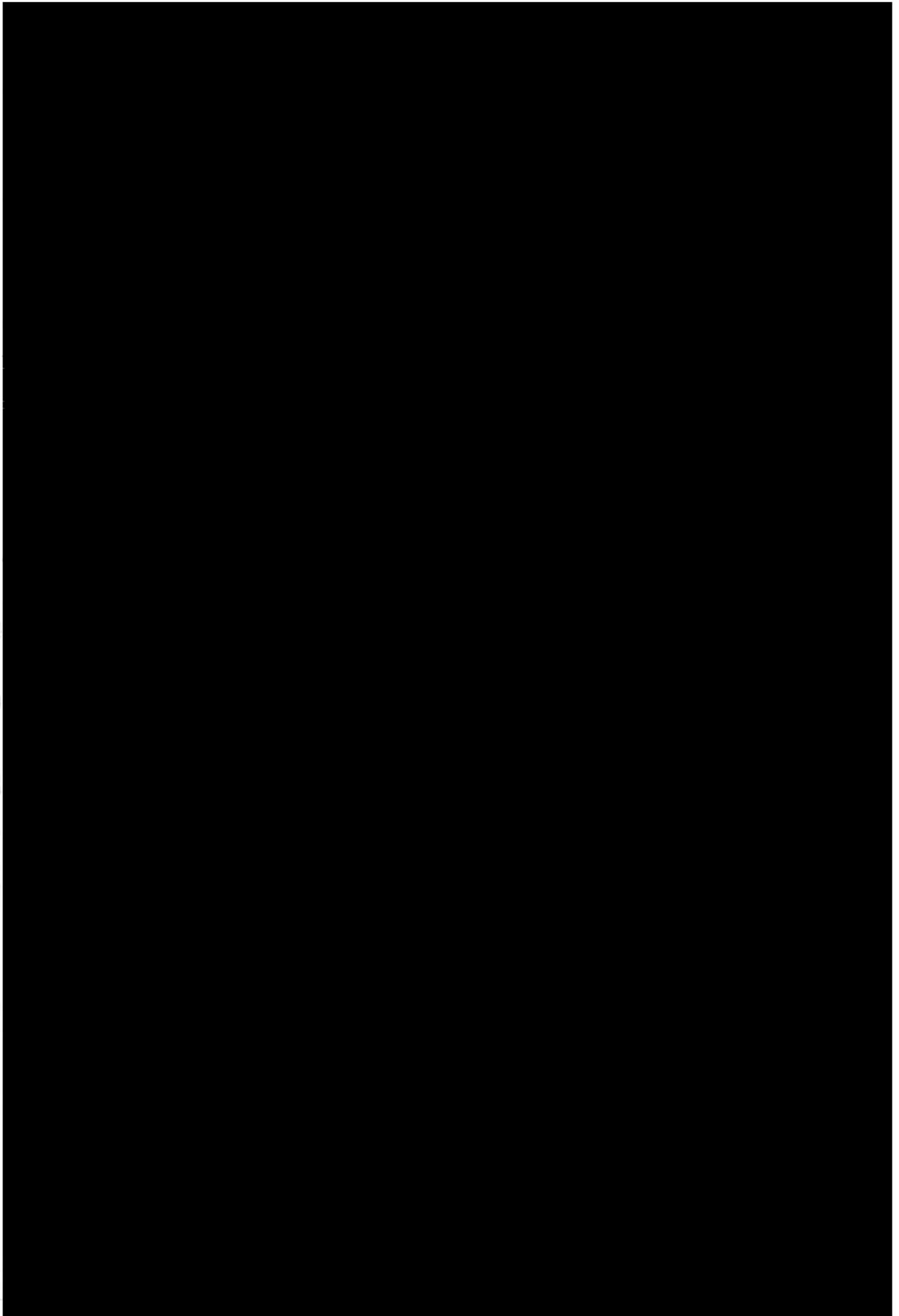


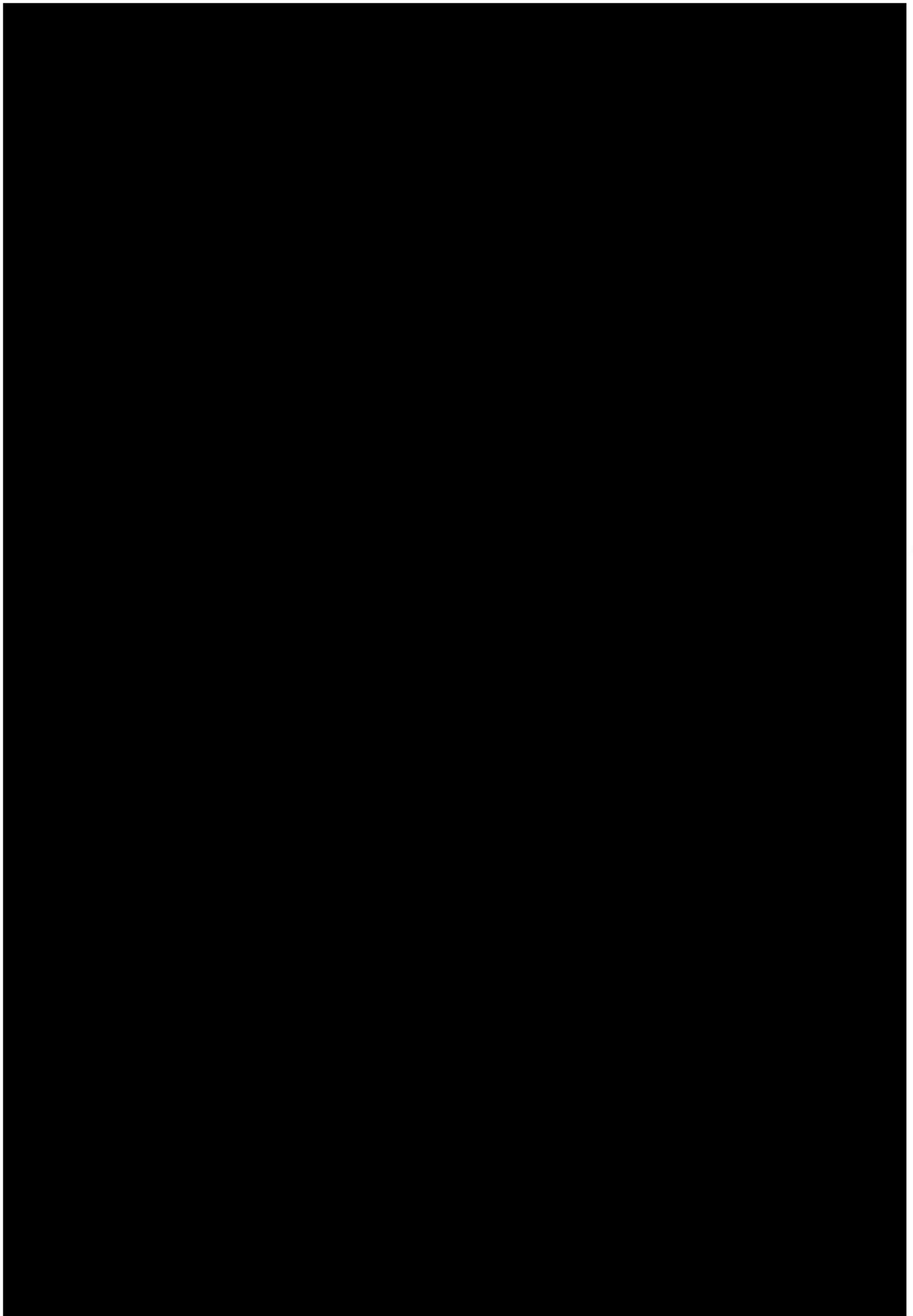


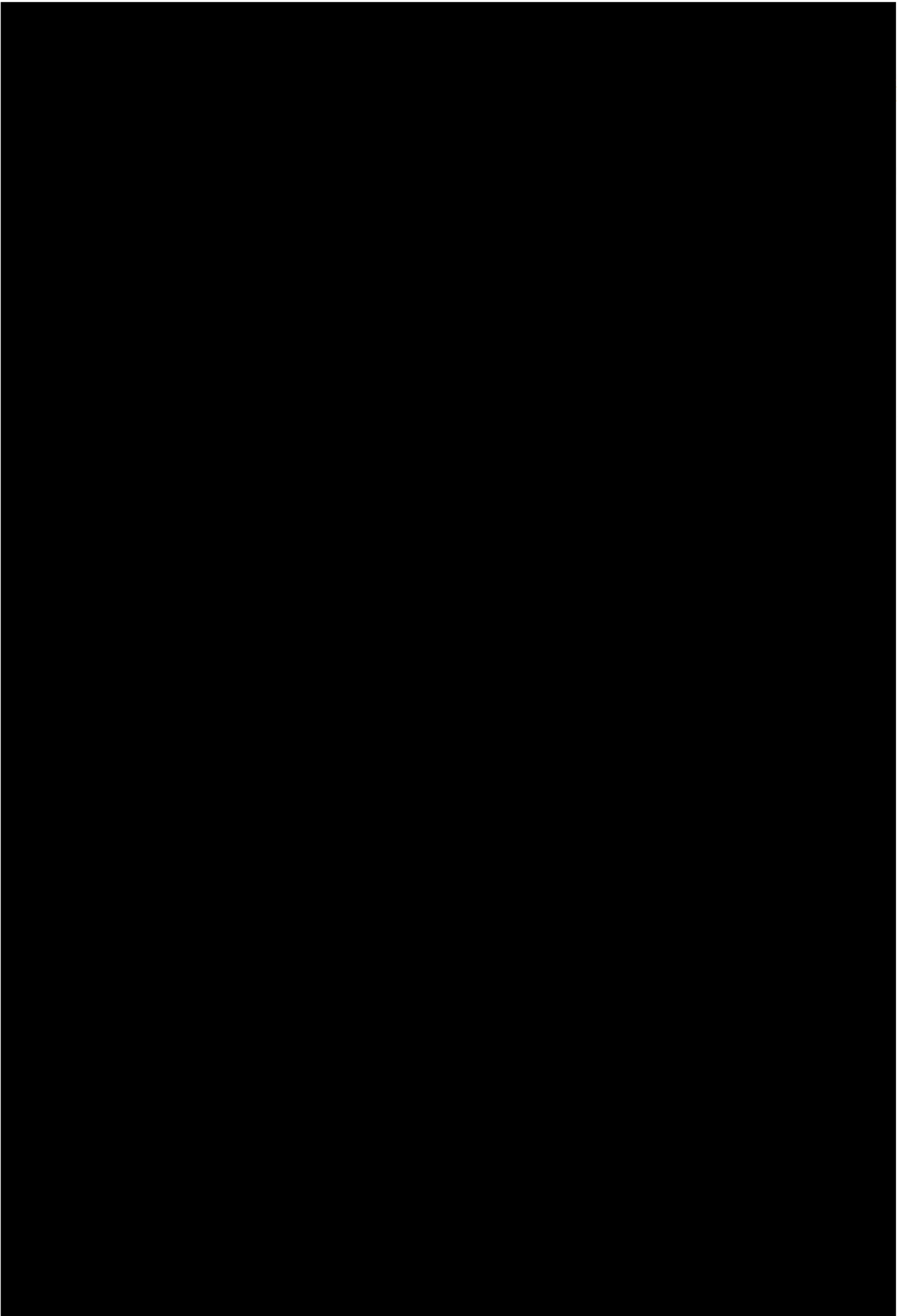


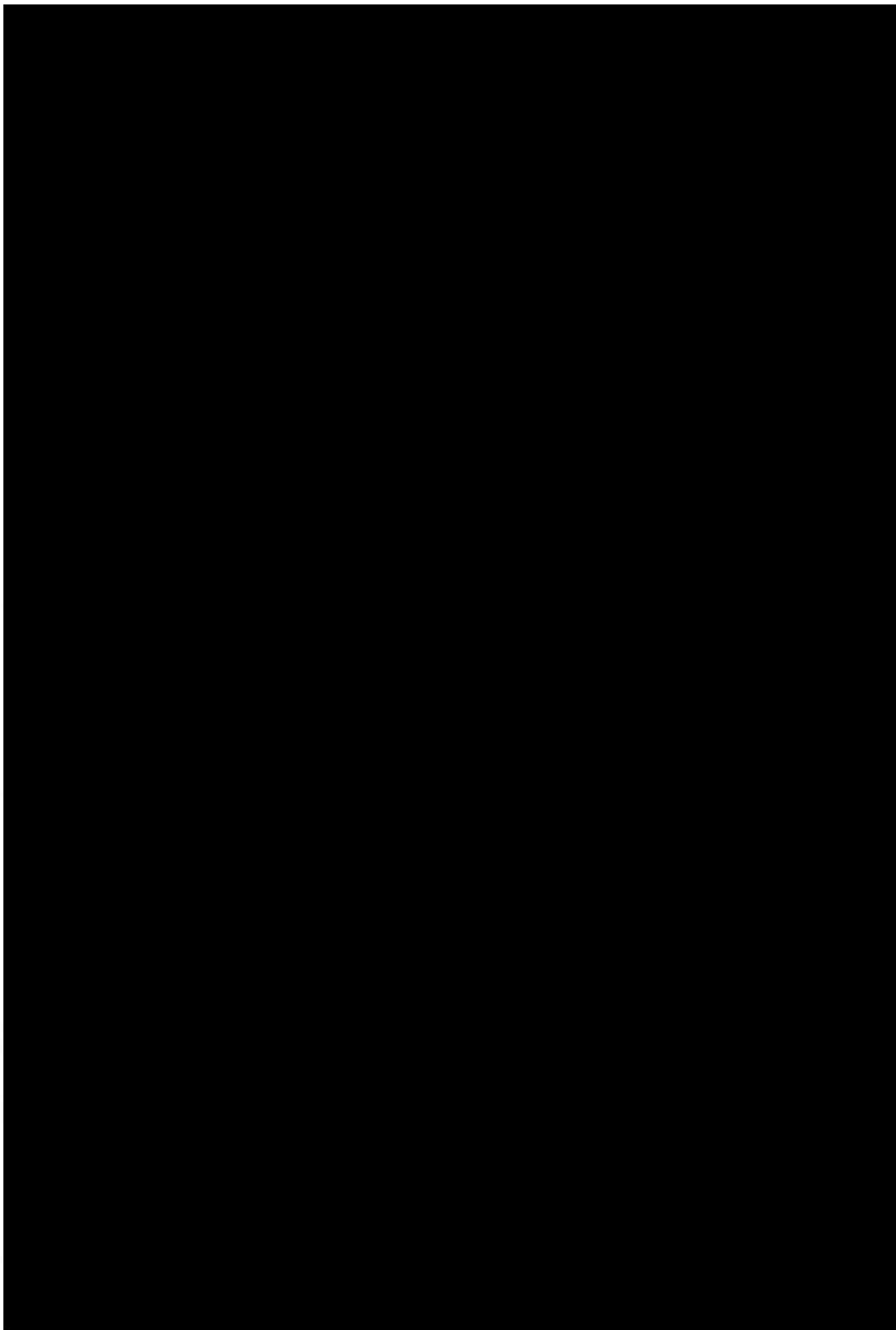


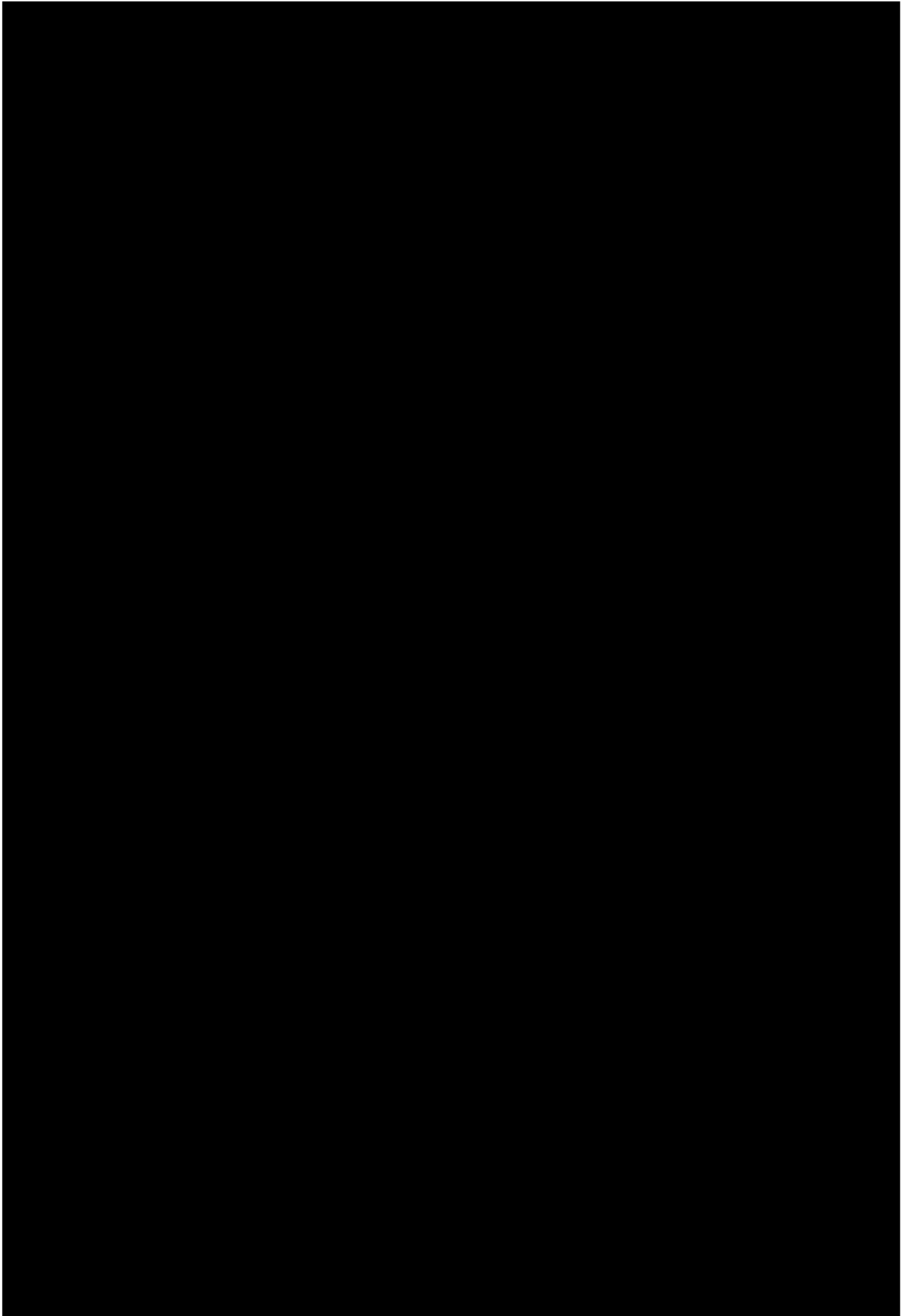


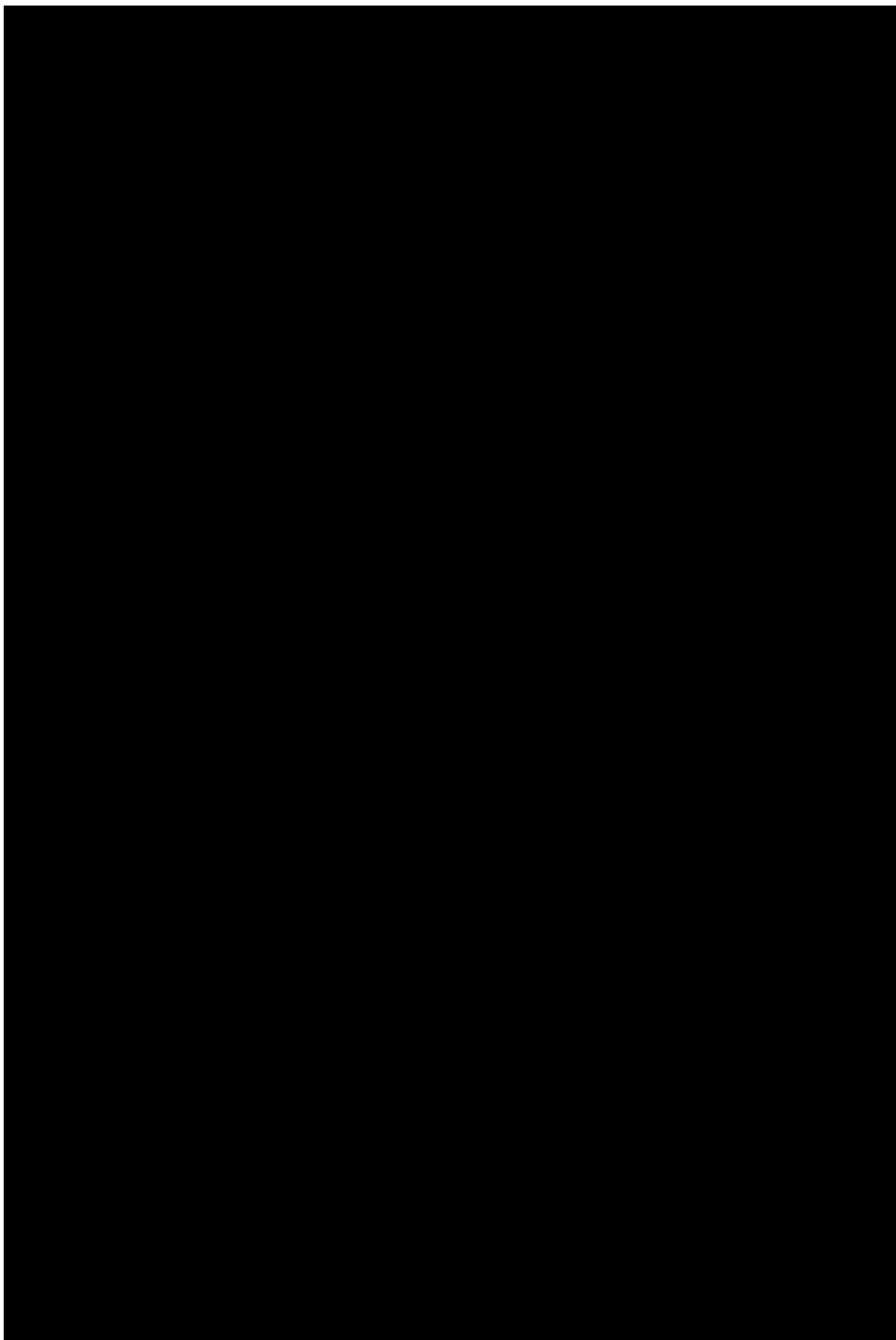


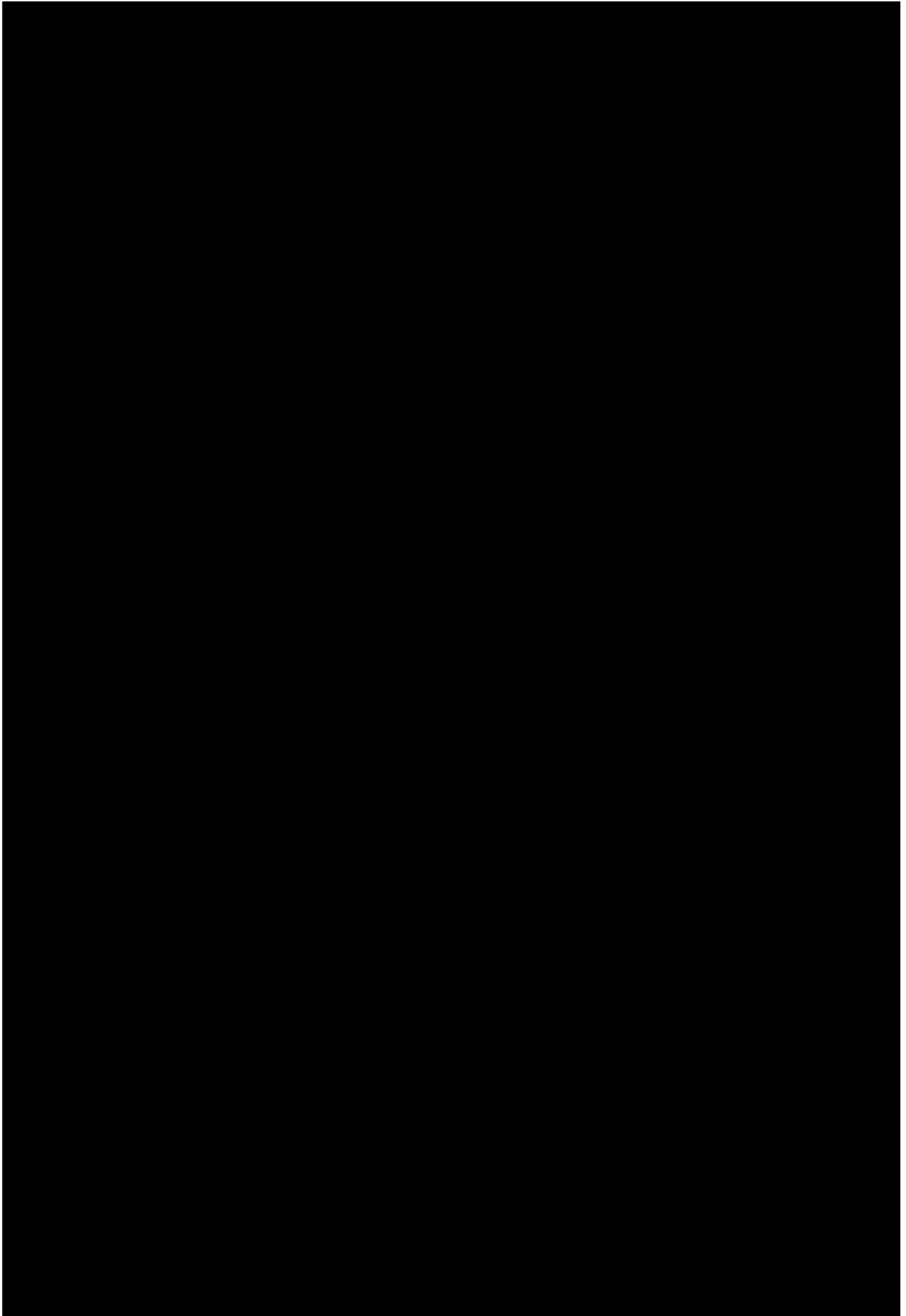


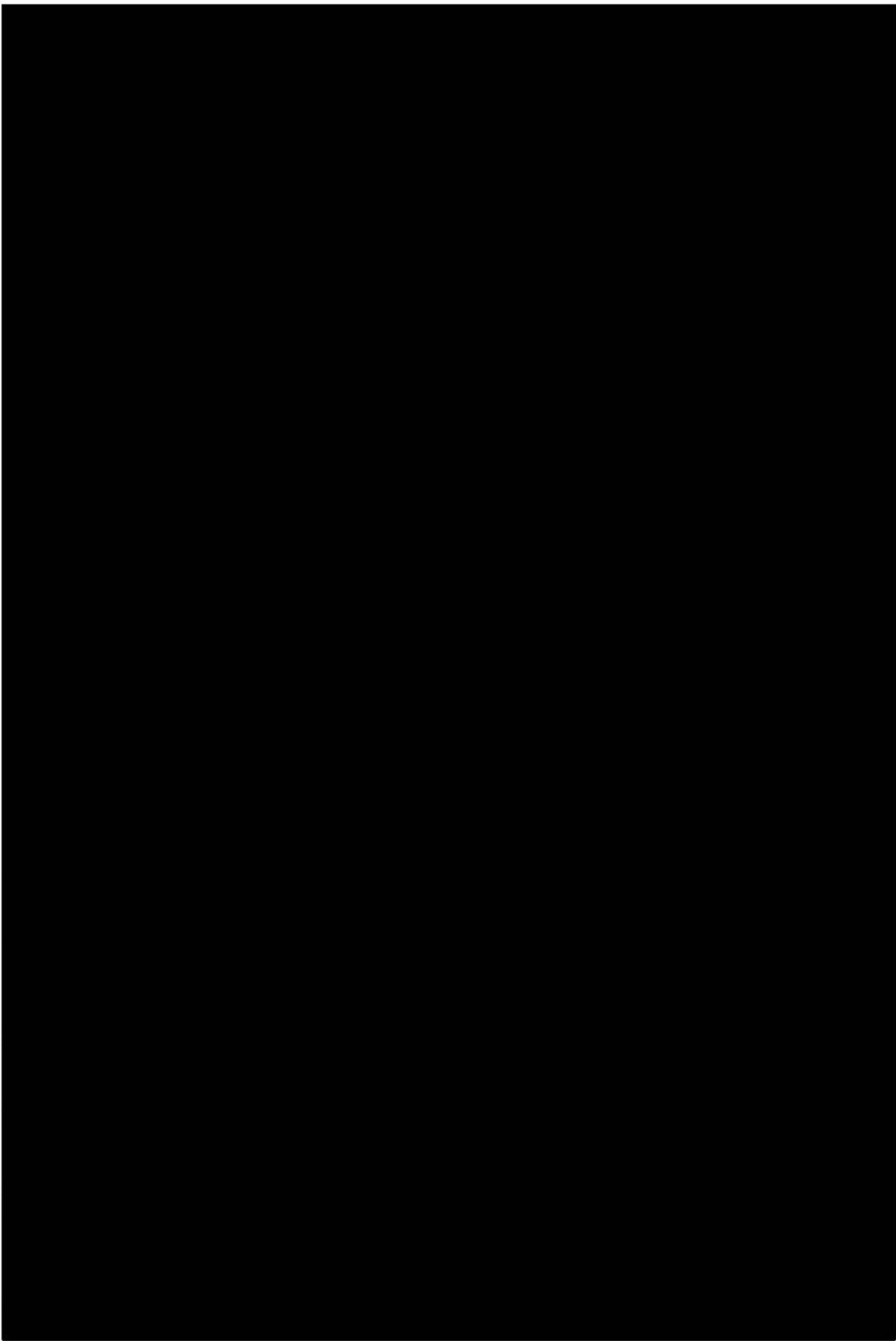


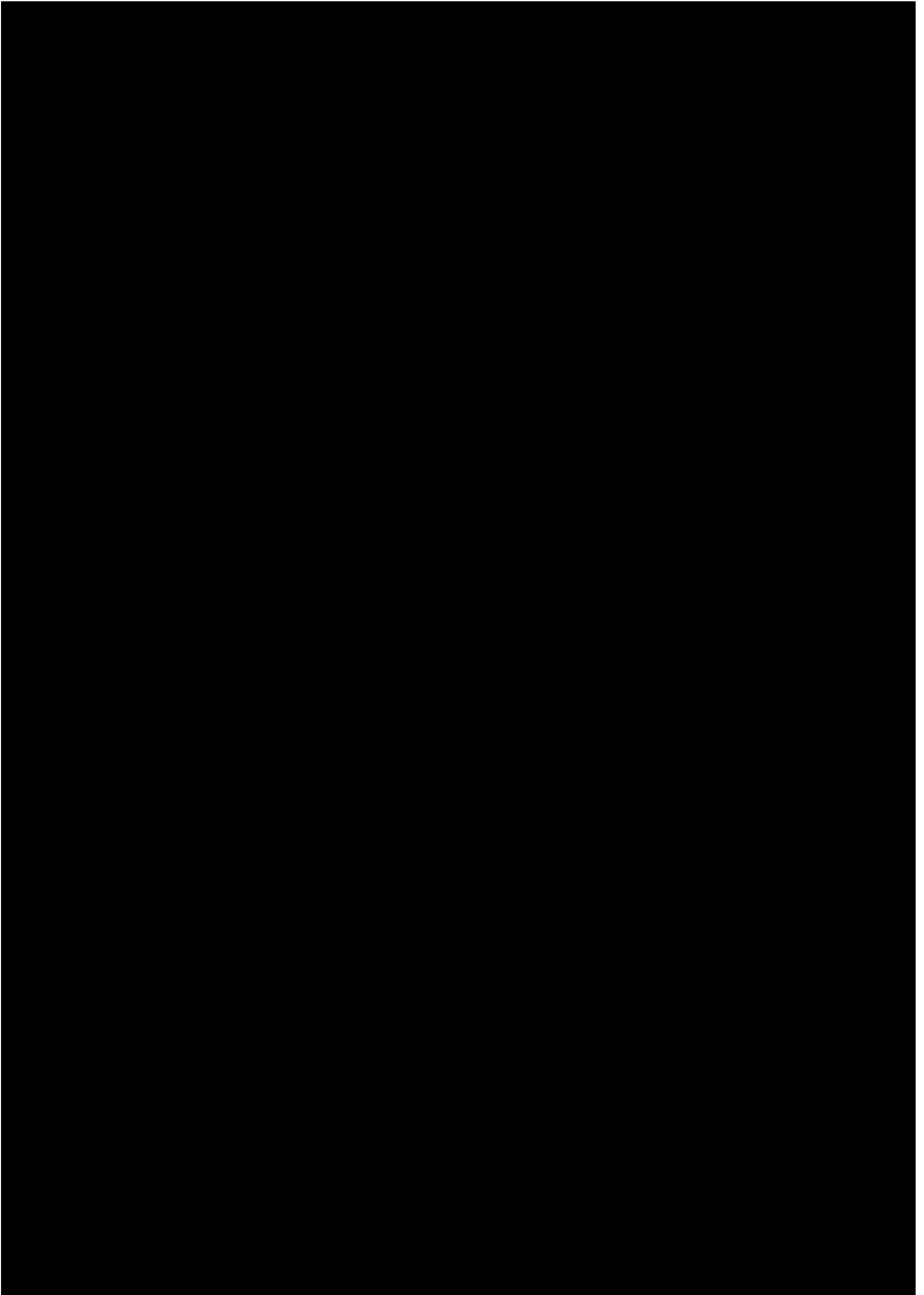


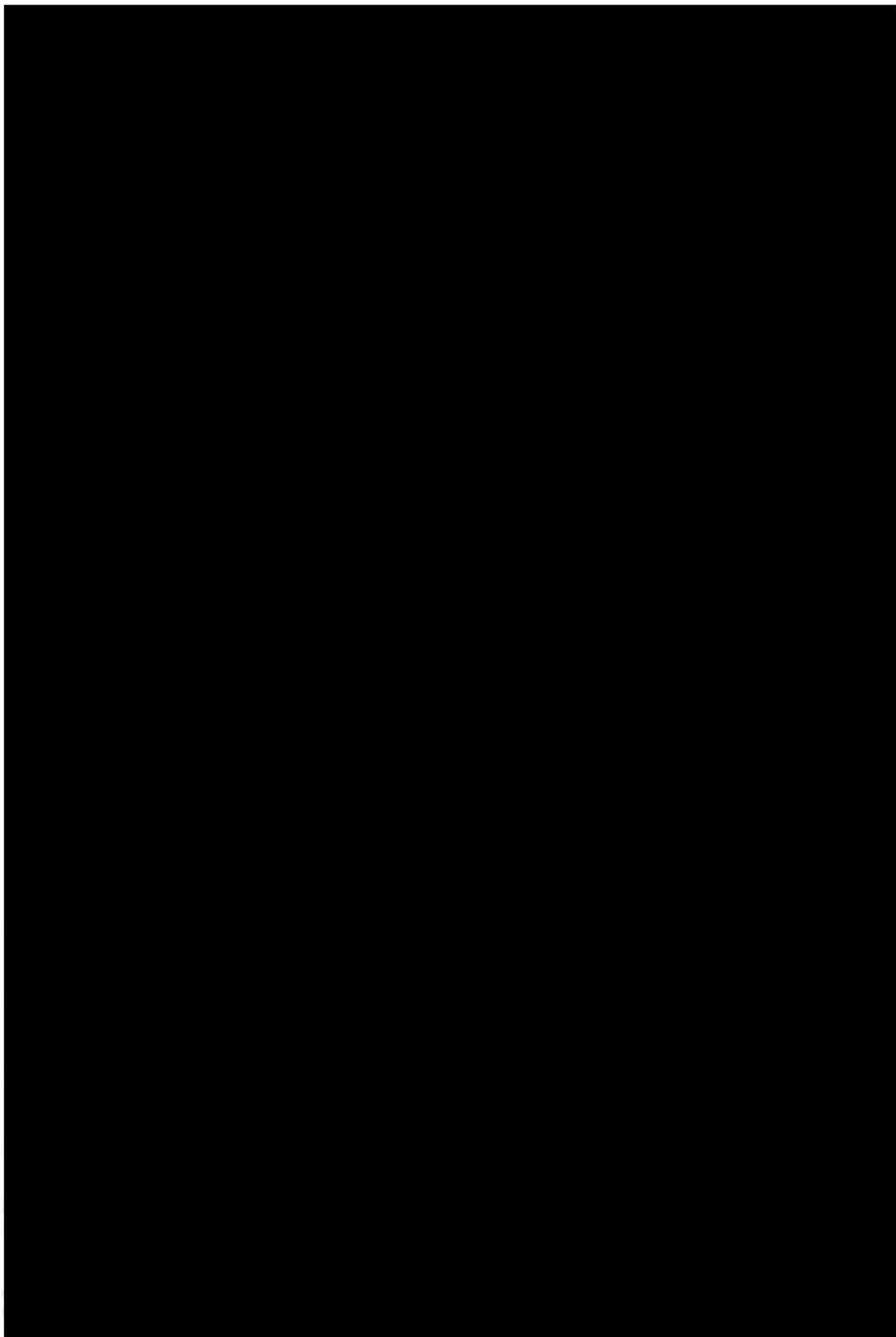


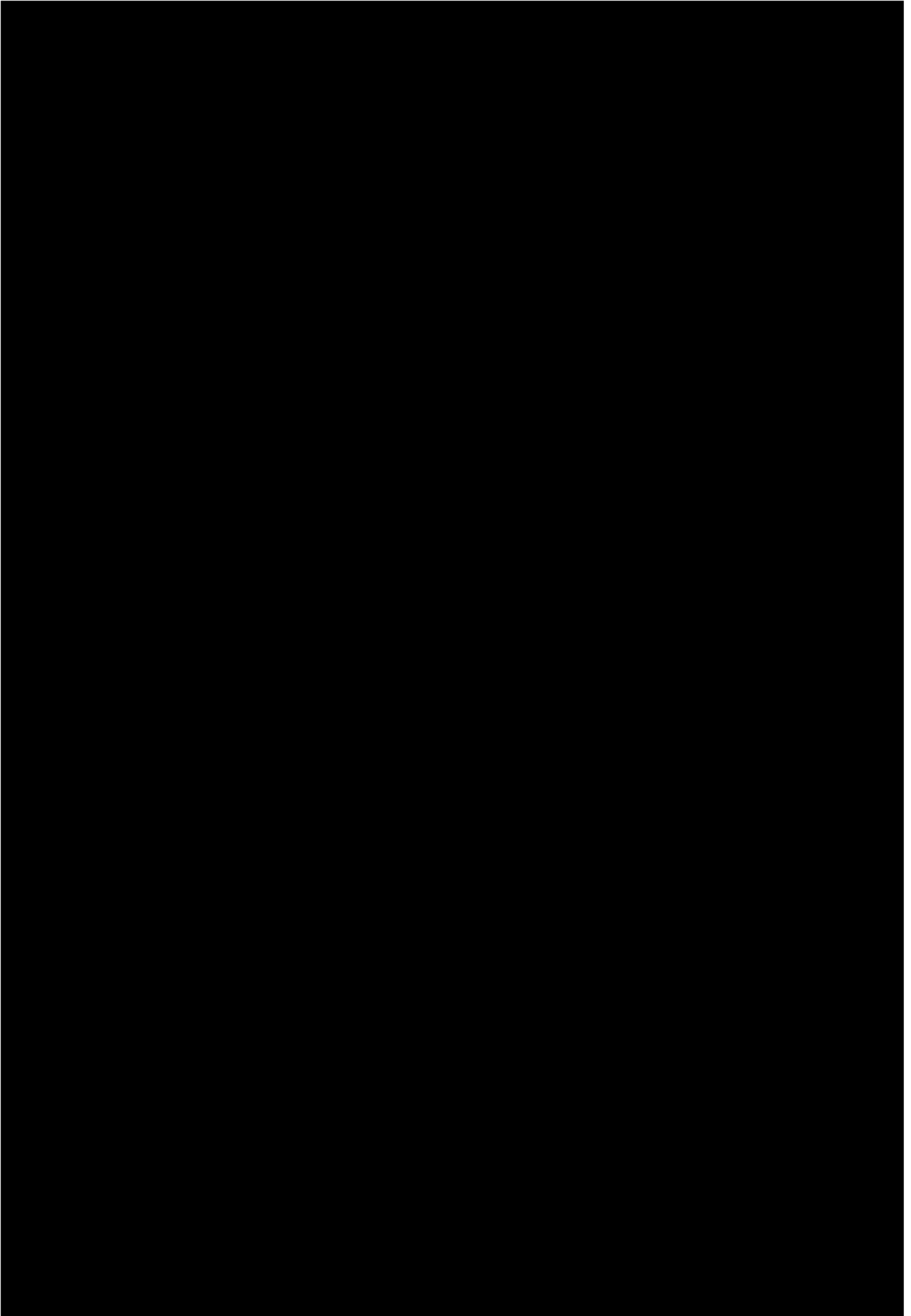


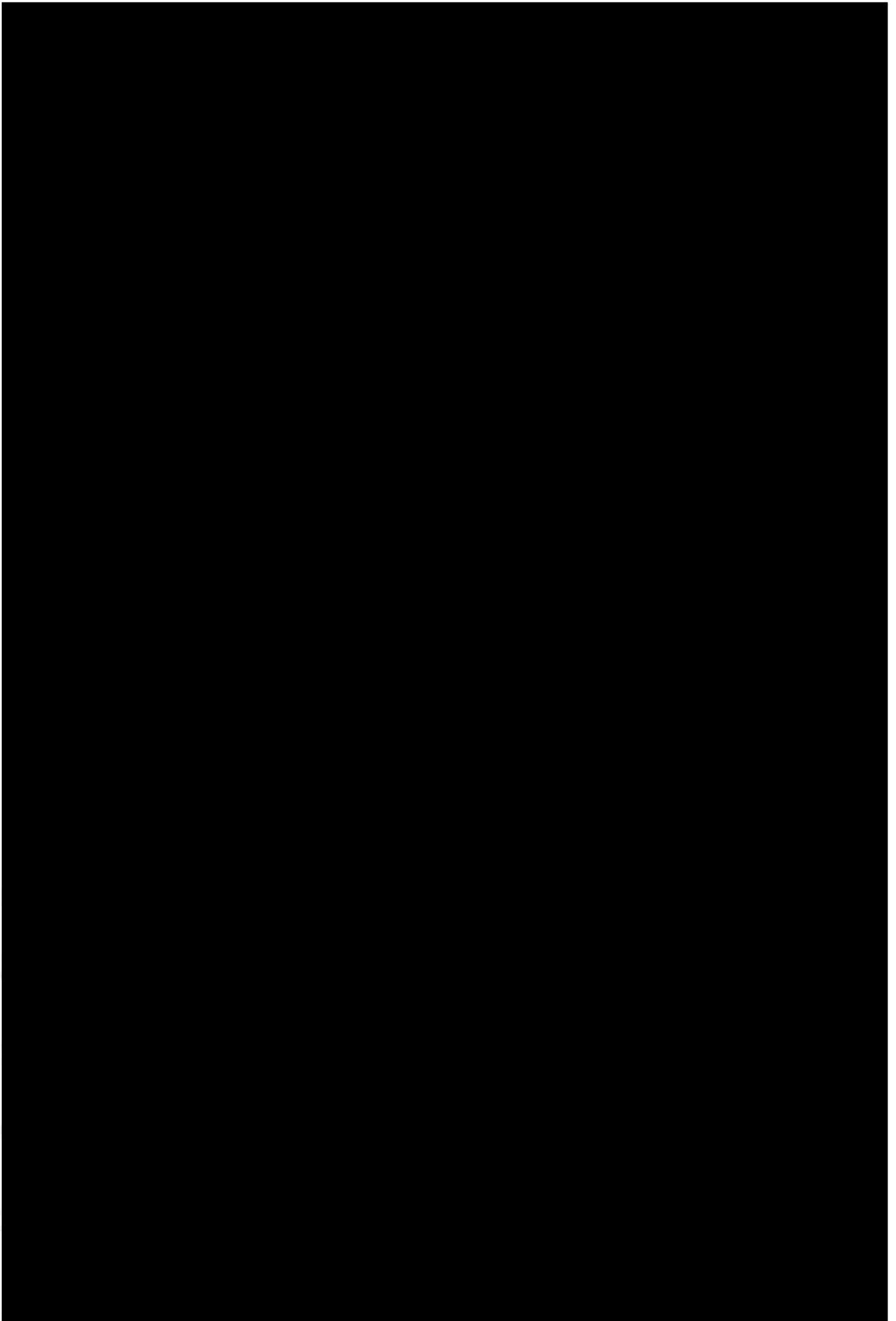


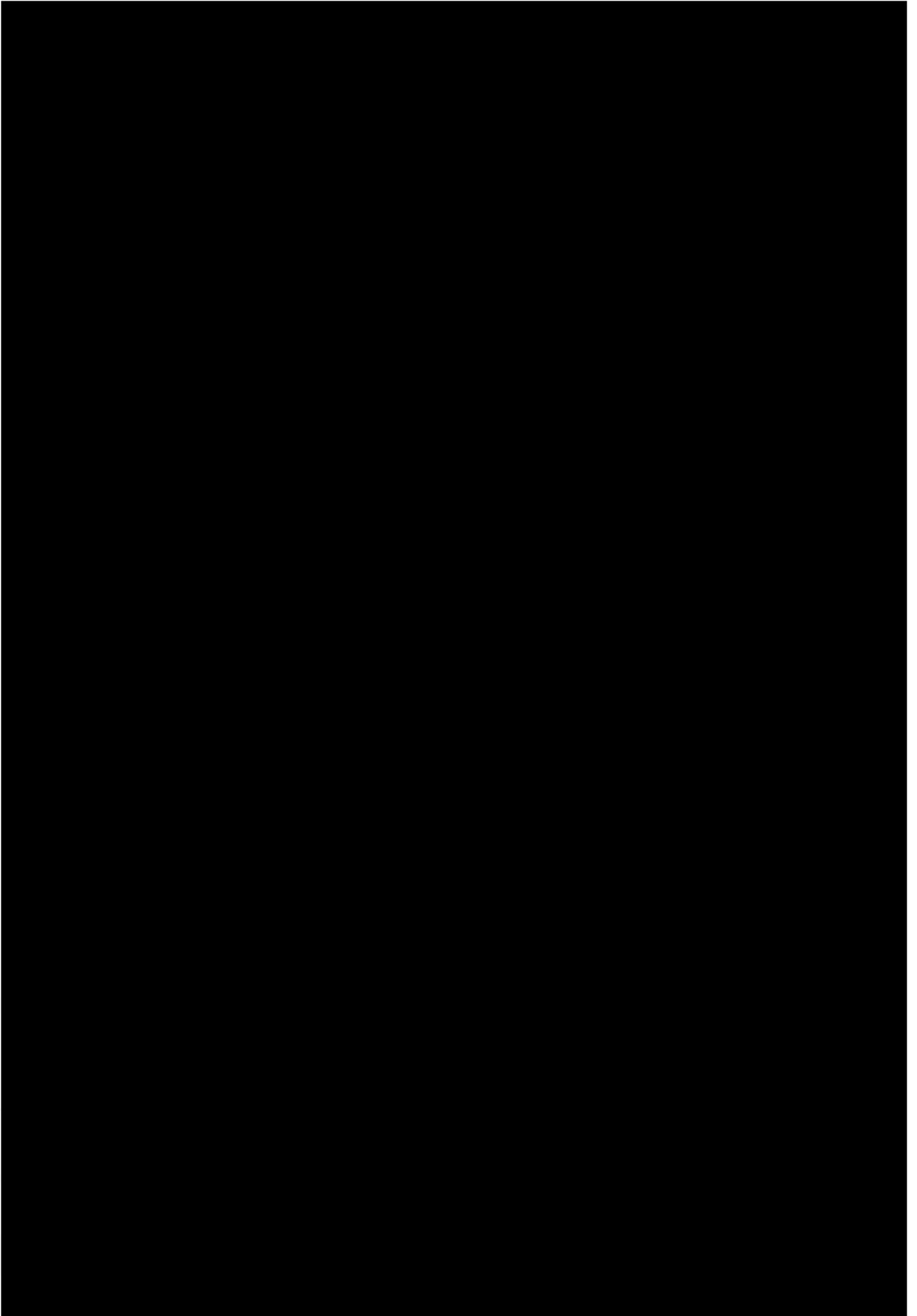


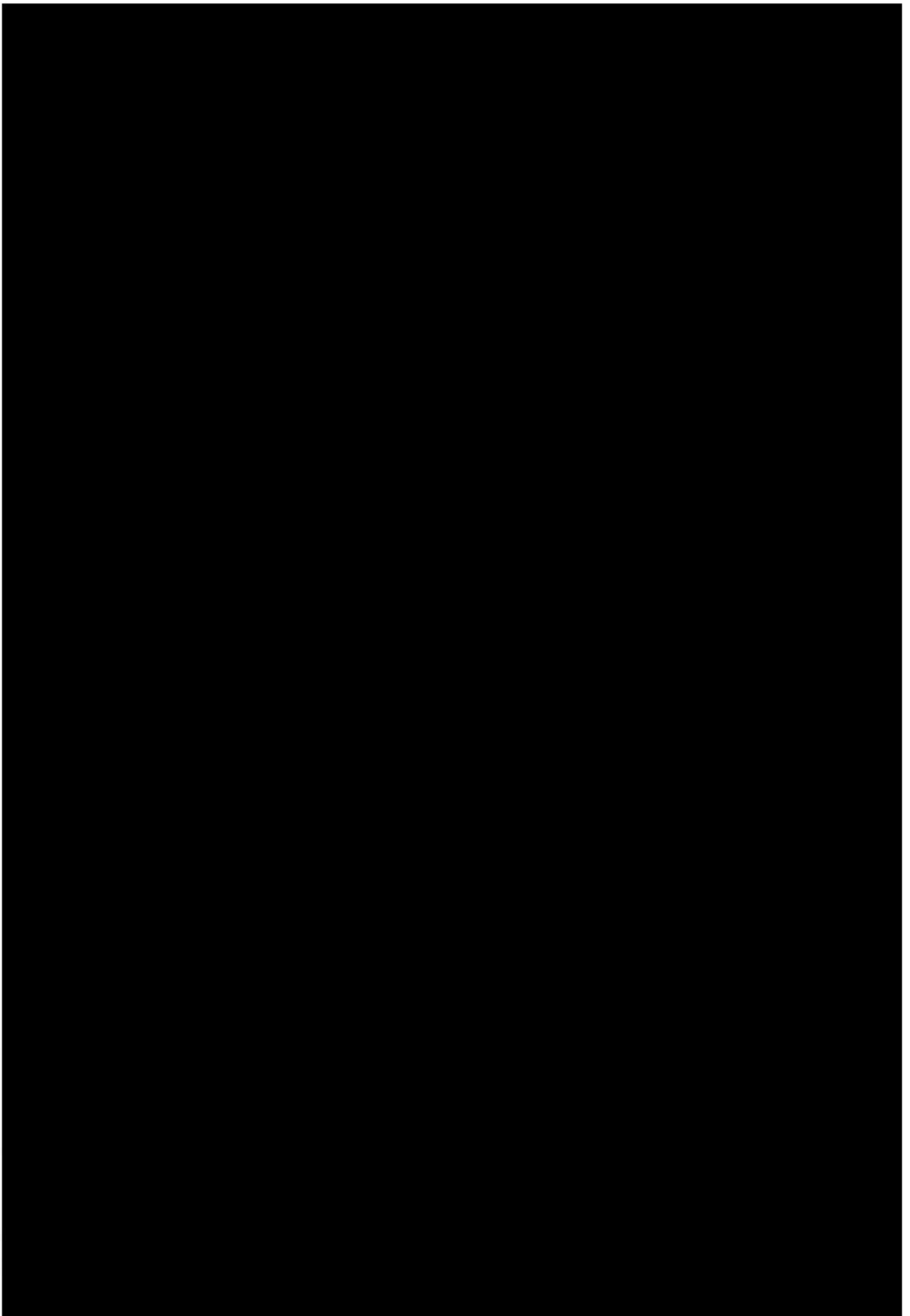


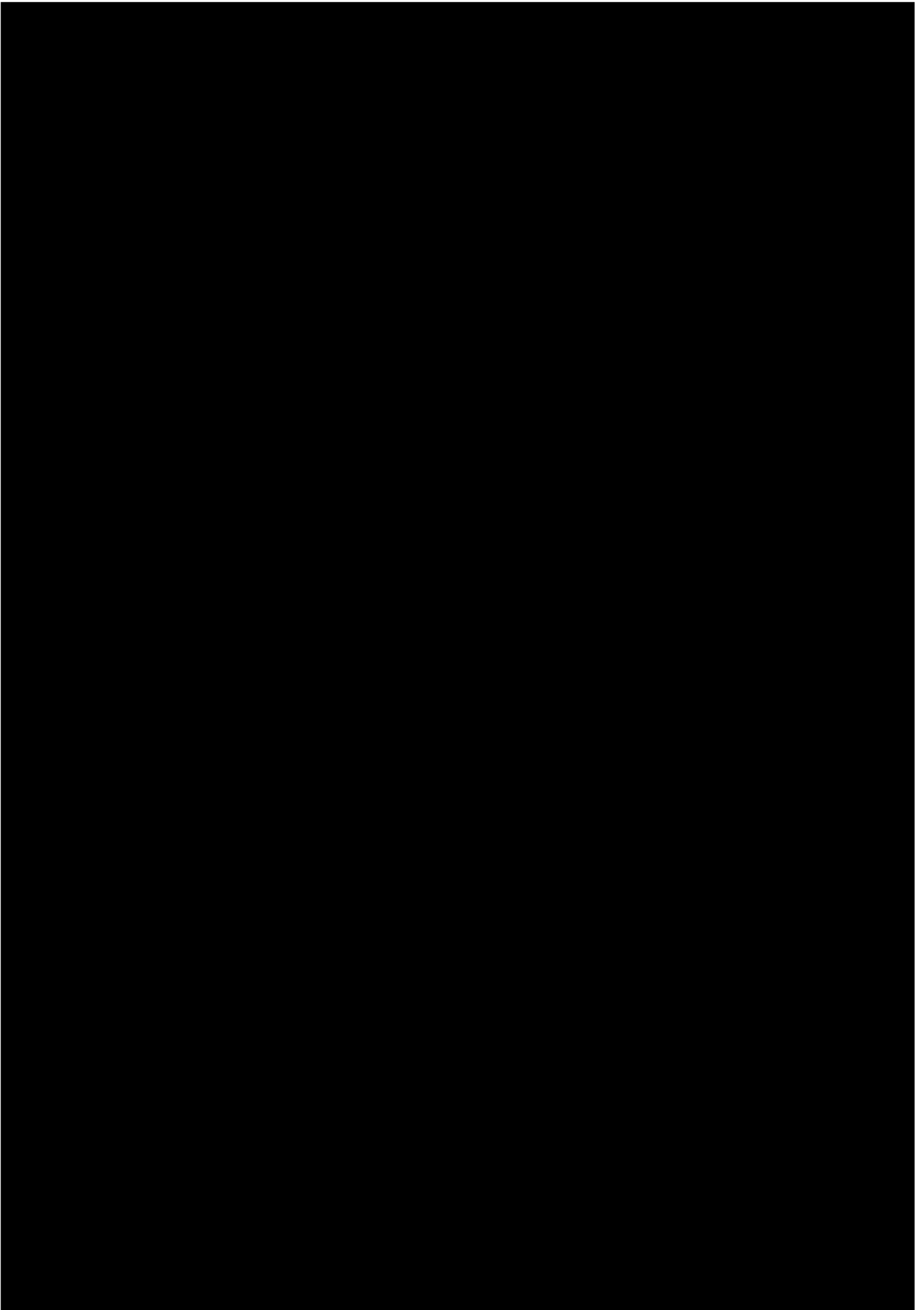


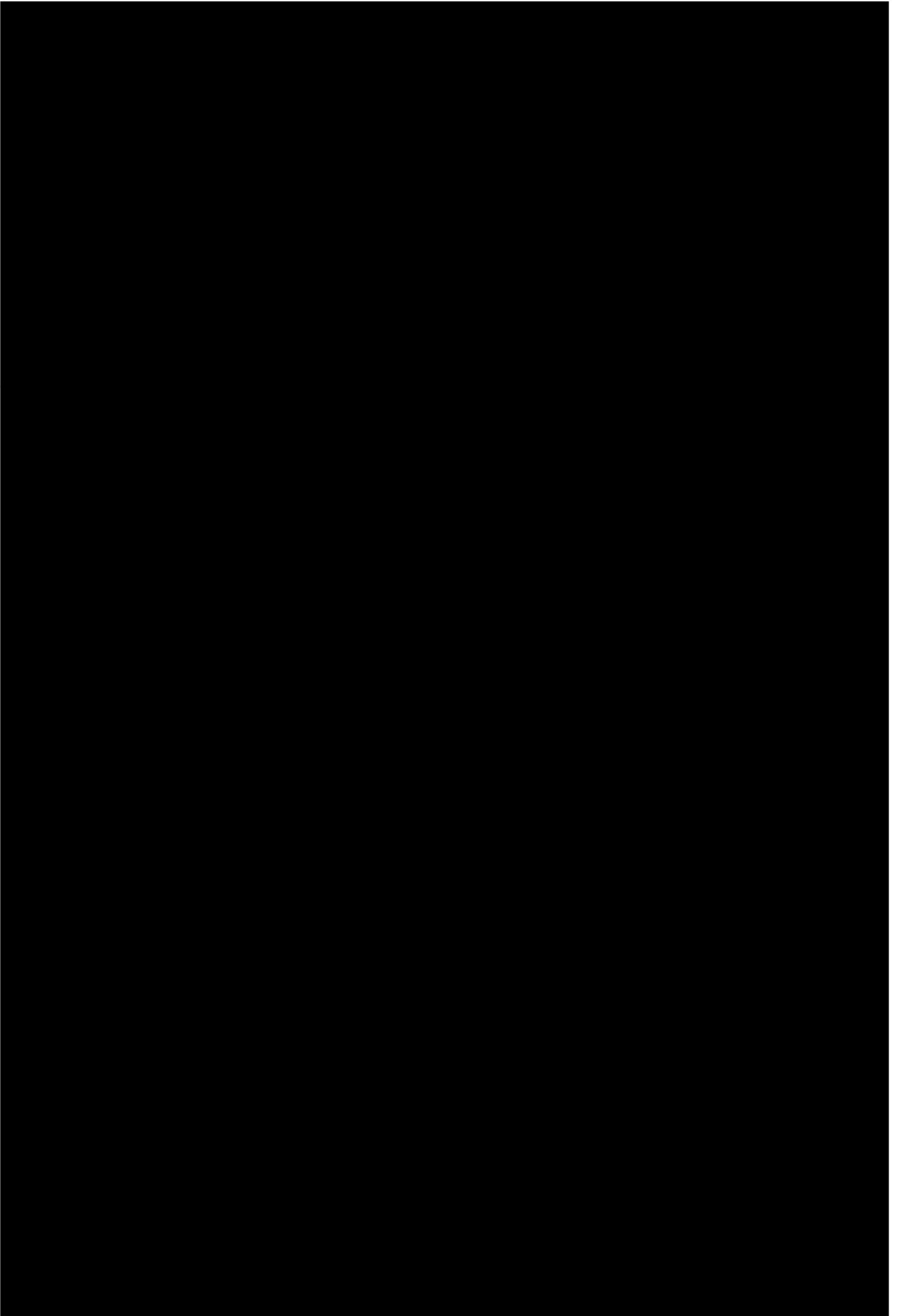


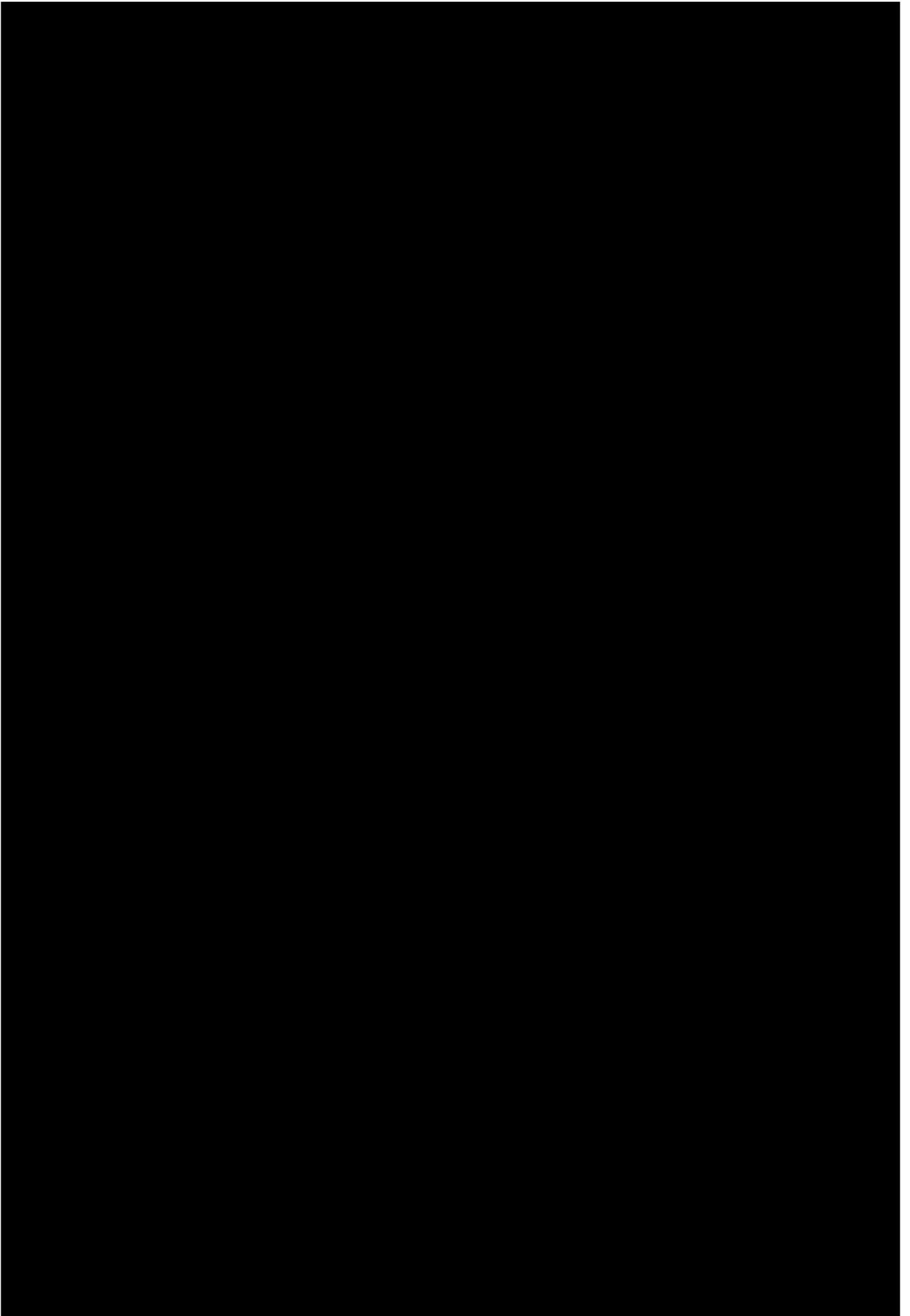


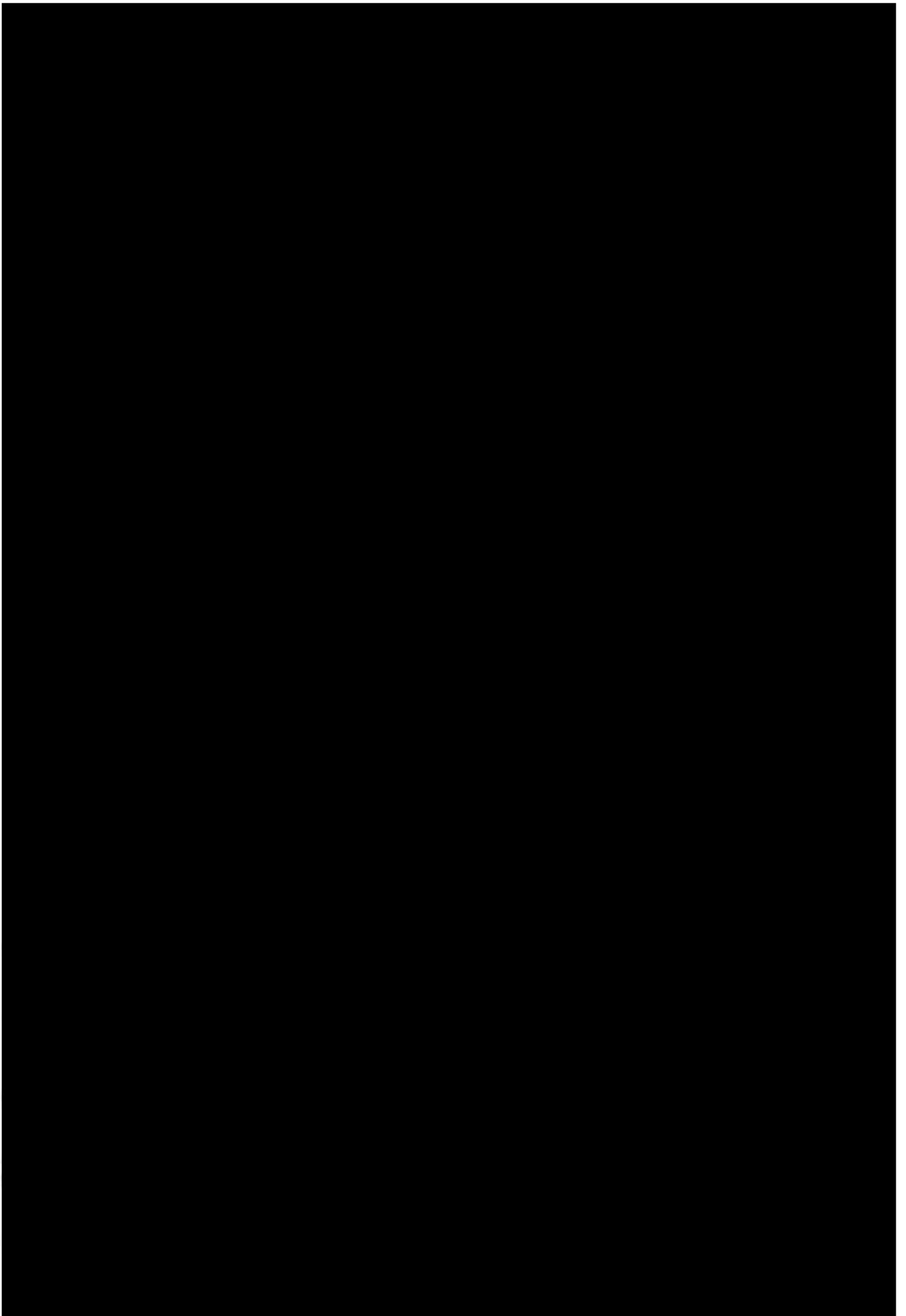


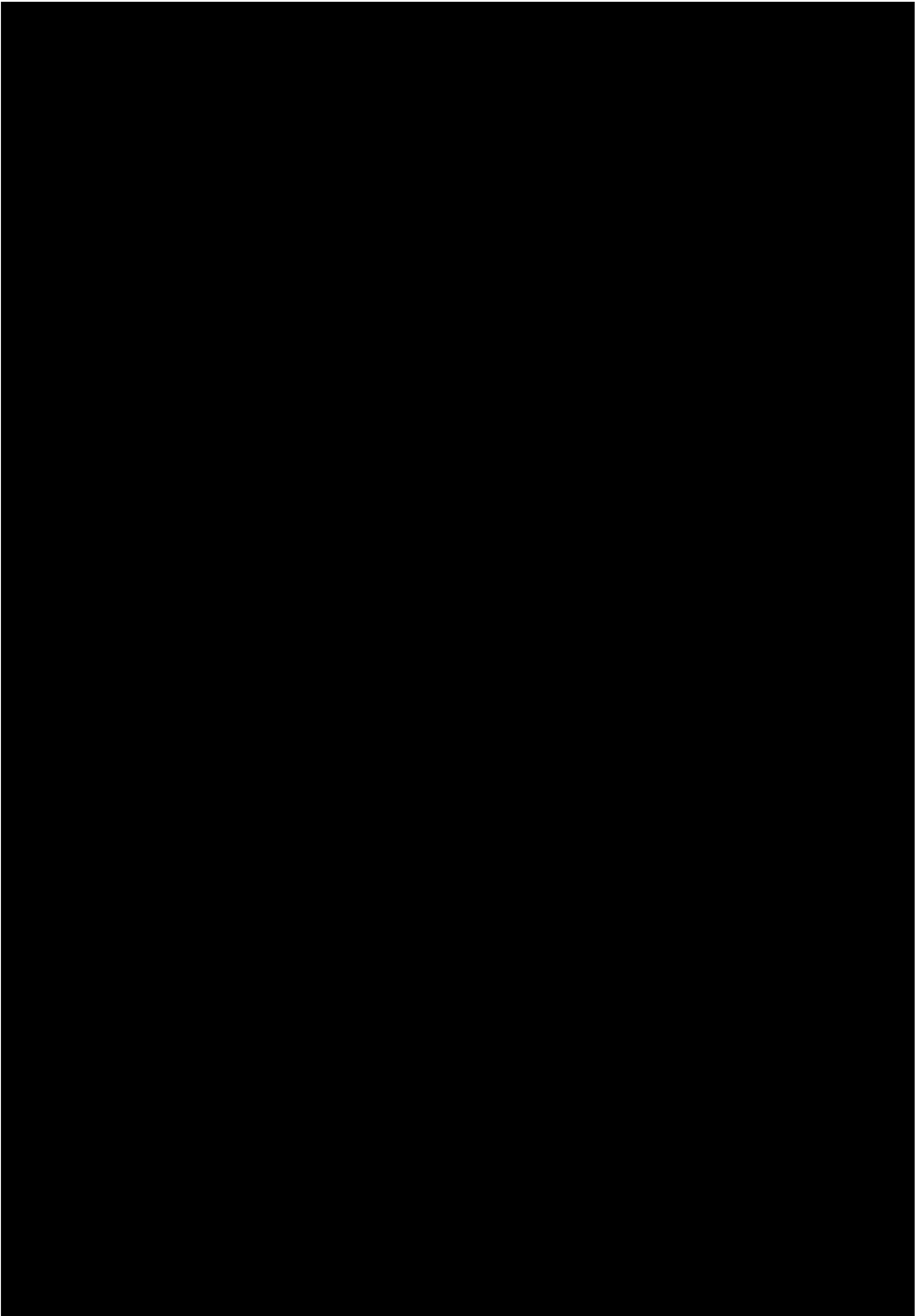


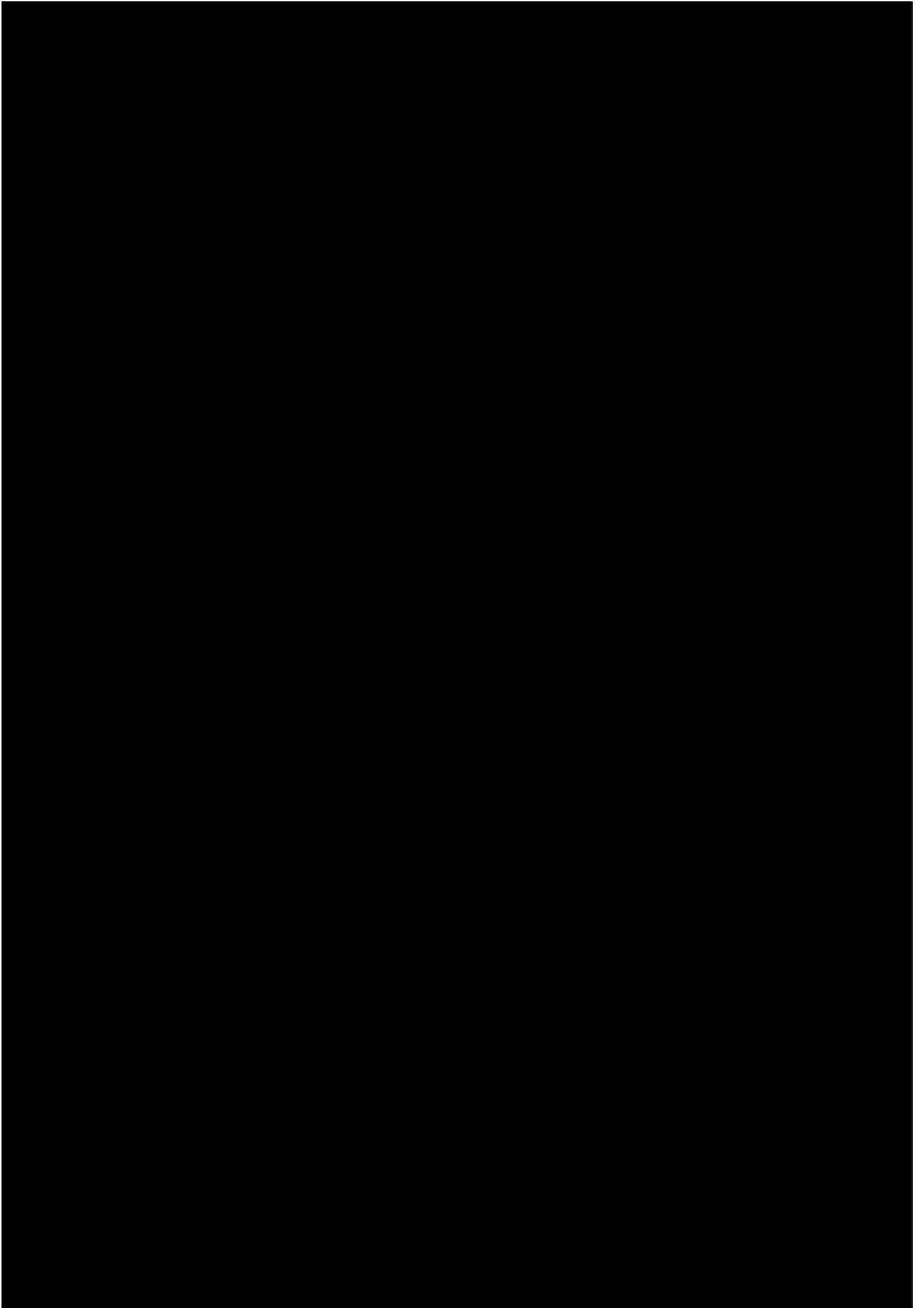


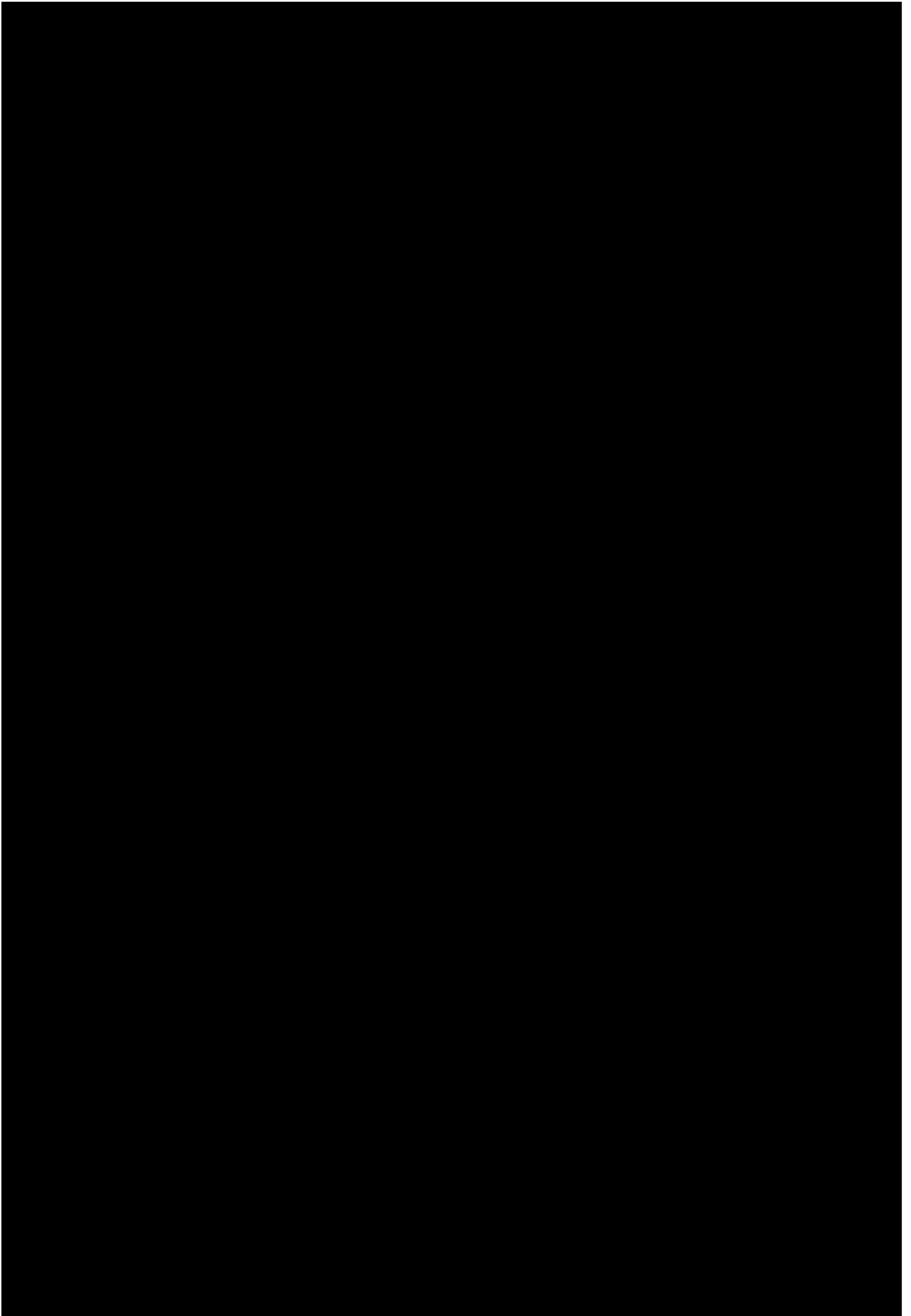


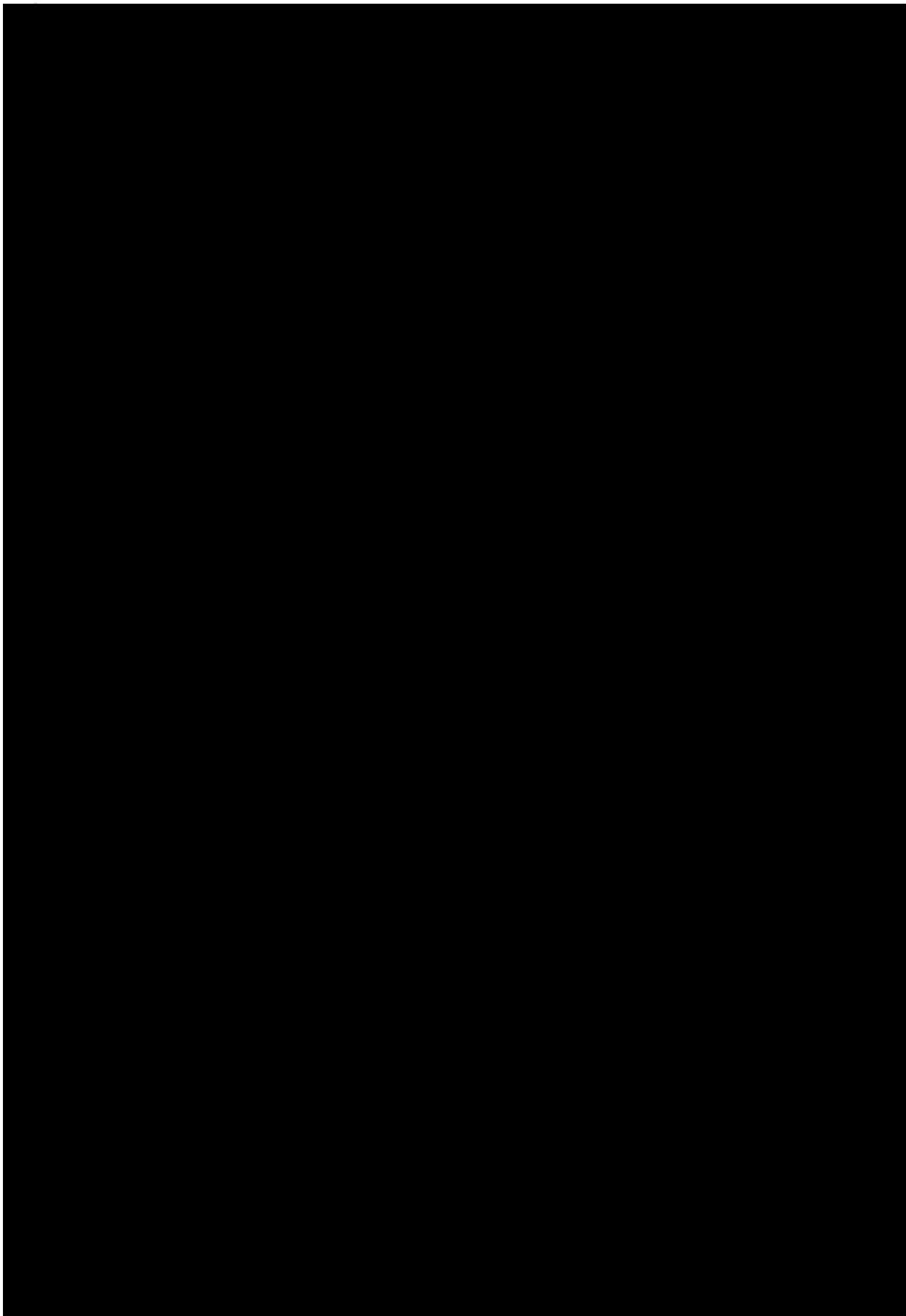


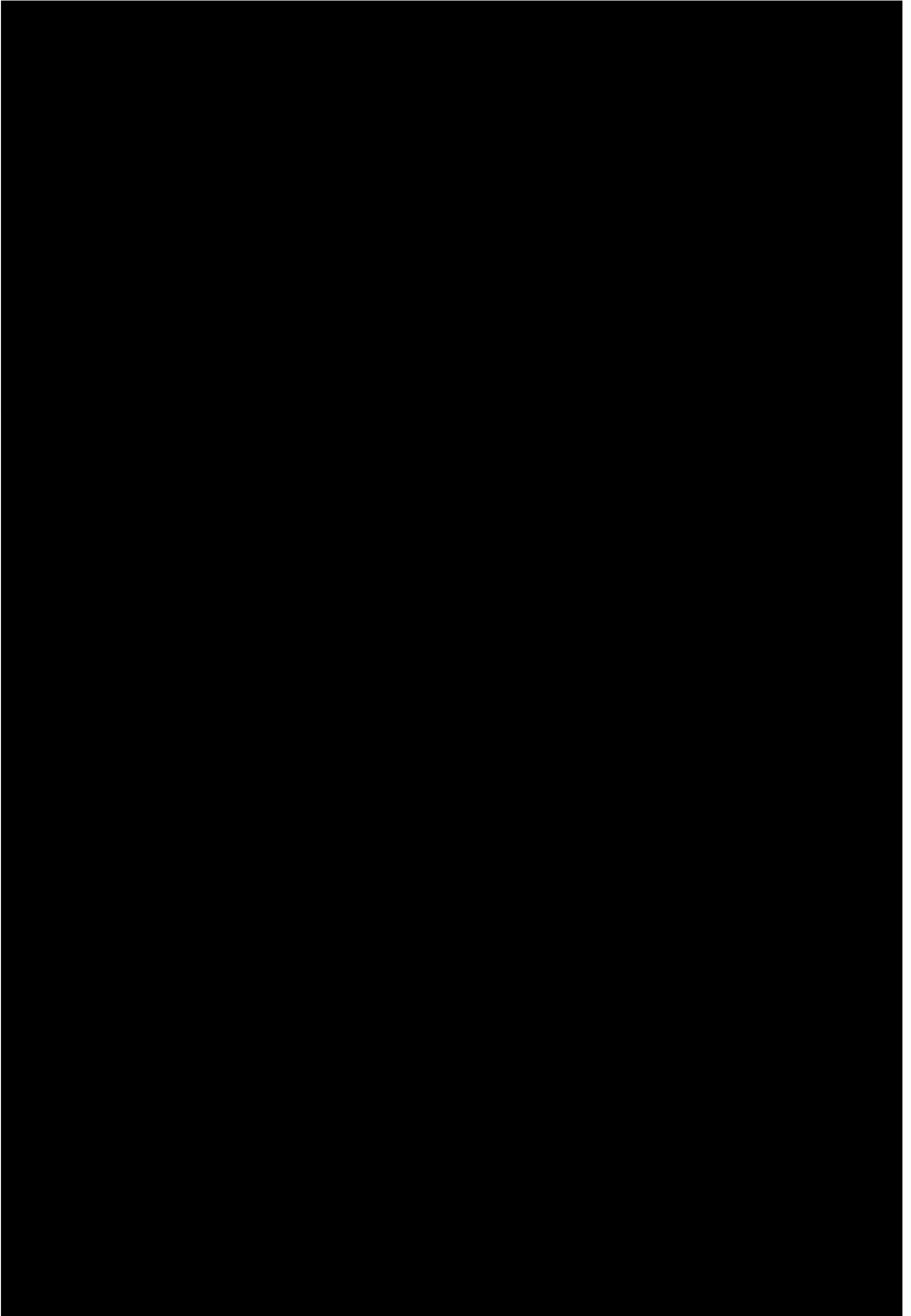


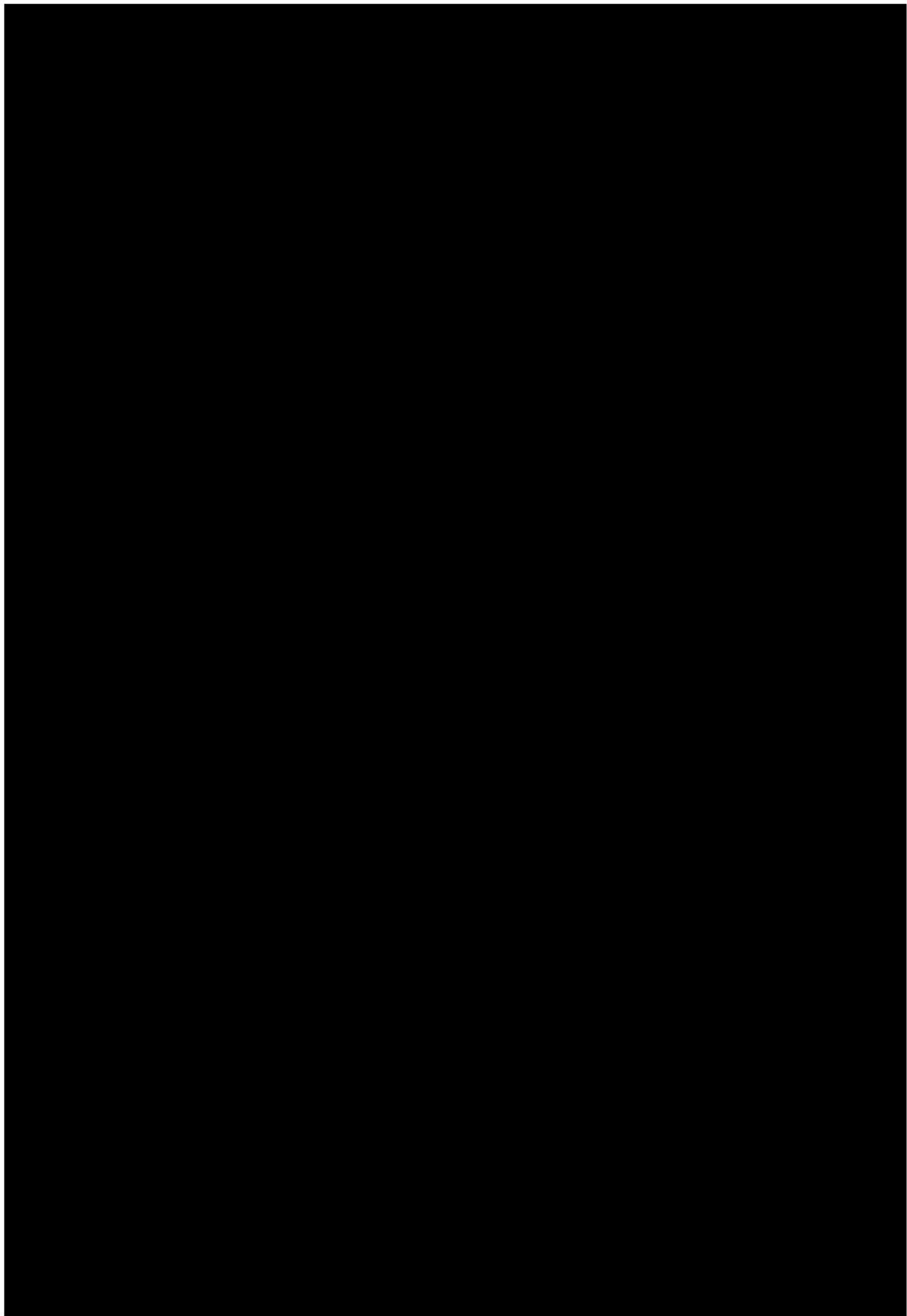


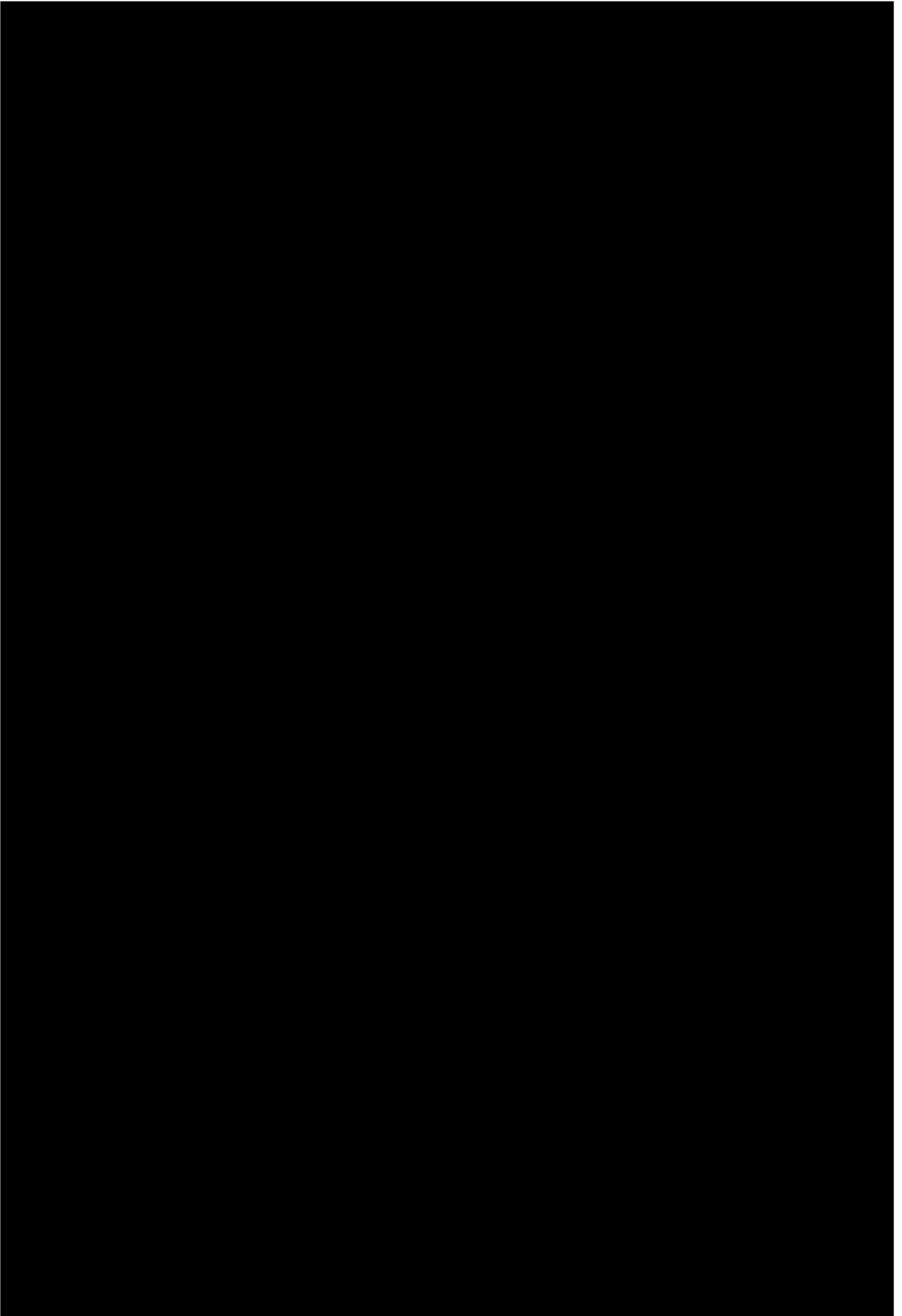


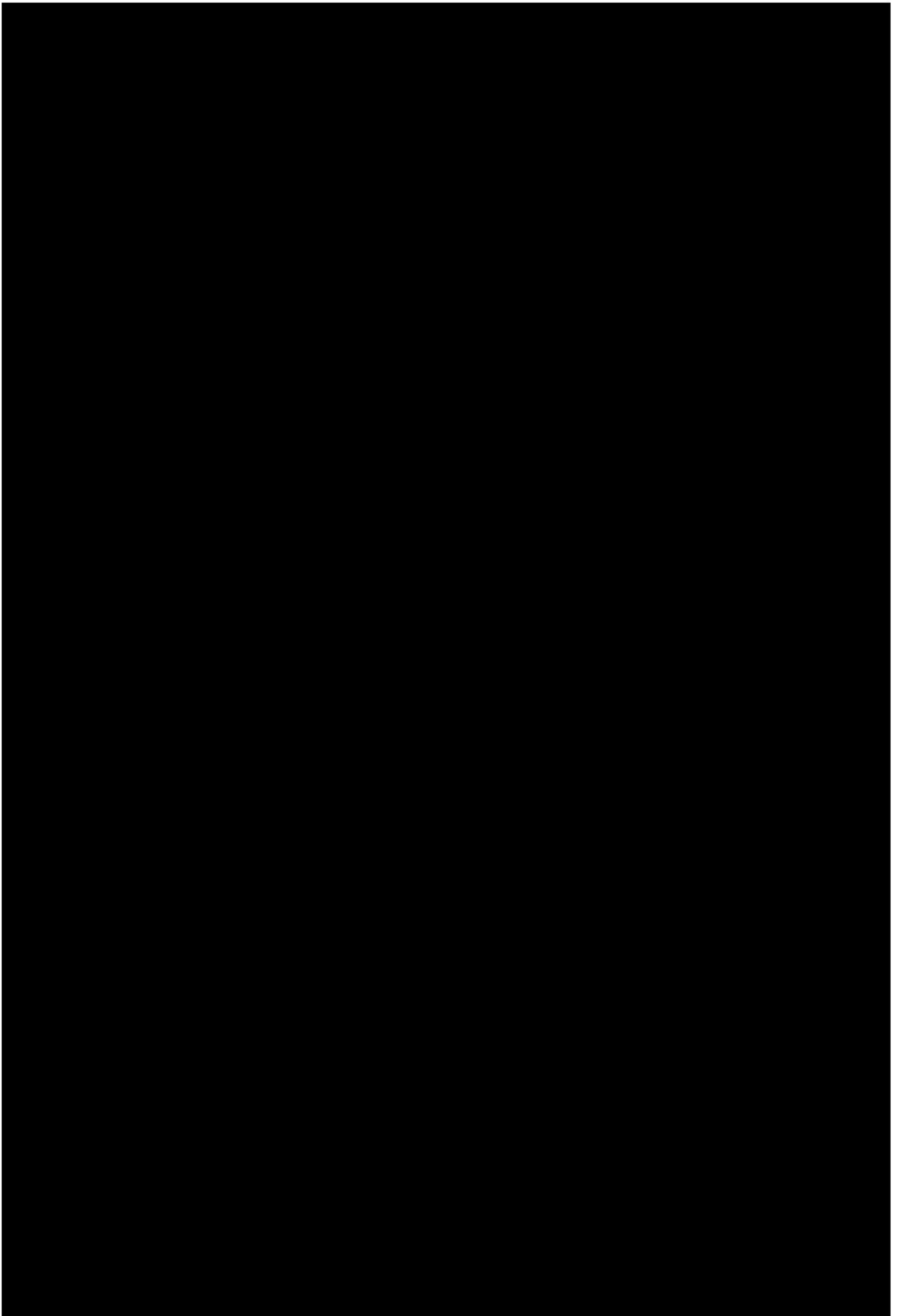


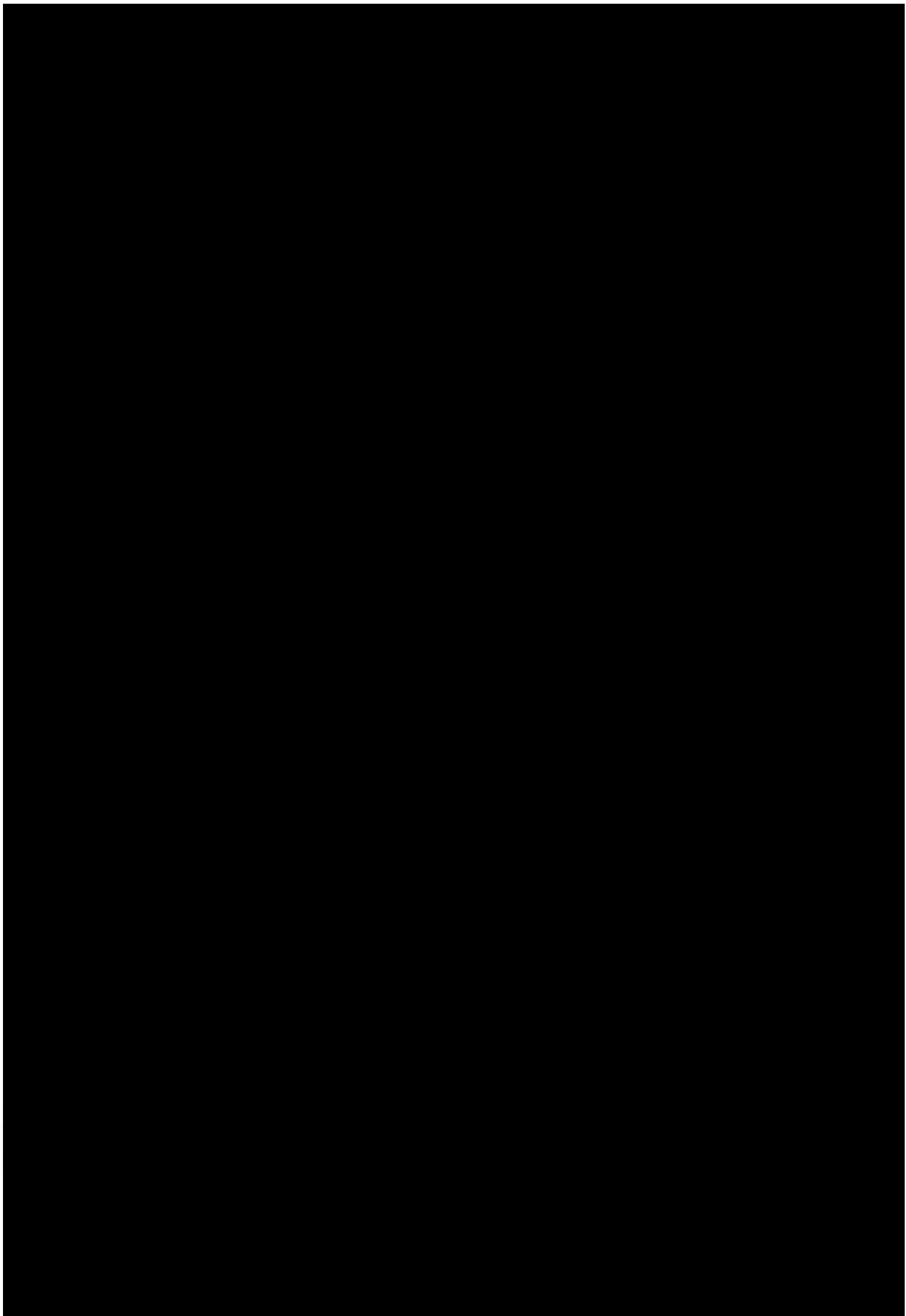


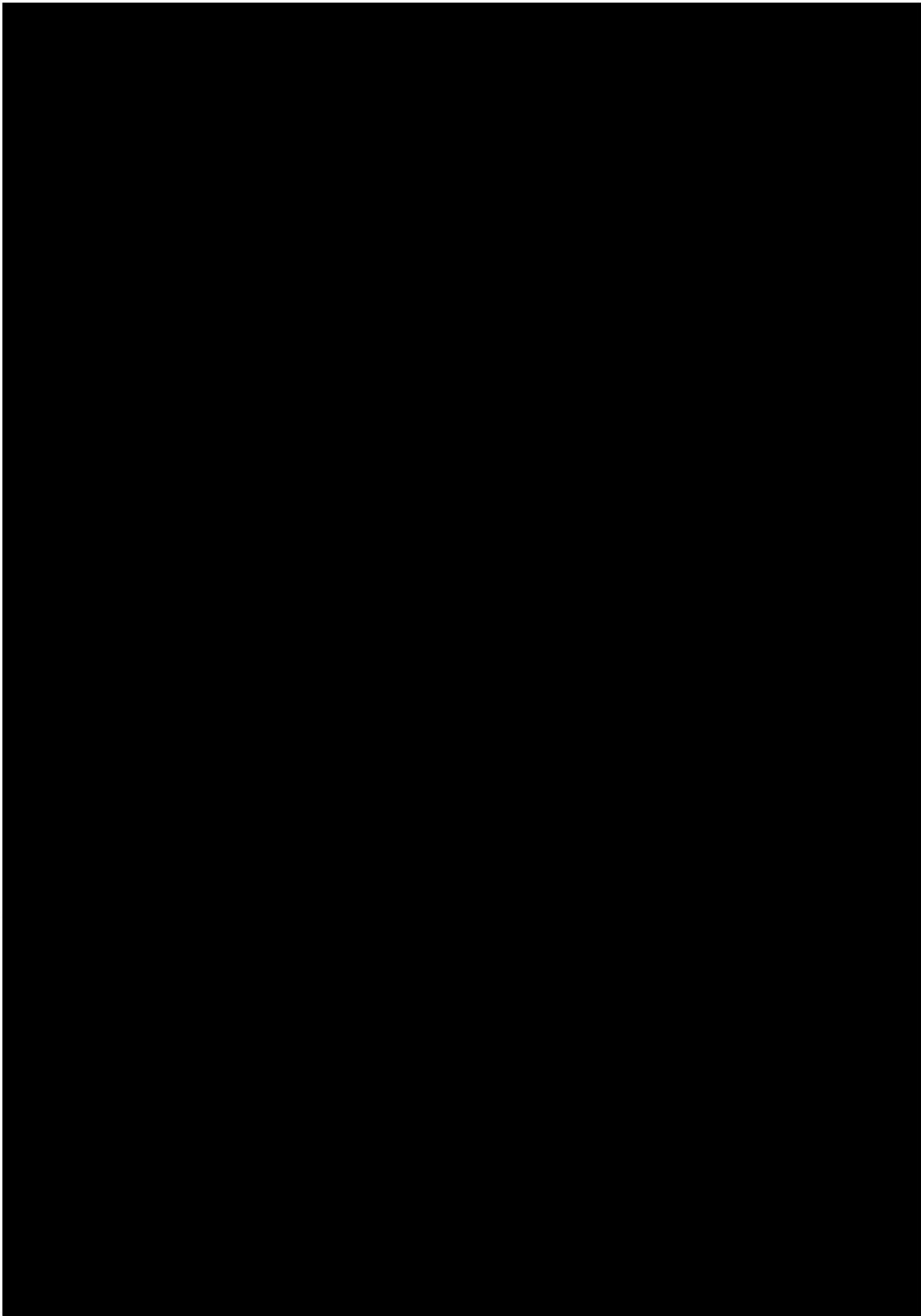


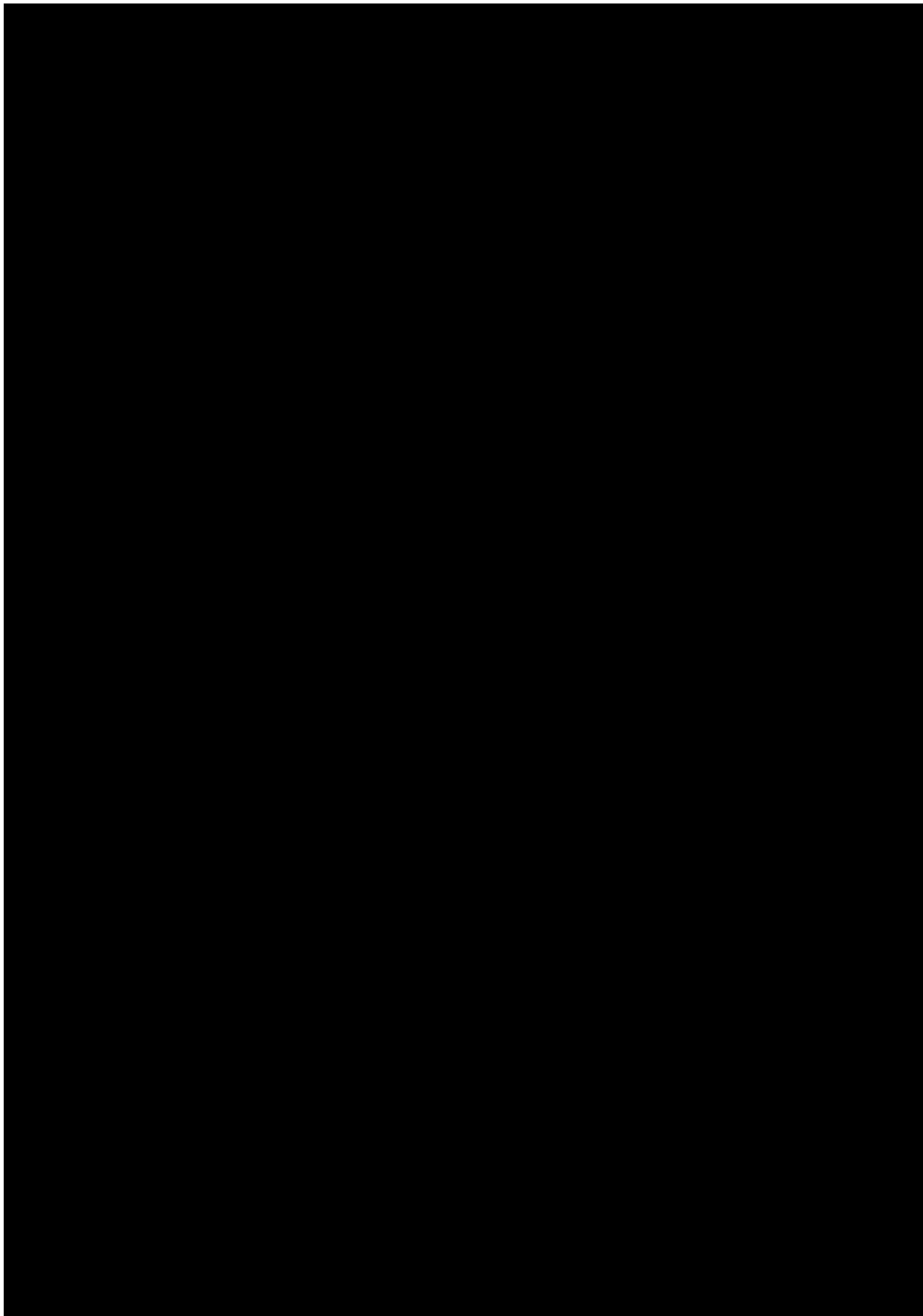


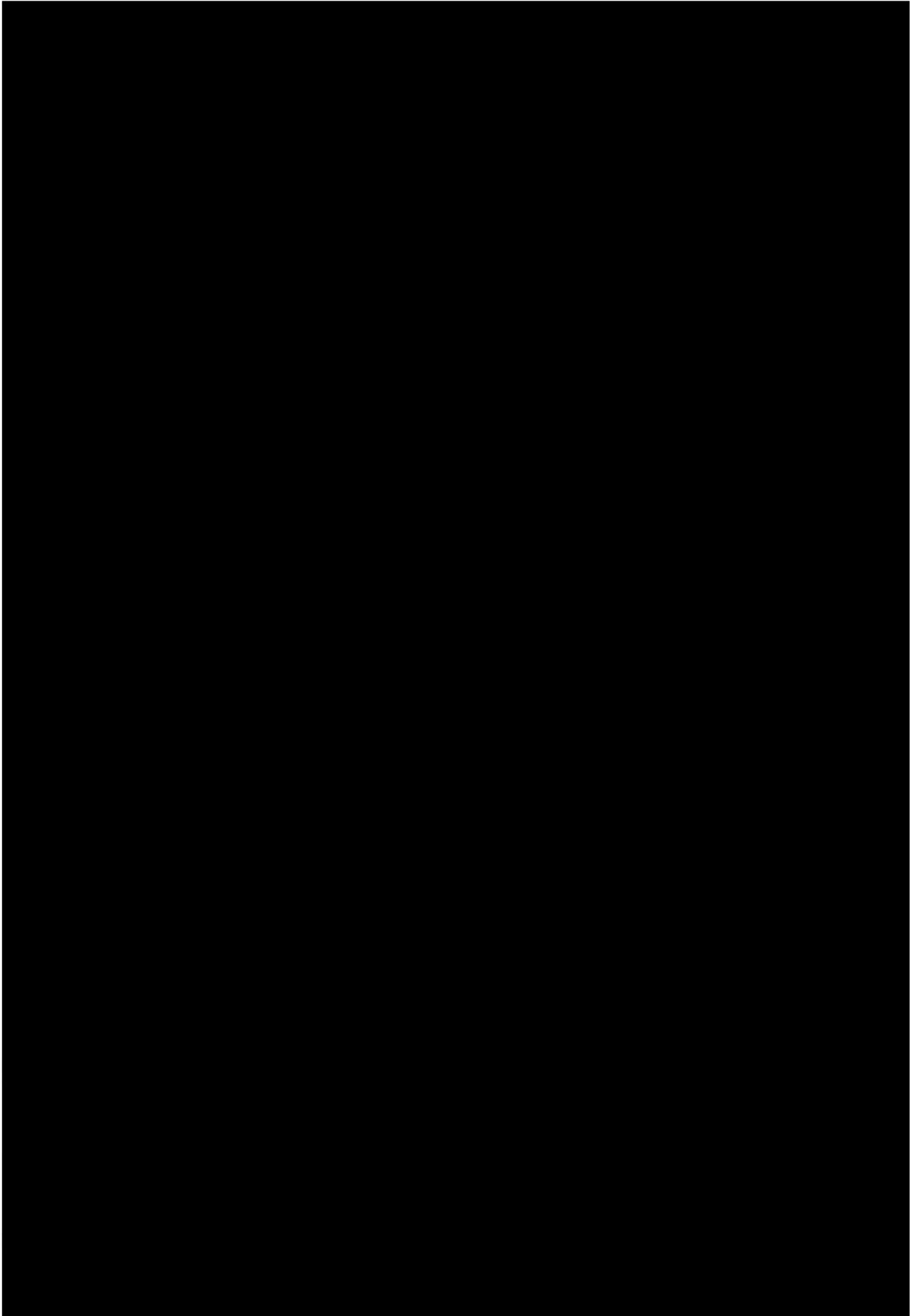


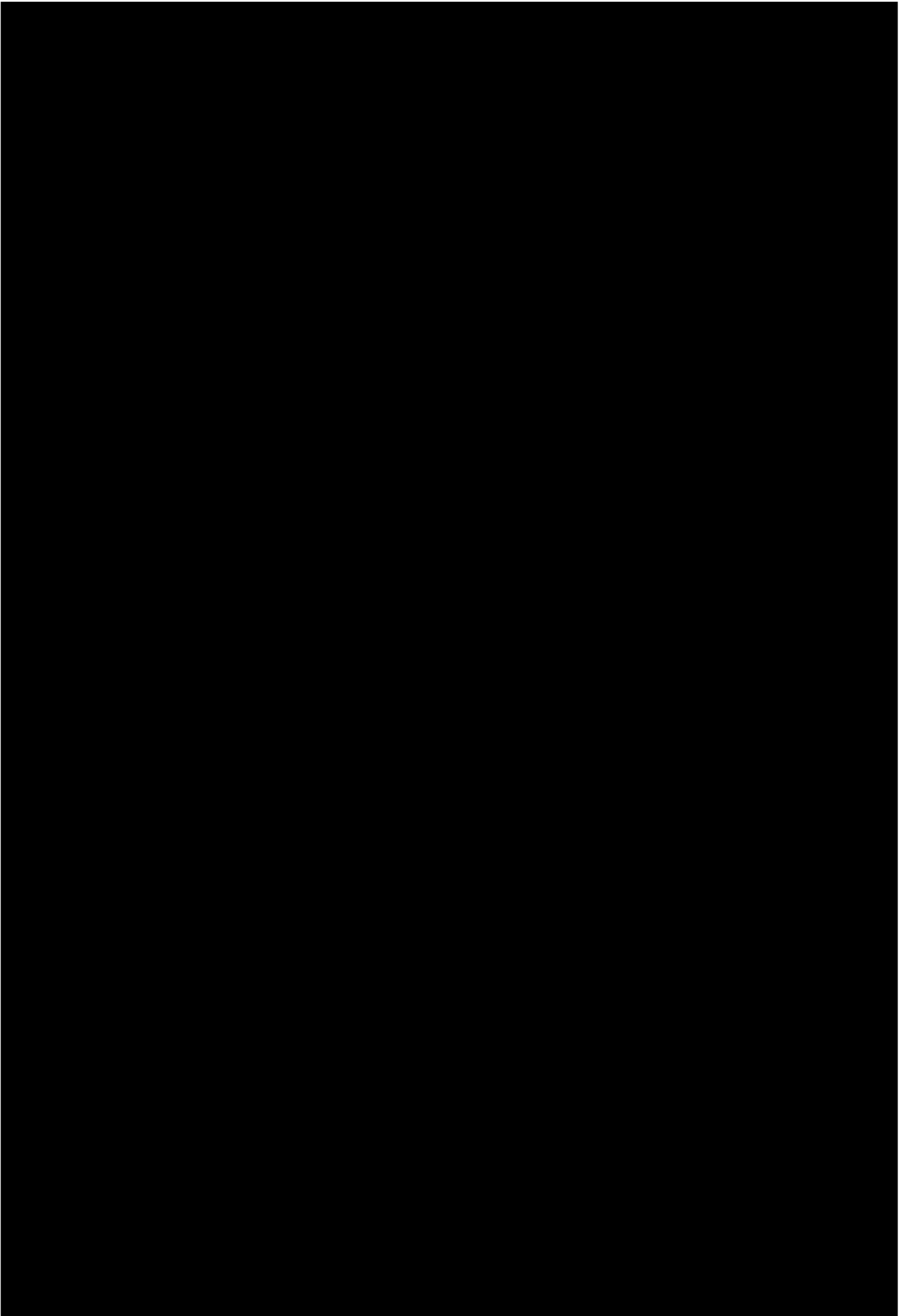


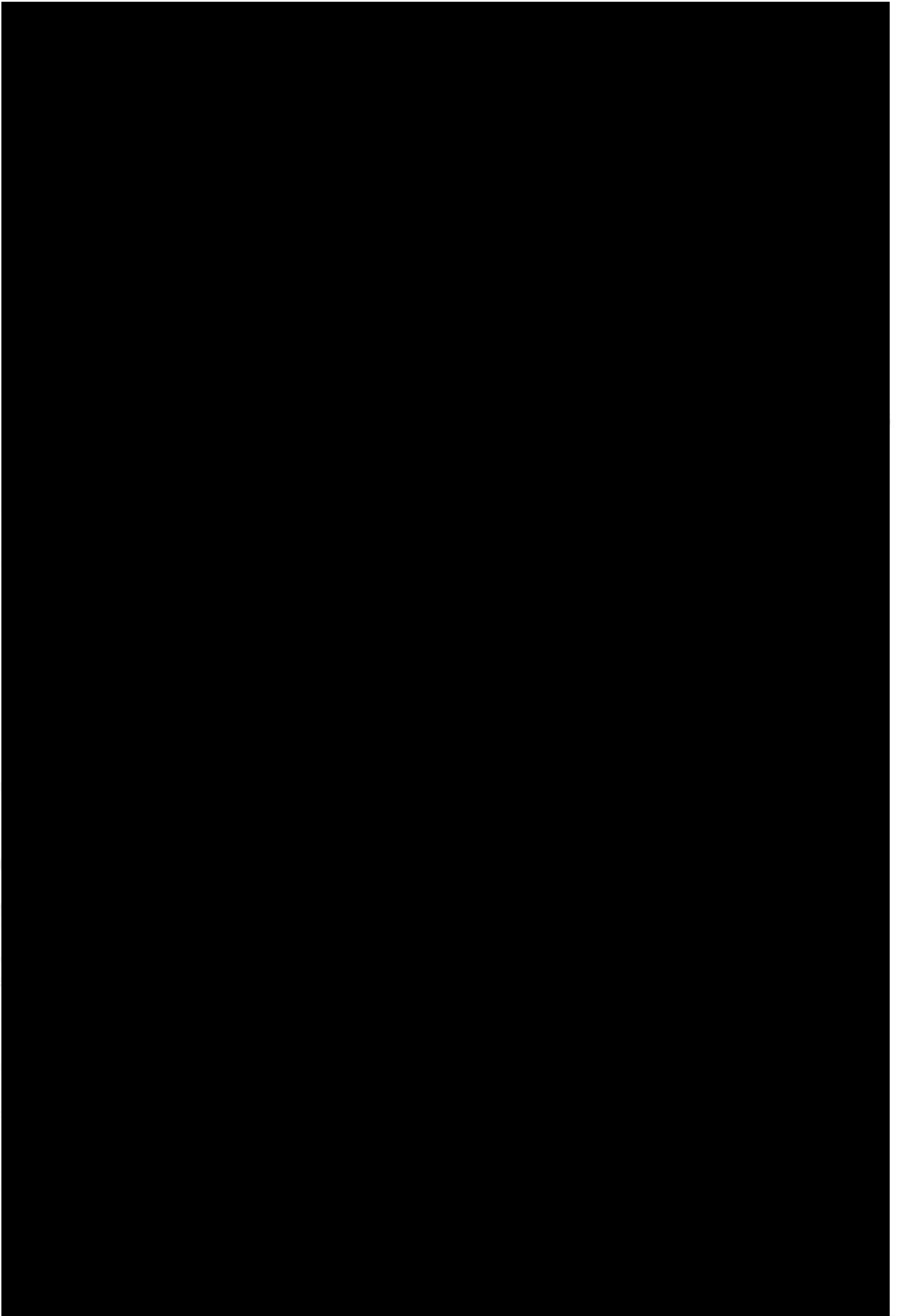


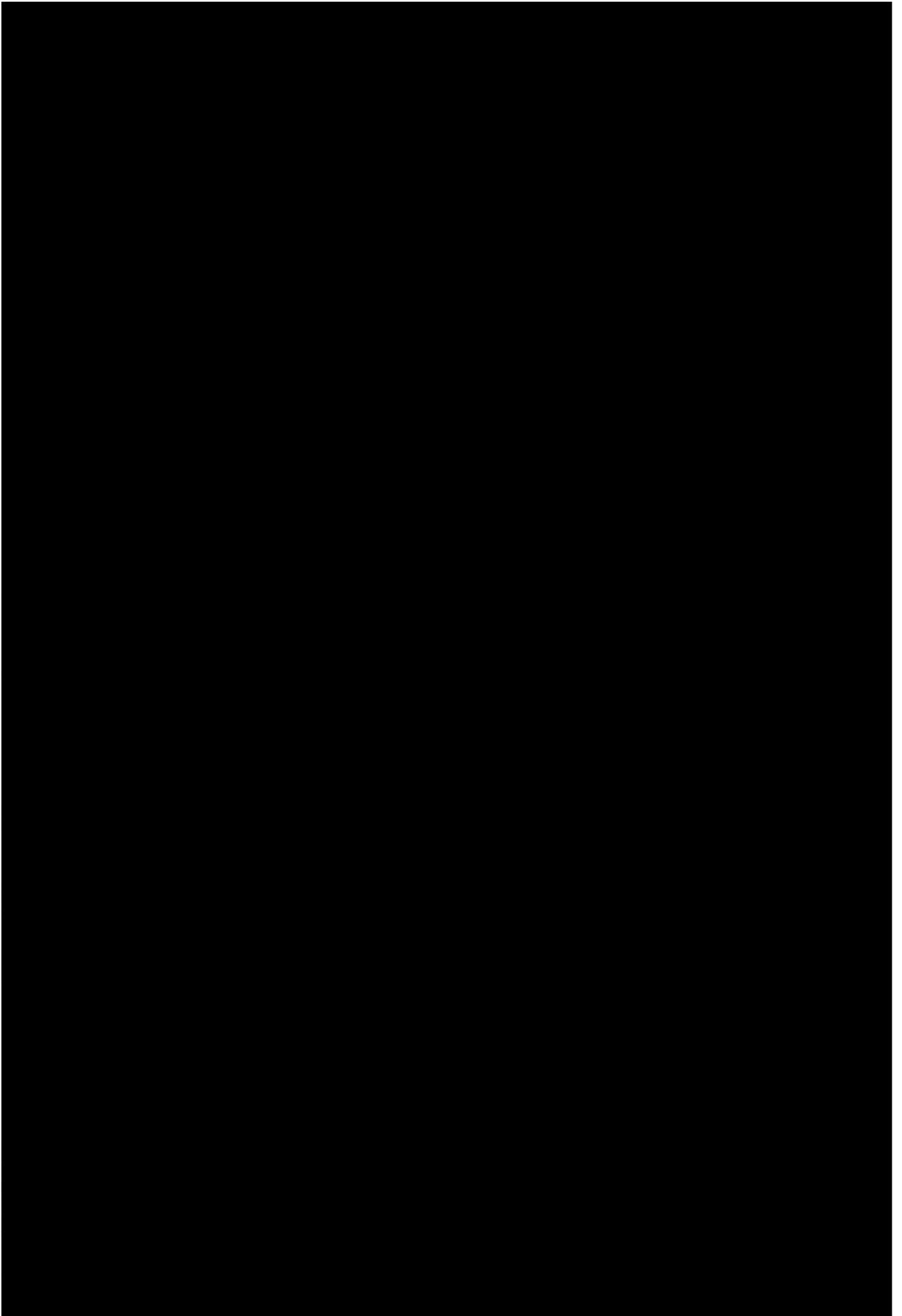


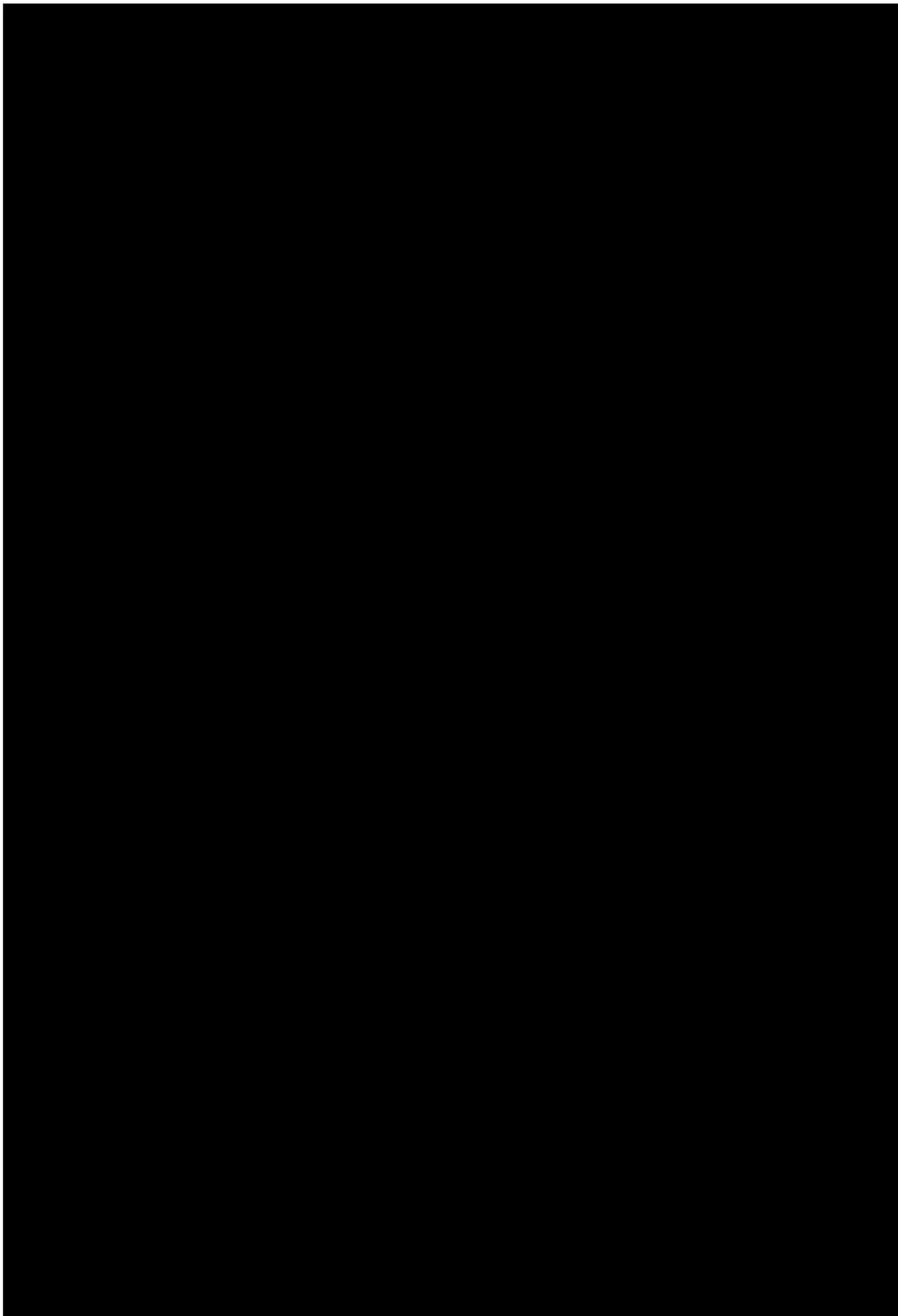


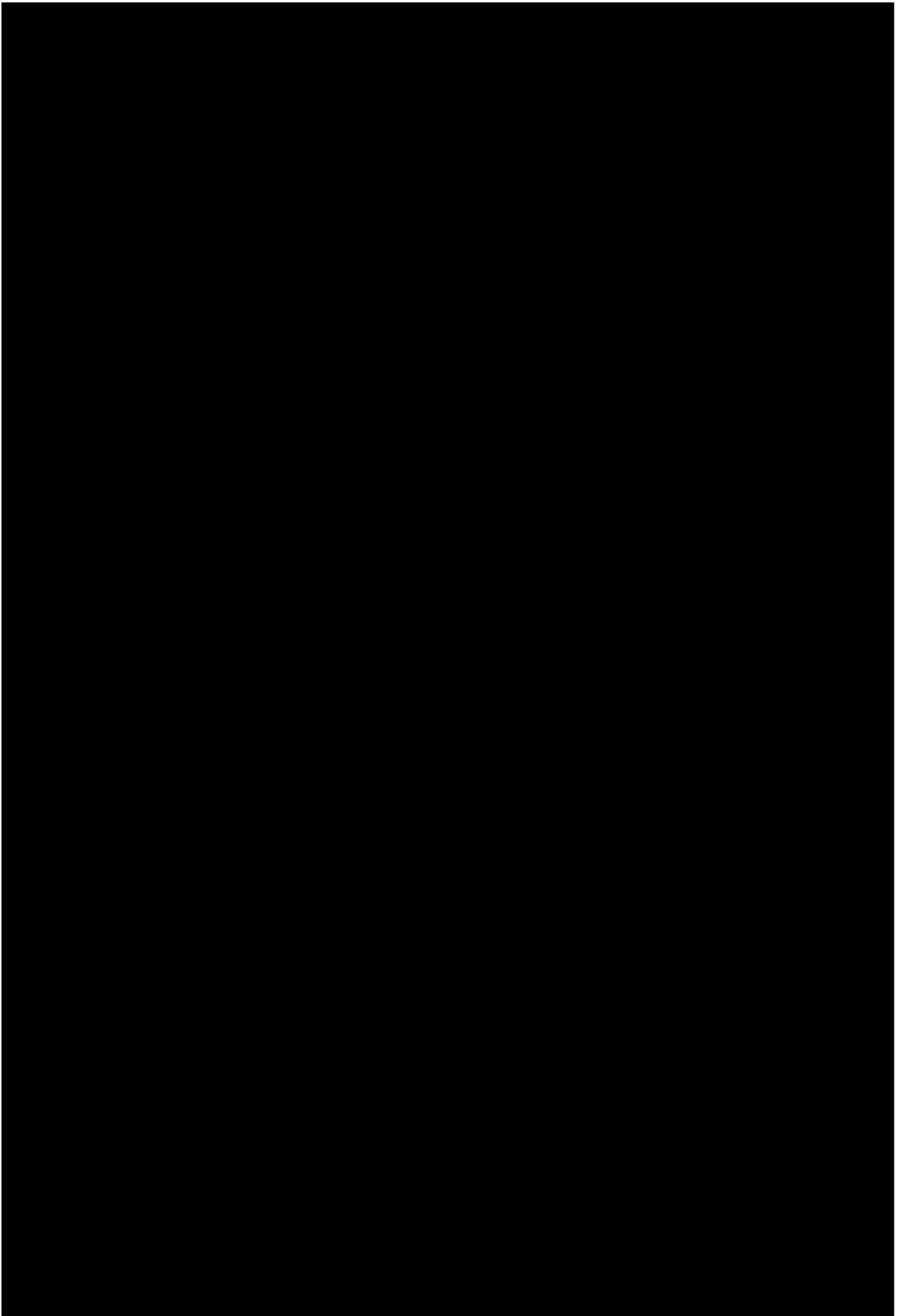


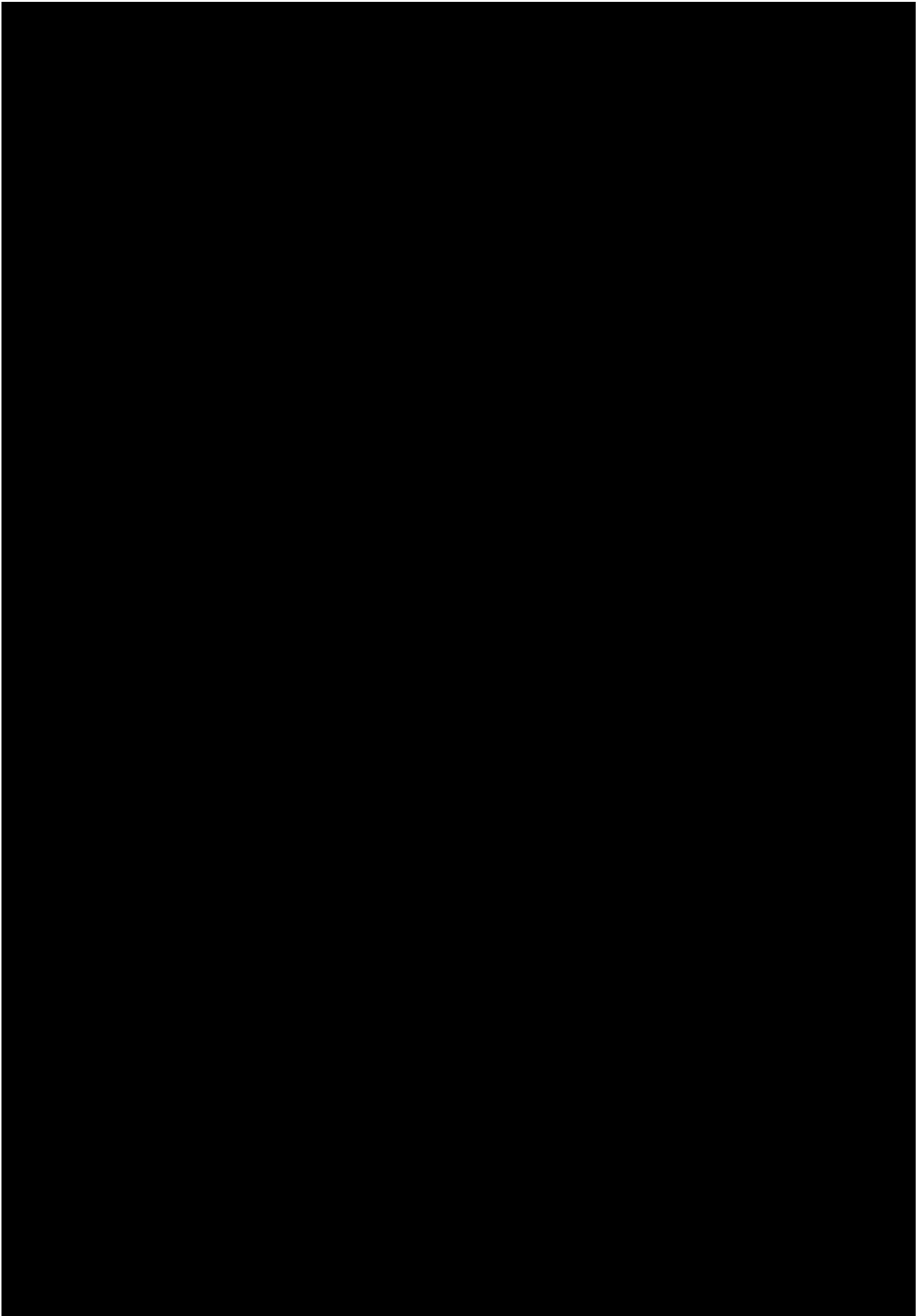


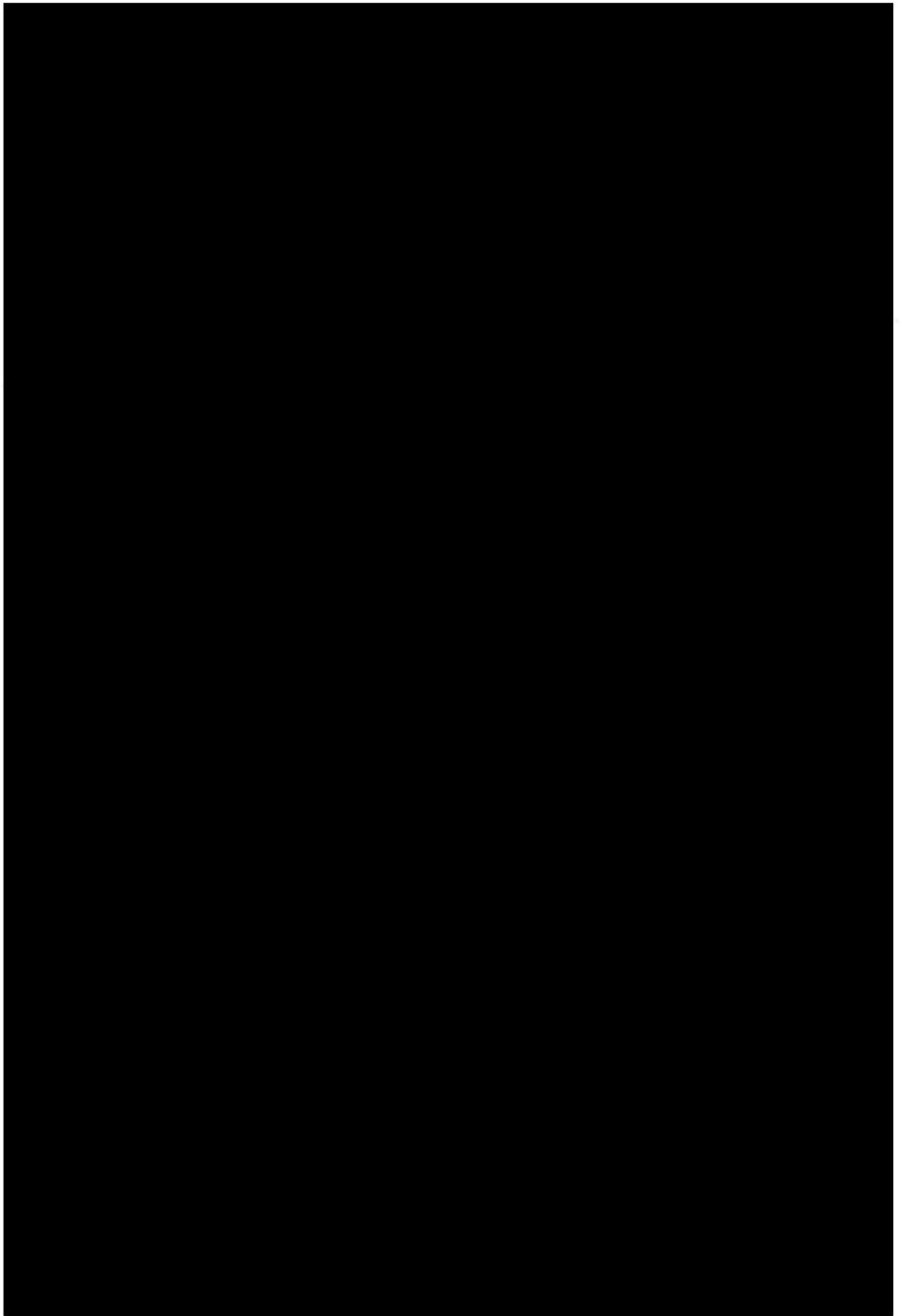


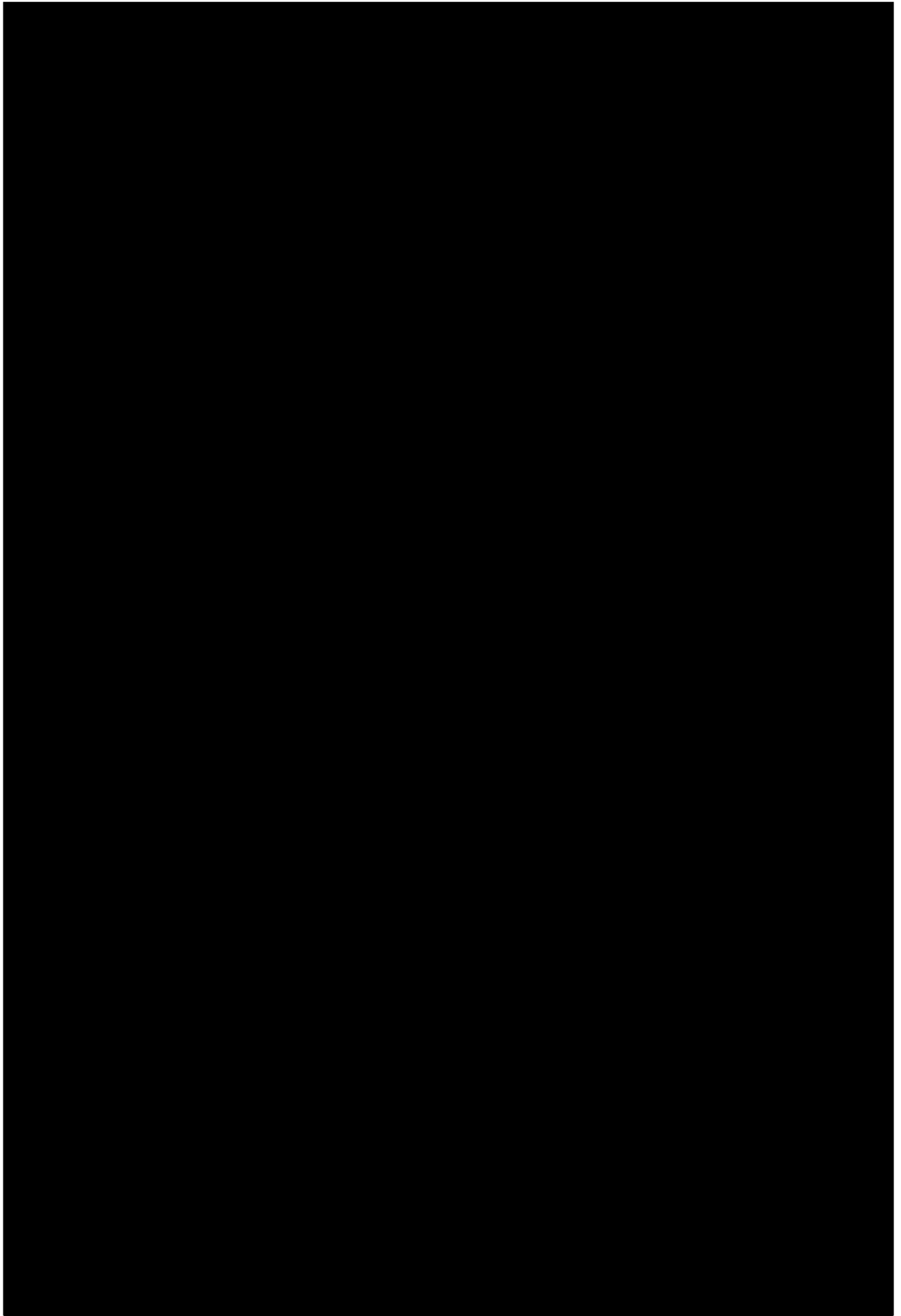


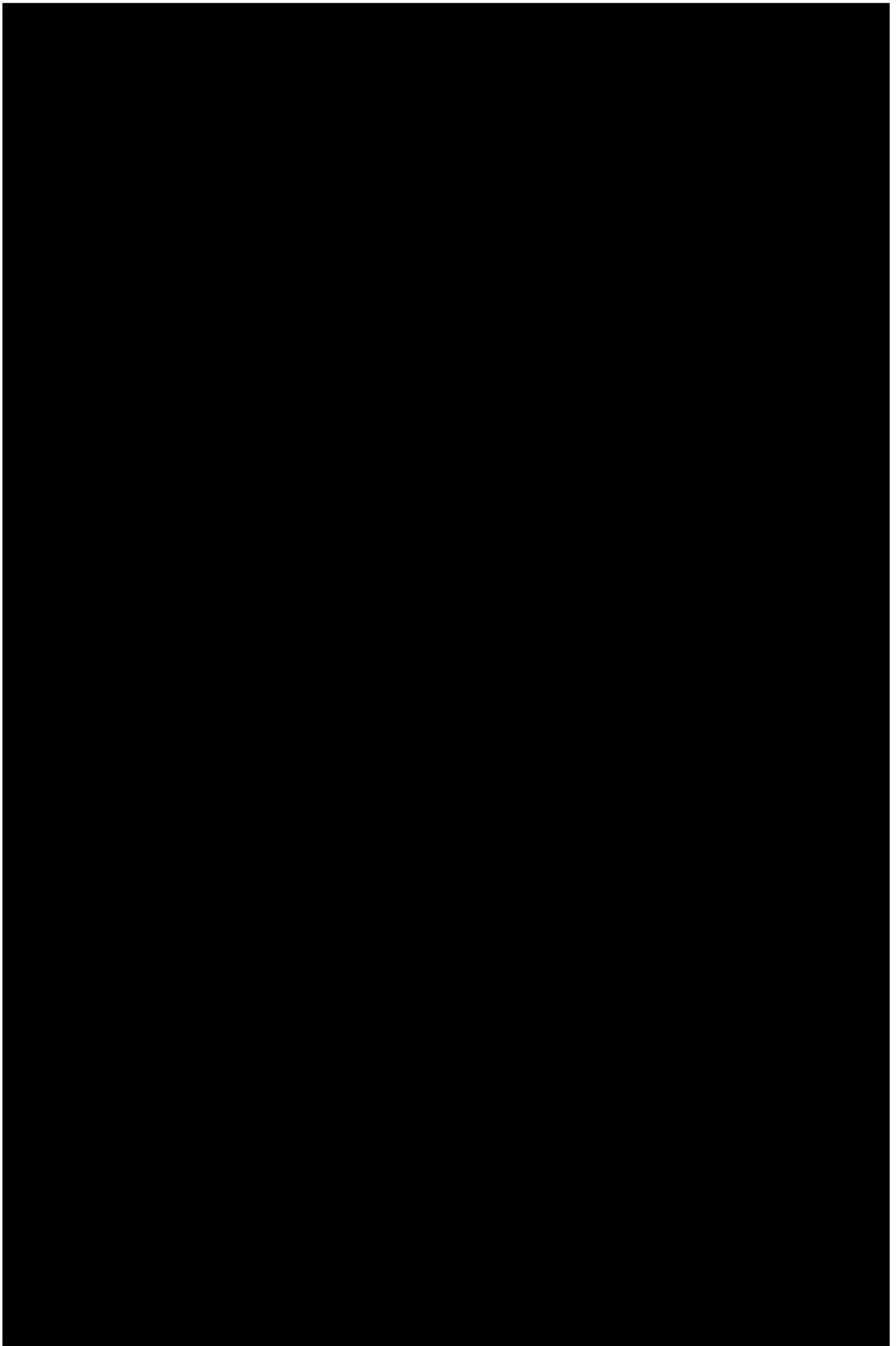


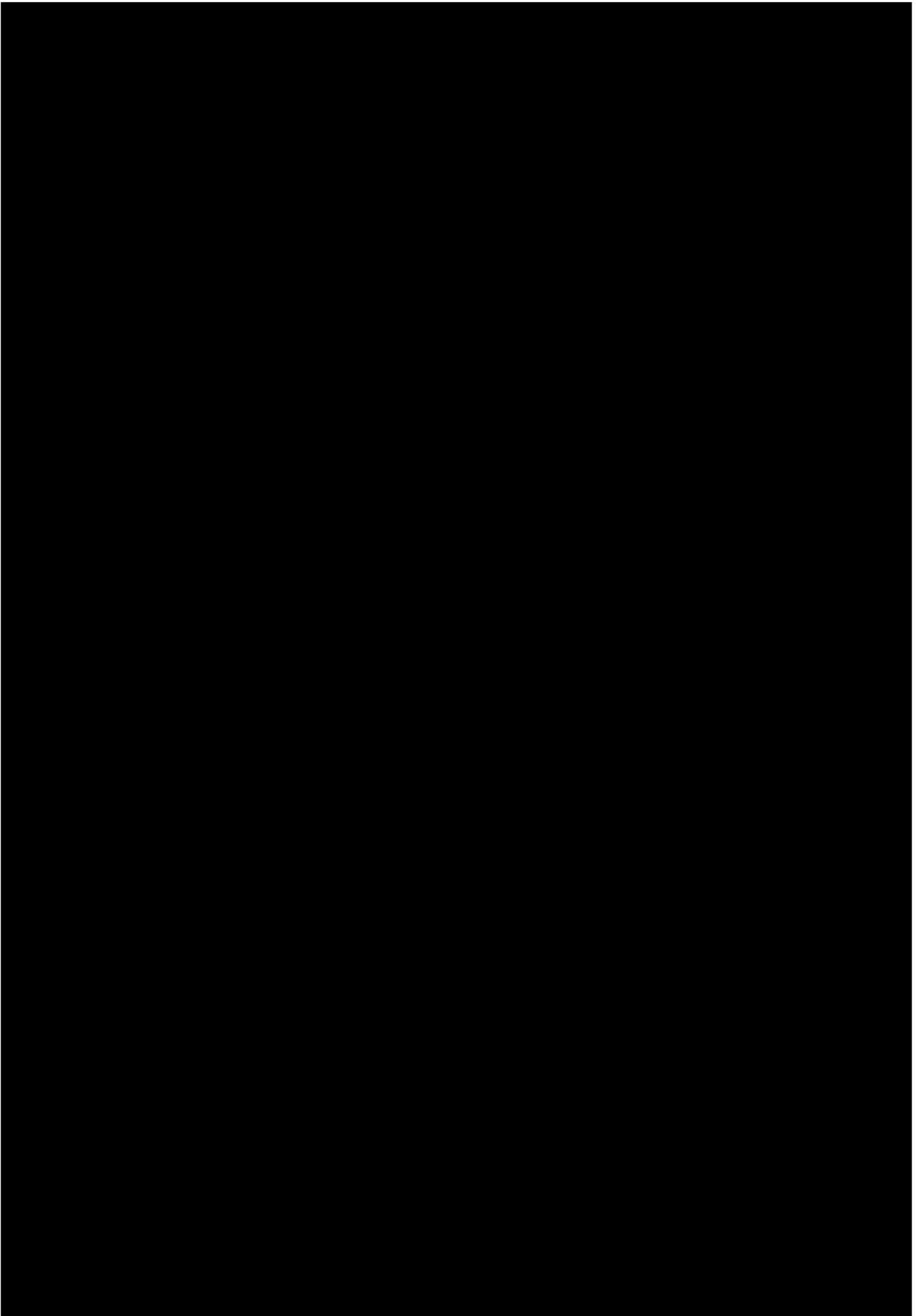


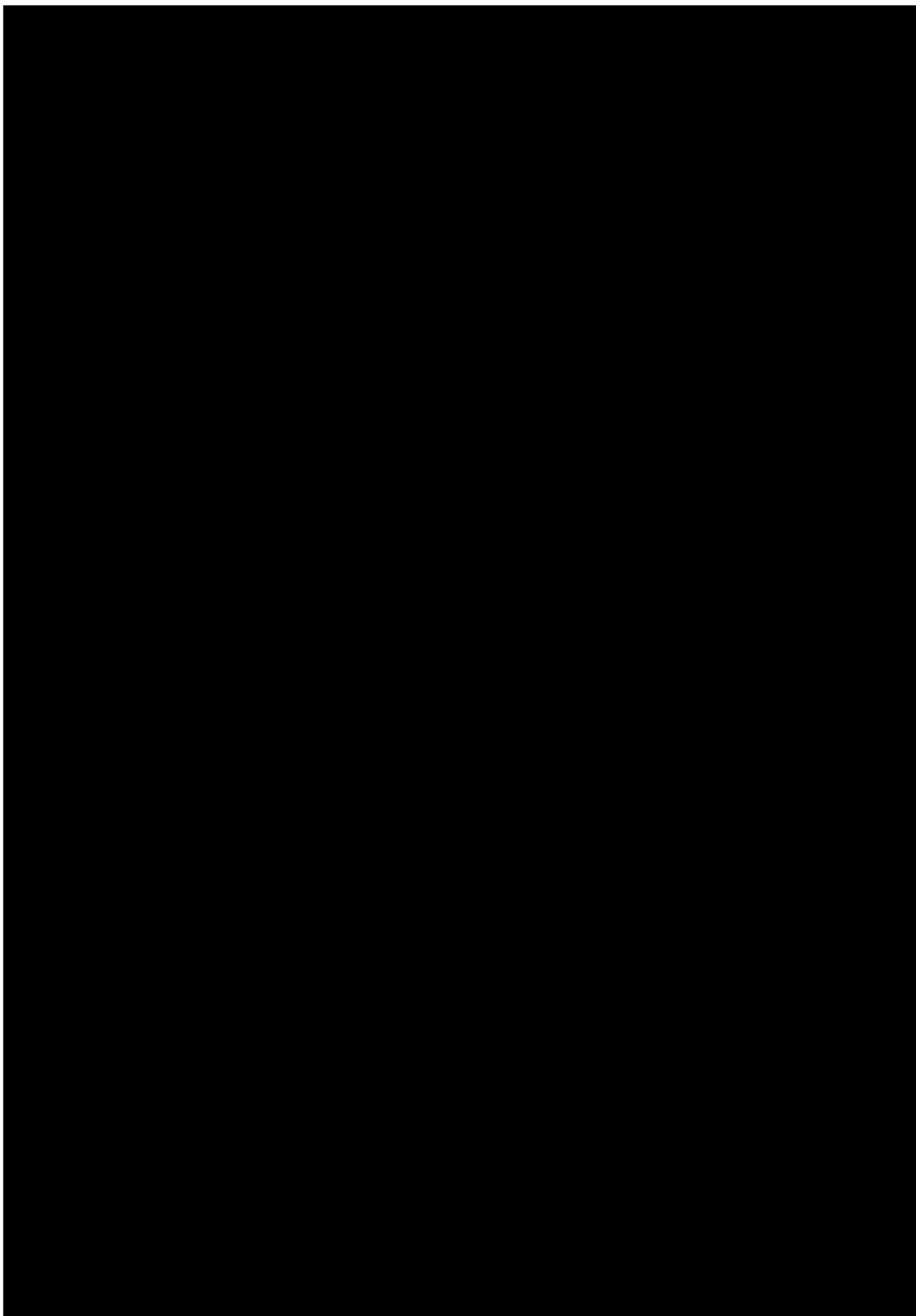


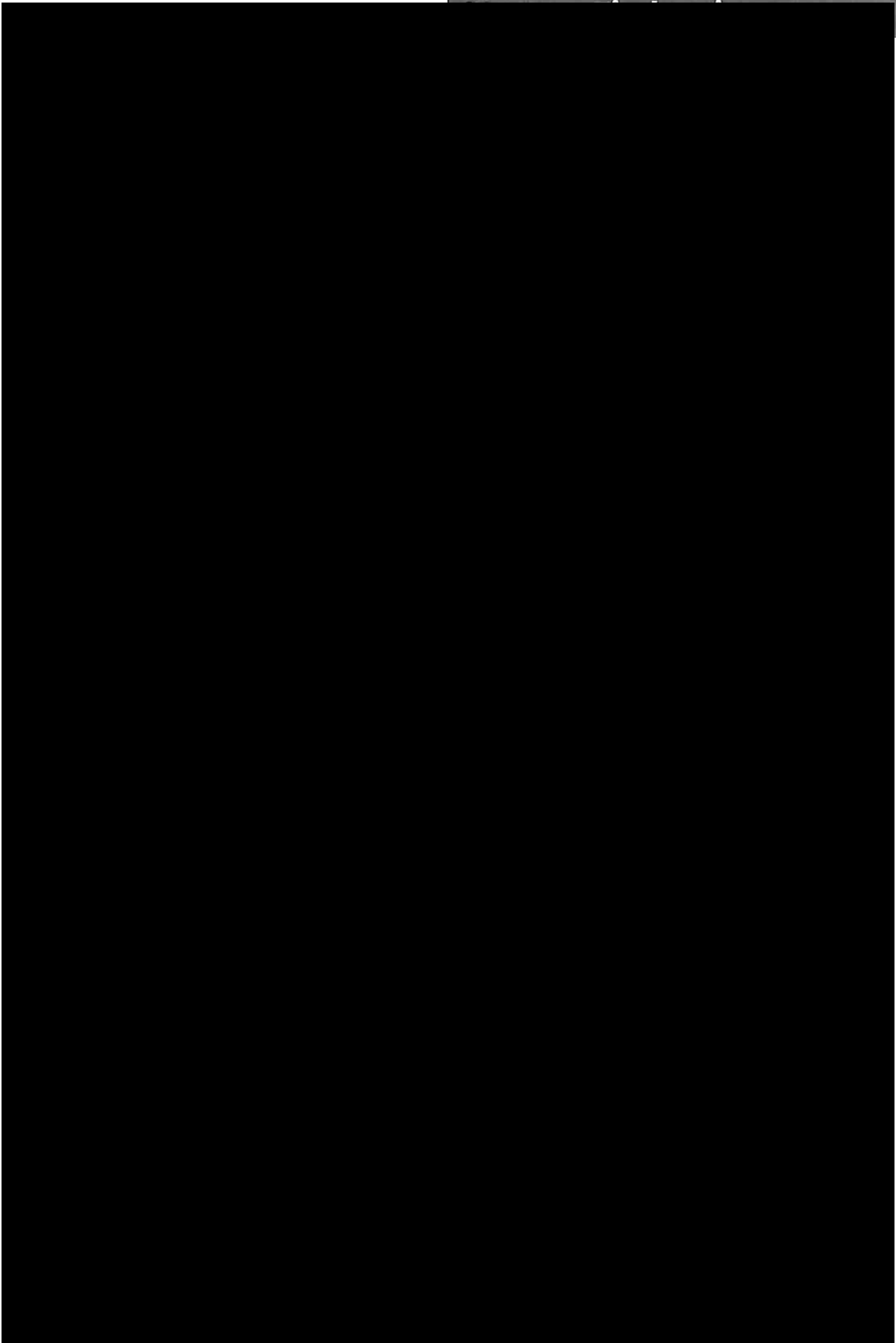












QUESTION TIME BRIEF

TRIM Reference: GBC18/676

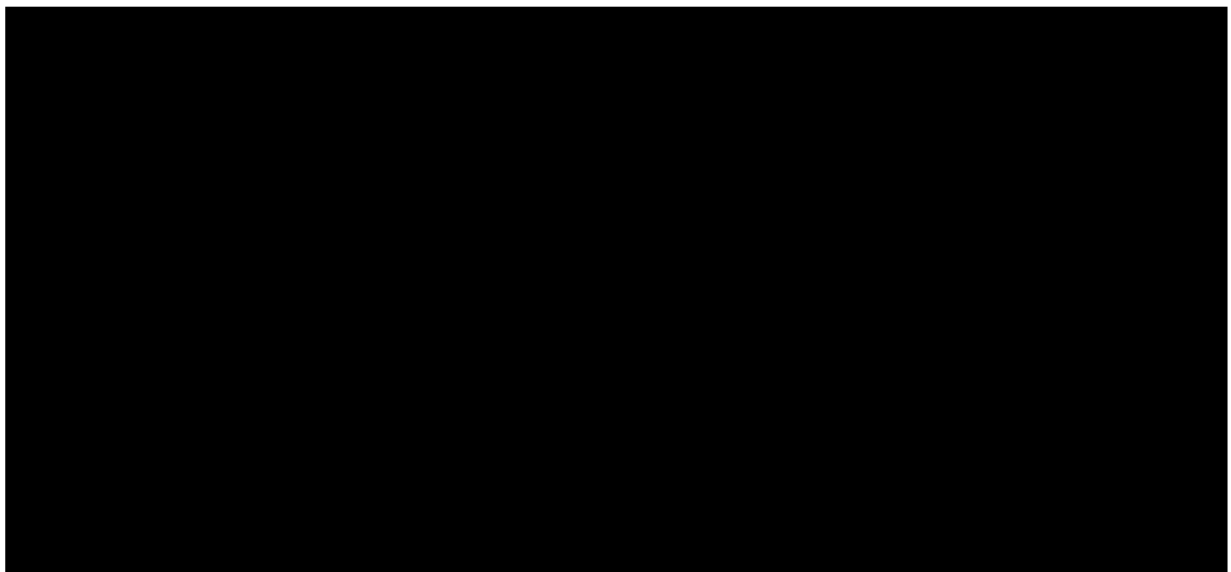
Portfolio/s: Corrections and Justice Health

ISSUE: ALEXANDER MACONOCHIE CENTRE OVERDOSE NUMBERS

Talking points:

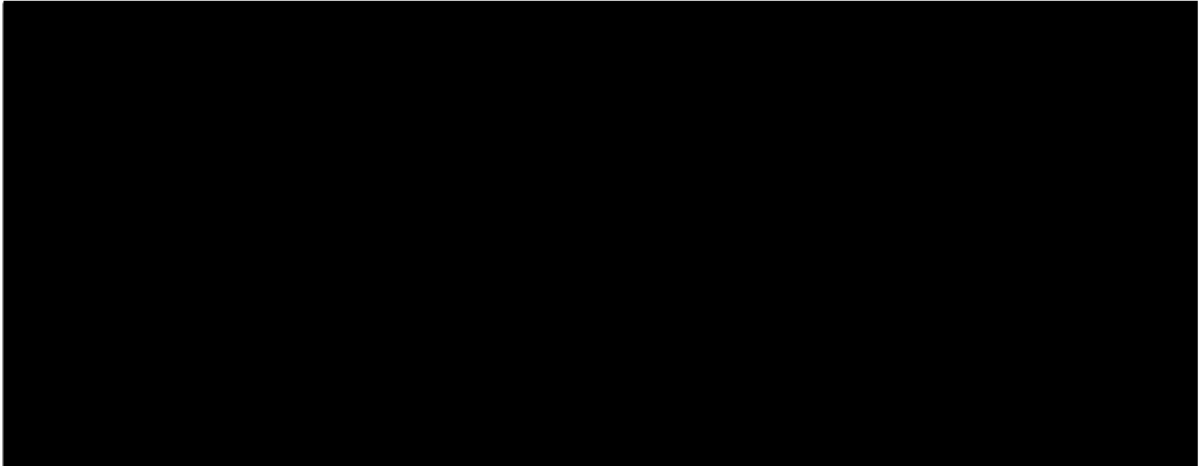
- All personal health information, including if a detainee has overdosed on medication or illicit substances, is maintained in their individual clinical record.
- Medical information is subject to privacy provisions and therefore is not available for release.
- Canberra Health Services maintains clinical records for all patients, aggregated data on the number of drug overdoses at the Alexander Maconochie Centre (AMC) is not separately collected.
- “Overdose” is difficult to quantify with significant variation related to such factors as:
 - the significance of outcome from no impact to death; and
 - whether the action was intentional or unintentional; and
 - whether drug was prescribed or illicit.

Background



| | | |
|-----------------------------------|---------------------------------|------------|
| Cleared as complete and accurate: | 18/10/2018 | |
| Cleared by: | Executive Director | Ext: 70879 |
| Information Officer name: | Jon Peach | |
| Contact Officer name: | Vanessa Dumbrell | Ext: 53366 |
| Lead Directorate: | Justice and Community Safety | |

QUESTION TIME BRIEF



Cleared as complete and accurate: 18/10/2018
Cleared by: Executive Director Ext: 70879
Information Officer name: Jon Peach
Contact Officer name: Vanessa Dumbrell Ext: 53366
Lead Directorate: Justice and Community
Safety

QUESTION TIME BRIEF

GBC18/580

Portfolio/s: Health & Wellbeing**ISSUE:** NGUNNAWAL BUSH HEALING FARM**Talking points:**

- The third program of the NBHF commenced on 25 September 2018 with five clients (50 per cent capacity). It is scheduled to be completed on 14 December 2018. Clients were sourced from a range of government and non-government programs within the ACT.
- The program includes the following providers:
 - Blacksmithing and toolmaking – Valley Forge Cuppcumbalong;
 - Physical fitness and wellbeing – Thriving Life and Strive Fitness;
 - Music therapy – Johnny Huckle;
 - Cultural walks and talks – ACT Parks and Conservation Aboriginal Rangers ‘Health Country Program’;
 - Horse therapy – Peakgrove Equine Assisted Therapy;
 - Relapse prevention – SMART Recovery; and
 - Cartoon therapy – FunnyOz Works.
- The second 14 week day program for the Ngunnawal Bush Healing Farm (NBHF) was completed on 6 September 2018. It commenced with a full complement (12) of clients who began their orientation for the NBHF on 4 June 2018.
- NBHF staff have provided a number of opportunities to continue to strengthen links and partnerships with organisations and with members of the Aboriginal and Torres Strait Islander community.
- As I have previously committed, ACT Health has contracted Mr Russell Taylor AM to undertake a review following the successful completion of one year of operation of the NBHF.

Cleared as complete and accurate: 17/10/2018
Cleared by: Executive Director Ext: 79143
Information Officer name: Patrick Henry
Contact Officer name: Marc Emerson Ext: 50693
Lead Directorate: Health

QUESTION TIME BRIEF

- Mr Taylor is an Aboriginal Australian (Kamilaroi) and former long term Senior Executive Service member of the Australian Public Service. In 2016, he stepped down as CEO of the Australian Institute of Aboriginal and Torres Strait Islander Studies (AIATSIS) in Canberra. Mr Taylor is also a former CEO of the NSW Aboriginal Housing Office (AHO), the Chair of the Burbangana Group and the 2018 NAIDOC Male Elder of the Year.
- Mr Taylor will examine and report on:
 - governance arrangements for the NBHF and recommendations regarding appropriate governance arrangements into the future;
 - the range of programs currently delivered and potential future additions or improvements best suited to governance model;
 - research and consultation in relation to delivery of appropriate and effective programs including processes for client identification and selection, effectiveness of completed programs and the sustainability of program outcomes following completion;
 - the effectiveness and relevance of governing policies for the NBHF;
 - staffing levels, training and supervision procedures; and
 - current infrastructure and best use of the facility to align with program aims, the NBHF governance model and the needs of the Community.

Cleared as complete and accurate: 17/10/2018
Cleared by: Executive Director Ext: 79143
Information Officer name: Patrick Henry
Contact Officer name: Marc Emerson Ext: 50693
Lead Directorate: Health

Key information:

The current program includes:

Blacksmithing and toolmaking

Clients are taught how to make reshape metal into tools such as fire pokers, hammers and other tools.

Physical fitness and wellbeing

There are two fitness providers currently on the NBHF program, one for male clients and one for female clients.

Music Therapy

The aim of this program is for the clients to write the lyrics to a song relating to their recovery journey, guided by a local music therapy professional, and record it together.

Cultural Walks and Talks

This program is delivered by Aboriginal staff at ACT Parks and Conservation. Clients visit the Namadgi National Park and learn about the Aboriginal culture and history of the park, including ceremonial sites, scar trees, grinding grooves, rock shelters, rock art; and tool and weapons.

Horse Therapy

The horse therapy program aims to develop confidence and leadership skills, enhance relationship and emotional connections, and encourage clients to work through trauma, depression, and anxiety.

Cartoon Therapy

Clients are taught how to draw cartoons and other illustrations as part of their recovery journey and as a reflection of their life experience.

| | | |
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| Cleared as complete and accurate: | 17/10/2018 | |
| Cleared by: | Executive Director | Ext: 79143 |
| Information Officer name: | Patrick Henry | |
| Contact Officer name: | Marc Emerson | Ext: 50693 |
| Lead Directorate: | Health | |

QUESTION TIME BRIEF

GBC18/580

Portfolio/s Health & Wellbeing

ISSUE: CANNABIS LEGALISATION

Talking points:

- Issues relating to cannabis diversion are the subject of considerable ongoing debate.
- Any amendments to legislation regarding cannabis possession and cultivation, must be carefully considered, and take into account the best available evidence around implications related to adverse health effects
- Consistent with the National Drug Strategy 2017-2026, the ACT Government is developing the ACT Drug Strategy Action Plan 2018-2021. Both the National Drug Strategy and the Drug Strategy Action Plan are underpinned by the three pillars of harm minimisation: demand reduction, supply reduction and harm reduction.
- The Drug Strategy Action Plan is due to be finalised by the end of 2018.

Key Issues:

Harms of cannabis

- Cannabis use has been associated with substantial adverse health effects, some of which have been determined with a high level of confidence.
- Most studies report adverse effects from:
 - Short-term cannabis use, for example, impaired short-term memory and motor coordination, altered judgment and, in high doses, paranoia and psychosis.
 - Long-term or heavy cannabis use, for example, addiction, altered brain development, symptoms of chronic bronchitis and increased risk of chronic psychosis disorders, including schizophrenia, in persons with a predisposition to such disorders.
- Cannabis, like other drugs of abuse, can result in addiction. During intoxication, cannabis can interfere with cognitive function (e.g. memory and perception of time) and motor function (e.g. coordination), and these effects can have detrimental consequences (e.g. motor-vehicle accidents).

Cleared as complete and accurate: 17/10/2018
Cleared by: Deputy Director-General Ext: 52439
Information Officer name:
Contact Officer name: Emily Harper Ext: 52245
Lead Directorate: Health

TRIM Ref: GBC18/580

QUESTION TIME BRIEF

- Repeated cannabis use during adolescence may result in long-lasting changes in brain function that can jeopardise educational, professional, and social achievements.

Medicinal use

- Since 1 November 2016 some cannabis products have been able to be prescribed by doctors for medicinal use in Australia, including the ACT.
- In order to prescribe cannabis as a controlled medicine, doctors should obtain authority from the ACT Chief Health Officer under the same process which currently applies for other controlled medicines such as opiates and amphetamines.
- Only registered medical practitioners can apply for an authority to prescribe a controlled medicine for one of their patients.

Cleared as complete and accurate: 17/10/2018
Cleared by: Deputy Director-General Ext: 52439
Information Officer name:
Contact Officer name: Emily Harper Ext: 52245
Lead Directorate: Health
TRIM Ref: GBC18/580

Item 5.1 Addressing alcohol related harms through a program of policy reform**1. Note****SYNOPSIS**

- The Northern Territory (NT) representatives will provide an update on their alcohol policy reforms.

KEY ISSUES

- The ACT will watch with interest the impact of the introduction of a 'floor price' on alcohol in the NT, given that further exploration of a minimum unit price was outlined as an action in the draft ACT Drug Strategy Action Plan released for public consultation in June 2018.
- No areas of concern are raised by this update.

POSITION OF OTHER JURISDICTIONS

- Other jurisdictions are also expected to note the update provided by the NT.

BACKGROUND

- The NT Government commissioned a review into alcohol harm reduction.
- In October 2017, an Expert Advisory Panel delivered the resulting Alcohol Policies and Legislation Review Final Report to the NT Government.
- The NT Government provided their formal response to the report in February 2018, and developed the Alcohol Harm Minimisation Action Plan 2018-19.
- In August 2018, the first six monthly progress report on the Plan was publicly released.

Action Officer: Emily Harper
Phone: 620 52245

Manager: Leonie McGregor
[Area]: Health Systems, Policy and Research
Phone: 620 78454



CHIEF MINISTER'S TALKBACK – HOT ISSUE

Complete and accurate as at: 9 October 2018

ISSUE: PILL TESTING

Talking Points

- The ACT Government has received a proposal from Safety Testing and Advisory Service at Festivals and Events (STA-SAFE) consortium to conduct a pill testing service offsite on 17 November 2018, the day of the Spilt Milk festival, following the National Capital Authority statement that pill testing will not be permitted within the festival.
- This proposal is subject to the same cross-government review process undertaken prior to the Groovin the Moo music festival held in April 2018.
- Pill testing is a harm minimisation intervention that includes the chemical analysis of drugs surrendered by festival patrons, and the provision of relevant drug information and counselling by qualified personnel.
- The ACT Government is committed to harm minimisation, in line with the National Drug Strategy.
- The Government considers that pill testing as a component of harm reduction measures is a sensible approach to limiting the dangers of illicit drug use at ACT music festivals. This position is in no way softening the Government's stance on illegal drugs.

Background Information

- Australia's first trial of a pill testing service was conducted at Groovin the Moo (GTM) Canberra on Sunday 29 April 2018.
- The service was provided by (STA-SAFE) and was supported by the ACT Government, the festival promoters (Cattleyard Promotions) and the University of Canberra, where the festival was held.
- At GTM, potentially lethal substances were identified in two of the 85 samples submitted for testing. Following testing, a number of patrons utilised the amnesty bins to discard their pills instead of consuming them.
- STA-SAFE had submitted a proposal to conduct pill testing within Spilt Milk prior to the NCA publicly indicating they would not allow pill testing to be undertaken on their land.

Key Points

- Evidence shows services such as pill testing can help reduce harm at events where illicit drug use is prevalent, such as music festivals.
- Pill testing allows people to decide whether or not to take the drug if it is found to be excessively potent or contains unexpected substances.
- Pill testing also allows useful information to be gathered about illicit drugs, helping public health organisations and researchers predict trends in drug use. In some circumstances, pill testing can also help health professionals treat patrons who may be experiencing an overdose.

Contact Officer: Emily Harper

Ext:78634



MINISTERIAL BRIEF

Health Directorate

UNCLASSIFIED

To: Minister for Health and Wellbeing Tracking No.: MIN18/1611
- 4 OCT 2018

From: Michael De'Ath, Interim Director-General

Subject: Update on real time reporting for controlled medicines

Critical Date: Not applicable

Critical Reason: Not applicable

• DG 3/10/18

Purpose

To provide you with an update on real time reporting for controlled medicines following passage of the Medicines, Poisons and Therapeutic Goods Amendment Bill 2018.

Recommendation

That you:

1. Note that ACT Health is pursuing a single select process to procure a Prescription Exchange Service (PES) to achieve real time reporting prior to planned DAPIS Online Remote Access (DORA) release by March 2019; and **Noted / Please Discuss**

2. Agree that ACT Health prepare draft changes to the Medicines, Poisons and Therapeutic Goods Regulation 2008 (MPTG Regulation) to formalise the obligation that pharmacies report medicine information to the Chief Health Officer (CHO) via a PES to enable real time reporting.

Agreed / Not Agreed / Please Discuss

8,10,18

Meegan Fitzharris MLA

Minister's Office Feedback

UNCLASSIFIED

UNCLASSIFIED

Background

1. The Medicines, Poisons and Therapeutic Goods (MPTG) Amendment Bill 2018 was passed unanimously in the Legislative Assembly on 7 June 2018. The Bill will enable the rollout of the DORA website to health professionals by March 2019.
2. The Drugs and Poisons Information System (DAPIS) is a real time prescription monitoring (RTPM) system. However due to third party software vendor dependencies the ACT has not been able to achieve real time reporting. As a result, pharmacies are manually reporting controlled medicine dispensing events each week.
3. On introduction and debate of the Bill in the ACT Legislative Assembly, you gave a commitment to make a regulatory amendment to require pharmacists to report controlled medicine dispensing events each day until real time reporting is achieved.
4. On 6 June 2018, the Pharmacy Guild of Australia, ACT Branch (Guild) wrote to you confirming its support to change reporting requirements from weekly to daily, provided this is a temporary solution and that ACT adopt the national RTPM in the future Attachment A.
5. On 25 June 2018, you were advised that the Pharmaceutical Society of Australia, ACT Branch (PSA) is unlikely to support daily reporting in preference for a real time technical solution Attachment B.
6. On 9 August 2018, you were briefed that pharmacy software vendors were not prepared to pursue an ACT specific solution to establish real time reporting to DAPIS. On 14 August 2018, you subsequently asked for a brief on DORA progress at the end of October 2018 Attachment C.

Issues*Real-time reporting*

7. ACT Health has identified that the use of a Prescription Exchange Service (PES), which enables transfers of electronic prescriptions between a prescriber and a pharmacy in real time, would allow for real time reporting before DORA commences in March 2019.
8. A PES called Medication Knowledge is approved for use by Victoria with its *SafeScript* database and would be an *approved data source entity* under ACT legislation.
9. A connection between Medication Knowledge and DAPIS would result in real time reporting for all community pharmacies in the ACT as they are already PES enabled.
10. Most ACT hospital pharmacies are not PES enabled, however ACT Health understands that they will become PES enabled from 2019 to integrate with *SafeScript*.
11. The Health Protection Service (HPS) will work with individual hospitals to implement more frequent reporting as an interim solution in the coming months.

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12. Achieving real time reporting through the PES solution will vastly improve the information available through DAPIS and DORA. ACT Health considers the public health risks from weekly reporting are sufficiently addressed through the PES solution and amendments to the regulation are now unnecessary.
13. ACT Health is currently pursuing a single select process to implement the PES solution from the vendor by December 2018.

Legislative and administrative amendments

14. There is no impediment in the MPTG Regulation for pharmacies to report controlled medicines information to the CHO via a PES. However, a minor amendment to the MPTG Regulation is recommended to formalise the ability of pharmacies to use the PES as a method of reporting.
15. The proposed amendment would not be associated with an increased regulatory burden to pharmacies and should not require a Regulatory Impact Assessment process to be undertaken.
16. As the PES solution would result in an effective real time prescription monitoring scheme, it would not be necessary to amend the MPTG Regulation to require daily reporting.
17. The HPS will also include a condition on all Community Pharmacy Licences to obligate pharmacies to use the PES for reporting.
18. A diagram of how use of a PES would give effect to real time reporting and its integration with DORA is at Attachment D.

Financial Implications

19. The total cost of implementing the PES solution is up to \$100,000 upfront and a monthly subscription of \$5,000. The use of a PES will incur no additional cost to pharmacies with PES enabled software.
20. Funds for achieving the PES solution will be drawn from existing ACT Health budget and will also be partially offset by reduced administration within the HPS by it no longer having to follow up manual reports.
21. This investment is considered high value for money given the high public health value in achieving real time reporting to DAPIS, and taking into account the reduced regulatory burden upon business through this solution.

ConsultationInternal

22. ACT Health is currently considering alternative technical solutions for public hospital pharmacies.

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Cross Directorate

23. ACT Health has confirmed its advice with PCO and JaCSD regarding the proposed regulatory amendments.

External

24. ACT Health is in continued discussions with the Medication Knowledge vendor, the DAPIS vendor, the Medical Software Industry Association (MSIA) and pharmacy software vendors.
25. The Guild and PSA are aware that ACT Health is pursuing the PES solution, and are supportive of the PES approach in preference to daily reporting.
26. The Society of Hospital Pharmacists of Australia, ACT Branch, has confirmed it's in principle support for more frequent manual reporting from hospital pharmacies as an interim measure pending a technical real-time-reporting solution.

Work Health and Safety

27. Not applicable.

Benefits/Sensitivities

28. Achieving a PES real time reporting solution is considered high value for money and will satisfy your commitment to increase the rate of reporting to DAPIS.

Communications, media and engagement implications

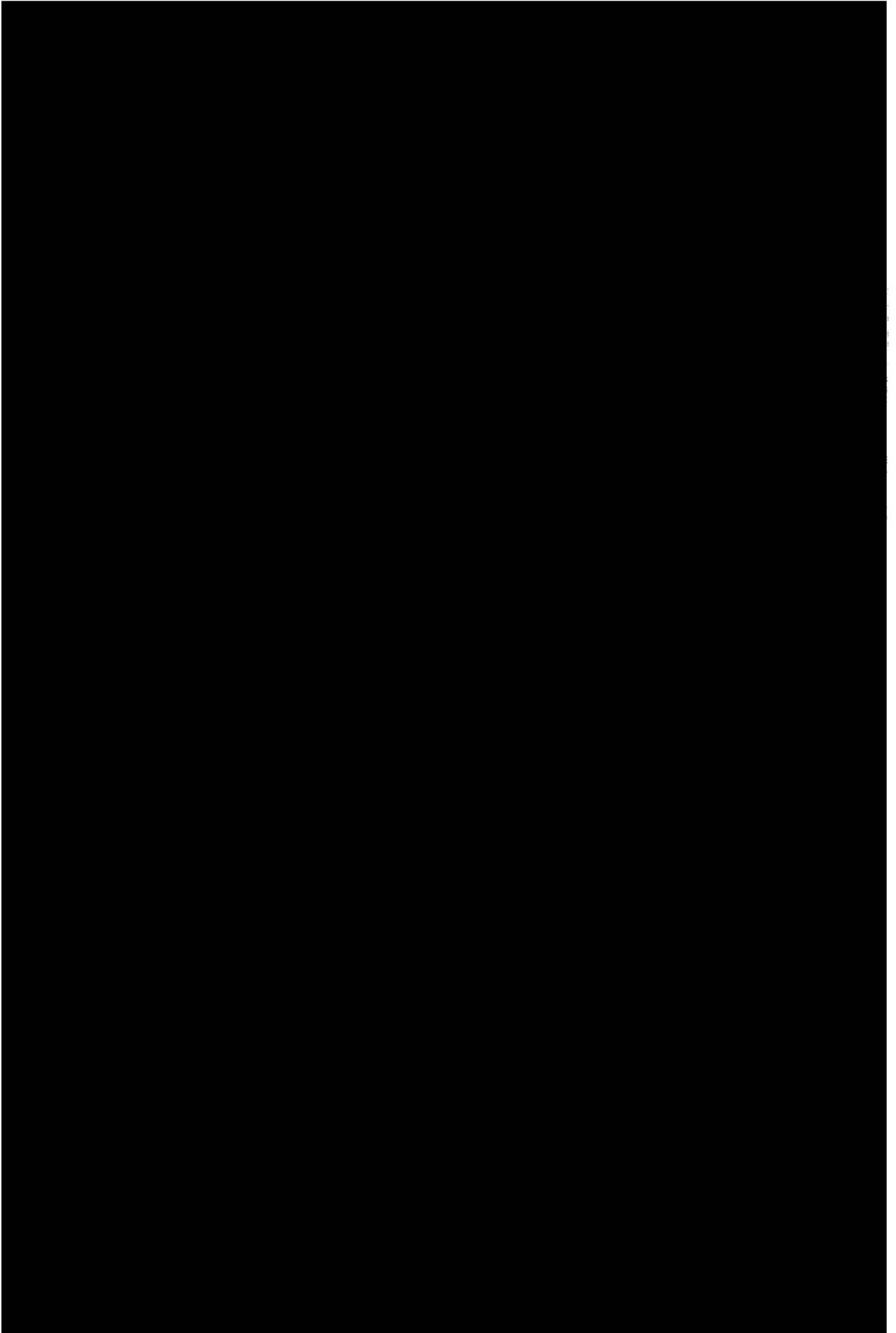
29. Not applicable.

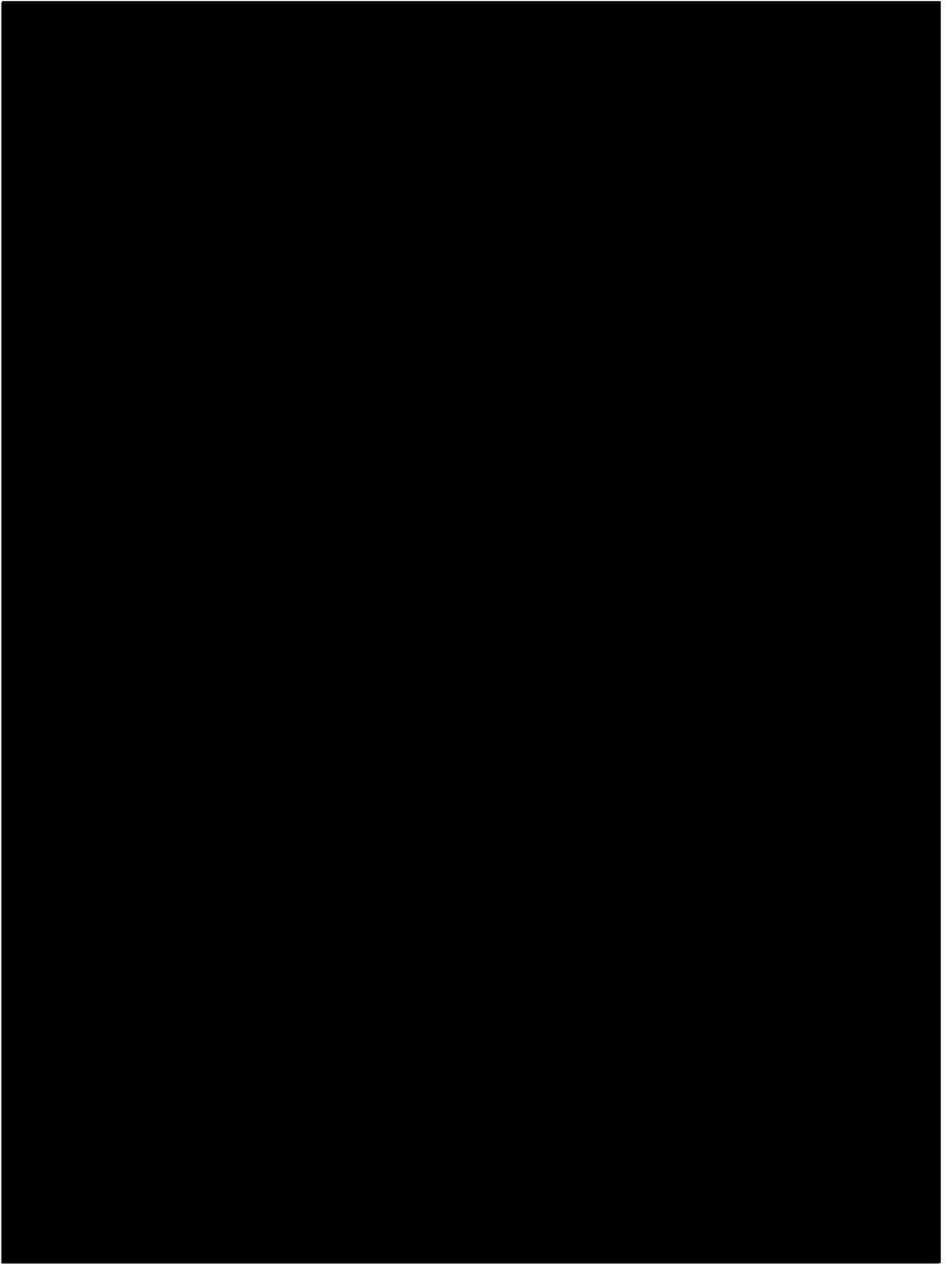
Signatory Name: Dr Paul Kelly, Chief Health Officer Phone: 6205 0883
 Action Officer: Conrad Barr, Director Health Protection Service Phone: 6205 1722

Attachments

| Attachment | Title |
|--------------|--|
| Attachment A | Letter from Pharmacy Guild to Minister Fitzharris dated 26 June 2018 |
| Attachment B | Ministerial brief 25 June 2018 – Further action following meeting – Minister for Health and Wellbeing – Pharmacy Guild of Australia – Thursday 24 May 2018 |
| Attachment C | Ministerial brief 9 August 2018- Outcomes of meeting with MSIA regarding real time prescription monitoring |
| Attachment D | Figure 1 – proposed PES solution |

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B

ADVISORY NOTE

Minister for Health and Wellbeing

| | |
|--------------------------|---|
| TRIM Ref: MIN18/383 | Further action following Meeting - Minister for Health and Wellbeing - Pharmacy Guild of Australia - Thursday 24 May 2018 |
| Critical Date | Not applicable |
| Interim Director-General | Michael De'Ath 25/06/18 |

Minister's question/s:

At the Minister's meeting with the ACT Branch of the Pharmacy Guild of Australia (PGA) on 24 May 2018, the Minister discussed the prescription reporting and monitoring with the PGA and confirmed that the PGA is comfortable and supportive of a change from weekly to daily reporting.

The Minister requested an update on the 'stakeholder working group with the PGA'.

ACT Health's response:

The first meeting of the DAPIS Upgrade project Stakeholder Engagement Group was held successfully on 8 June 2018. At the meeting, high level feedback from members was sought regarding DAPIS Online Remote Access (DORA) specifications as well as the new electronic smart form for controlled medicines approvals.

The matter of daily and real time reporting is out of scope of the DAPIS Upgrade Project and terms of reference of the Stakeholder Engagement Group. The purpose of the Group is to advise on system specifications and communication and implementation plans for the DORA and smart form release. The Group comprises of a broad range of medical, consumer and pharmacy stakeholders including the Australian Medical Association, Royal Australasian College of Physicians, Australian College of Emergency Medicine, PGA and Health Care Consumers Association.

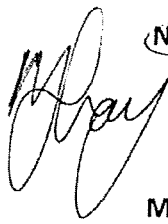
It was conveyed to the Group during the meeting that the passage of the Medicines, Poisons and Therapeutic Goods Amendment Bill 2018 on the day prior, 7 June 2018, was coupled with a commitment by the Minister that ACT Health would be pursuing a regulatory amendment to increase the rate of pharmacy reporting to daily until a real time solution could be achieved. No specific feedback was sought from the Group on this issue at the meeting.

The Chief Pharmacist has held further preliminary discussions with key stakeholders since your meeting with the PGA. The PGA has maintained its support for daily reporting, however the Pharmaceutical Society of Australia, ACT Branch is unlikely to support daily reporting in preference for a technical solution for real time reporting. Advice is yet to be sought from the Society of Hospital Pharmacists of Australia, however preliminary discussions suggest they will not raise any major objections.

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The Chief Pharmacist met with the Medical Software Industry Association (MSIA) on 14 June 2018 to discuss options for re-engaging with pharmacy software vendors to enable RTR to DAPIS. Outcomes from this meeting were positive and preliminary plans are underway to arrange a teleconference between vendors and the Health Protection Service to explore technical solutions.

The Health Protection Service is preparing advice for you on how your commitment to mandate daily reporting may be best achieved, with the view to ensuring the rate of reporting is increased to at least daily before DORA is introduced. A Regulatory Impact Statement (RIS) will be required as per standard process, which will need to explore both technical and non-technical solutions for increasing the reporting rate. A scoping study for achieving real time reporting is also currently being finalised by ACT Health Digital Solutions Division, which will help to inform the RIS.



Noted / Please Discuss

Meegan Fitzharris MLA
Minister for Health and Wellbeing

20.7.18

| | | | |
|-----------------|---|--------|-----------|
| Signatory Name: | Dr Paul Kelly, Chief Health Officer and Executive Director, Population Health Protection and Prevention | Phone: | 6205 0883 |
| Action Officer: | Conrad Barr, Director, Health Protection Service | Phone: | 6205 1722 |



MINISTERIAL BRIEF

C

Health Directorate

UNCLASSIFIED

To: Minister for Health and Wellbeing

Tracking No.: MIN18/856

8 AUG 2018

From: Karen Doran, Acting Director-General

Subject: Outcomes of meeting with Medical Software Industry Association (MSIA) regarding real time prescription monitoring.

Critical Date: Not applicable

Critical Reason: Not applicable

- DG 2/8/18 K.DL
- DDG .../.../...

Purpose

To provide you with information following a meeting between the Health Protection Service (HPS) and the Medical Software Industry Association (MSIA).

Recommendation

That you note the information contained in this brief.

Noted Please Discuss

Meegan Fitzharris MLA *M. Fitzharris* 14/8/18

Minister's Office Feedback

Please brief on DORA progress at end of October 2018, thank you.

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Background

1. The President of MSIA emailed you on 1 May 2018 seeking a meeting to discuss the ACT's real time prescription monitoring system (RTPM) and plans to adopt national RTPM in the future. You asked for ACT Health to meet with MSIA on your behalf and to advise you of outcomes.
2. You have been briefed previously on matters relating to RTPM in the ACT. The HPS implemented its Drugs and Poisons Information System (DAPIS) in 2014. As per previous advice to you, the system is currently not operating in real time due to technical difficulties. Pharmacies are currently manually submitting dispensing data to DAPIS each week.
3. On 7 June 2018, the Medicines, Poisons and Therapeutic Goods (MPTG) Amendment Bill 208 was passed unanimously in the Legislative Assembly. The Bill will enable the rollout of DAPIS Online Remote Access (DORA) for health professionals by March 2019.
4. On introduction and debate of the Bill in the ACT Legislative Assembly, you gave a commitment to prepare a regulatory amendment to mandate that pharmacists report controlled medicine dispensing events each day. ACT Health is currently considering a range of technical and non-technical solutions for increasing the rate of reporting in the ACT, and advice will be provided to you soon on options to take this forward.
5. The ACT remains highly supportive of national RTPM plans and is actively working with the Commonwealth towards achieving this solution.

Issues

6. The Chief Pharmacist met with the President and other representatives of the MSIA on 14 June 2018. The purpose of the meeting was to discuss ACT plans for adopting RTPM in the future.
7. The meeting was also used as an opportunity to seek MSIA's support in re-engaging with pharmacy software vendors to explore options for them to establish a real time connection between pharmacy dispensing systems and DAPIS, before DORA is introduced in the ACT and as an interim measure until national RTPM is achieved.
8. MSIA subsequently facilitated a meeting between the HPS and pharmacy software vendors, which took place on 5 July 2018. The overwhelming response from vendors (including key market leaders) was that they would not be prepared to consider updates for an ACT specific solution, pending the introduction of national RTPM.
9. Vendors stated that this is due to the short timeframes involved and that significant development work is required and could not be justified for a temporary solution. The option of incentive payments was also put to vendors, however they indicated that even with financial support, vendors would still have a fundamental lack of capacity to undertake the updates in time.
10. The HPS will be further exploring the option to connect to a Prescription Exchange Service (PES) to source real time data as an interim measure. This is consistent with the approach being taken by Victoria to source real time data. MSIA will continue to assist the HPS in liaising with the PES vendors.

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11. If the ACT is able to achieve a technical solution for real time reporting prior to the introduction of DORA, this may negate the need for a regulatory amendment. Further advice on this matter is currently being prepared pending clarification of some details with software vendors and Parliamentary Counsel's Office.

Financial Implications

12. The MSIA has proposed moderate fees to the HPS for ongoing work which are currently under consideration. The HPS envisages that minimal engagement will be required with MSIA following outcomes of PES vendor discussions.
13. The costs to ACT Health of implementing a technical solution for increasing the reporting rate are currently being explored.

ConsultationInternal

14. Not applicable.

Cross Directorate

15. Not applicable.

External

16. The MSIA, pharmacy software vendors, PES vendors and DAPIS vendor have all taken part in these discussions.

Benefits/Sensitivities

17. Engaging with MSIA may help to facilitate a feasible technical solution for achieving real time reporting in the ACT before DORA is introduced.

Media Implications

18. Not applicable.

| | | | |
|-----------------|---|--------|-----------|
| Signatory Name: | Dr Paul Kelly, Chief Health Officer, Population Health | Phone: | 6205 0883 |
| Action Officer: | Conrad Barr, Director Health Protection Service | Phone: | 6205 1722 |

UNCLASSIFIED

Attachment D - Proposed Prescription Exchange Service (PES) solution

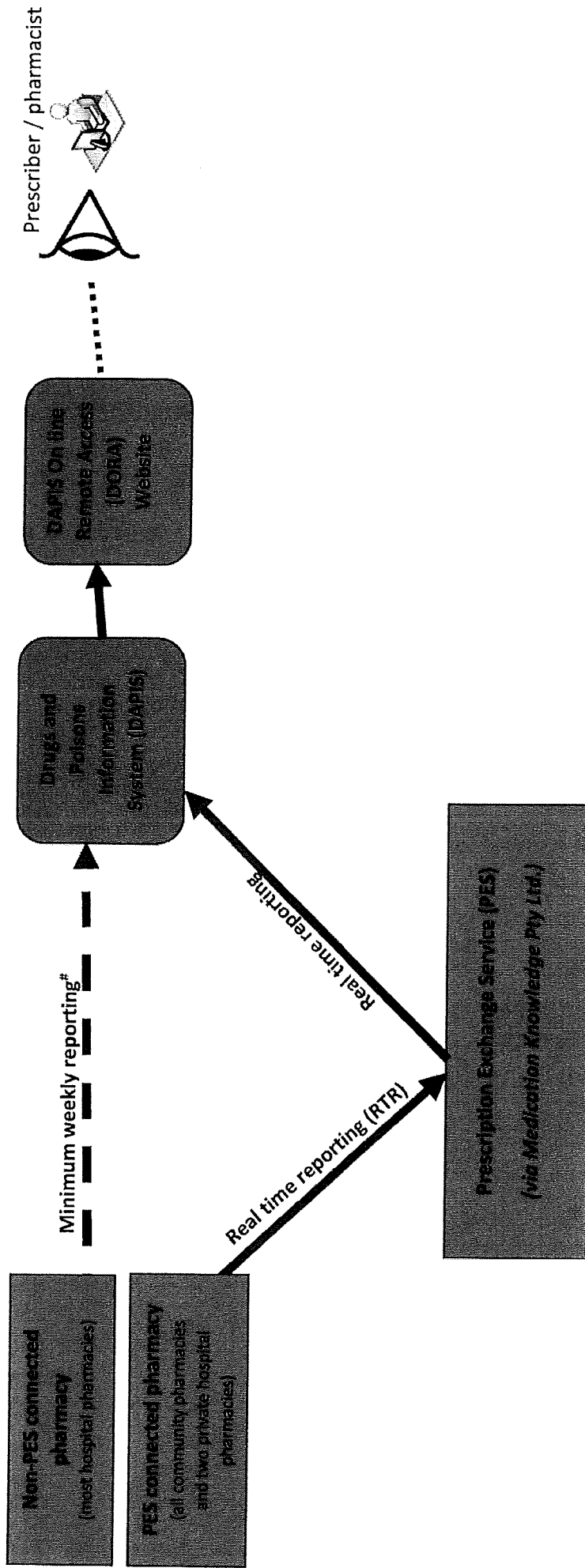


Figure 1. Proposed data reporting arrangements using a PES data provider.*

* Current regulatory obligations not shown. Diagram illustrates only proposed data reporting mechanisms using a PES data provider.

Alternative models for RTR for non-PES enabled hospitals are being actively explored. The Society of Hospital Pharmacists of Australia supports voluntary daily reporting as an interim measure pending an RTR solution.



CHIEF MINISTER'S TALKBACK – HOT ISSUE

Complete and accurate as at: 27 September 2018

ISSUE: **PILL TESTING**

Talking Points

- The ACT Government has received a proposal from Safety Testing and Advisory Service at Festivals and Events (STA-SAFE) consortium to conduct a pill testing service at the Spilt Milk festival in Commonwealth Park on 17 November 2018. This proposal is subject to the same cross-government review process undertaken prior to the Groovin the Moo music festival held in April 2018.
- The National Capital Authority have provided public statements that pill testing will not be permitted on their land (including Commonwealth Park) which will mean that pill testing cannot occur at Spilt Milk.
- Pill testing is a harm minimisation intervention that includes the chemical analysis of drugs surrendered by festival patrons, and the provision of relevant drug information and counselling by qualified personnel.
- The ACT Government is committed to harm minimisation, in line with the National Drug Strategy.
- The Government considers that pill testing as a component of harm reduction measures is a sensible approach to limiting the dangers of illicit drug use at ACT music festivals. This position is in no way softening the Government's stance on illegal drugs.

Background Information

- Australia's first trial of a pill testing service was conducted at Groovin the Moo (GTM) Canberra on Sunday 29 April 2018.
- The service was provided by (STA-SAFE) and was supported by the ACT Government, the festival promoters (Cattleyard Promotions) and the University of Canberra, where the festival was held.
- At GTM, potentially lethal substances were identified in two of the 85 samples submitted for testing. Following testing, a number of patrons utilised the amnesty bins to discard their pills instead of consuming them.

Key Points

- Evidence shows services such as pill testing can help reduce harm at events where illicit drug use is prevalent, such as music festivals.
- Pill testing allows people to decide whether or not to take the drug if it is found to be excessively potent or contains unexpected substances.
- Pill testing also allows useful information to be gathered about illicit drugs, helping public health organisations and researchers predict trends in drug use. In some circumstances, pill testing can also help health professionals treat patrons who may be experiencing an overdose.

Contact Officer: Emily Harper

Ext:78634



MINISTERIAL BRIEF

Health Directorate

UNCLASSIFIED

To: Minister for Health and Wellbeing

From: Michael De'Ath, Interim Director-General

Subject: Drug and Alcohol Court - Update

Critical Date: Not applicable

Critical Reason: Not applicable

Tracking No.: MIN18/1052
 17/7/2018 SEP 2018

- DG 16/9/18 [Signature]

Purpose

To provide you with an update on the development of a model for the ACT Drug and Alcohol Court.

Recommendation

That you note the information contained in this brief.


Noted / Please Discuss

Meegan Fitzharris MLA [Signature] 24/9/18


Minister's Office Feedback

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Background


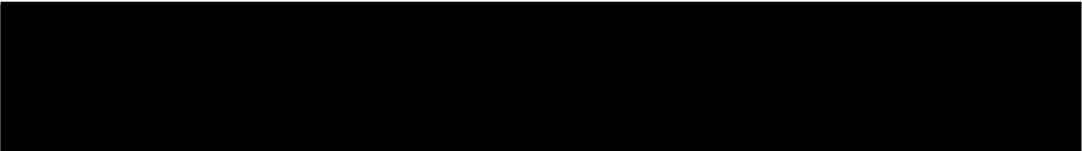
1. The Parliamentary Agreement for the 9th Assembly commits to establishing a Drug and Alcohol Court (DAC) and associated support programs as part of a goal to reduce recidivism by 25% by 2025.
2. The work to develop the model for the ACT DAC is being led by the Supreme Court, assisted by a working group of key stakeholders (the Supreme Court Working Group (SCWG)) and supported by the Justice and Community Safety Directorate (JACS).
3. The SCWG consists of representatives from the Supreme Court, the Director of Public Prosecutions (DPP), ACT Policing, ACT Health, ACT Community Corrections, JACS and the Galambany Circle Sentencing Court.
4. The SCWG published an issues paper and invited public comment in 2017. This intended to assist with developing a preferred model for the Court.
5. 
6. ACT Health has been heavily involved in the development of the model for the ACT DAC where it relates to involvement of the ACT alcohol and other drugs (AOD) sector.

Issues

7. ACT Health hosted two external workshops on 13 June 2018 and 5 July 2018 with ACT AOD treatment providers and other key stakeholders including representatives from JACS. These workshops were facilitated by Professor Steve Allsop from the National Drug Research Institute at Curtin University. They explored the proposed DAC model and potential impacts on the ACT AOD service system and related costs.
8. Key themes arising from the workshops include:
 - The need for clarity on the DAC model, particularly in relation to costings, funding and resourcing of AOD treatment;
 - The importance of co-design, comprehensive consultation, clear governance and good communication and documentation; and
 - The importance of the DAC being client centered, collaborative and transparent and that rehabilitation (not monitoring compliance) should be the key focus for the sector in supporting the DAC.
9. It was also identified that there is a service gap in the ACT AOD sector for culturally appropriate services for Aboriginal and Torres Strait Islander peoples. 
10. ACT Health has committed to continuing to work with JACS and service providers to address all the issues and concerns raised. A formal summary of the workshops and the key next steps has been circulated to attendees.

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11. As noted at paragraph 5 above, ACT Health has previously provided costing input into the business cases developed by JACS. The most recent costings provided by ACT Health are based on known costs associated with the Court Alcohol and Drug Assessment Service (CADAS), and using high level estimates from other jurisdictions as a base. These were developed with colleagues from the Mental Health, Justice Health and Alcohol and Drug Service (MHJHADS).
12. The workshops provided greater clarity around the issues of demand for AOD services and general costing implications, drawing on the collective expertise of service providers, policy-makers and researchers. The need for an appropriately qualified, independent consultant to validate the information obtained through the workshop process and provide a more detailed estimate of health service costs associated with the DAC was discussed at the most recent meeting of the Drug Treatment Working Group (DTWG). Officials at the DTWG (which is convened by JACSD) agreed to this important next step, and the need to also include costing the annual provision of additional specialist AOD treatment services associated with the DAC (see Benefits/Sensitivities below).
13. ACT Health is working to expedite the targeted procurement process to the greatest extent possible in compliance with ACT Government Procurement Guidelines. 

14. In addition ACT Health is now undertaking work to:
 - a. map the current and required operational policies and procedures;
 - b. develop a draft screening and assessment policy; and
 - c. map the roles and responsibilities of key personnel in the DAC process.
15. ACT Health will continue to engage with the workshop attendees and other key stakeholders as this work progresses.
16. A number of the workshop attendees expressed an interest in visiting the DAC in Parramatta to better understand how it operates. ACT Health will work with JACS to explore this further.

Financial Implications

17. The introduction of the DAC could potentially have significant financial implications for AOD treatment services, the majority of which are provided by Non-Government Organisations (NGOs) funded by ACT Health. As noted above, ACT Health will continue to work with stakeholders to provide more detailed costings, taking into account existing service gaps and the additional impact on services stemming from the implementation of the DAC. ACT Health will also continue to draw on the experience of other jurisdictions and the Commonwealth in the funding of alcohol and other drug services.

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18. [REDACTED]

ConsultationInternal

19. ACT Health held two internal workshops on 7 March 2018 and 22 March 2018 which included representatives from MHJHADS to map current and proposed processes and pathways. Staff at the Alcohol and Drug Service from MHJHADS are members of the SCWG, the DTWG and have also been involved in the recent workshops with the AOD treatment sector hosted by the ACT Health.

Cross Directorate

20. [REDACTED]

21. Staff from ACT Corrections and Legislation and Legal Policy at JACS also attended the workshops with the AOD treatment service providers. JACS convene the DTWG, which includes ATODA and ACT Health, and are the lead directorate in developing the DAC policies, procedures and legislation.

External

22. NGO providers of drug and alcohol treatment and other key stakeholders have been engaged during workshops convened to discuss the development of the DAC and its potential impact on services. Consultation with these stakeholders will continue as additional details of the DAC model are defined.

Work Health and Safety

23. The introduction of a DAC is not expected to lead to Government or NGO staff doing any new types of work, and as such additional work health and safety considerations are not considered relevant.

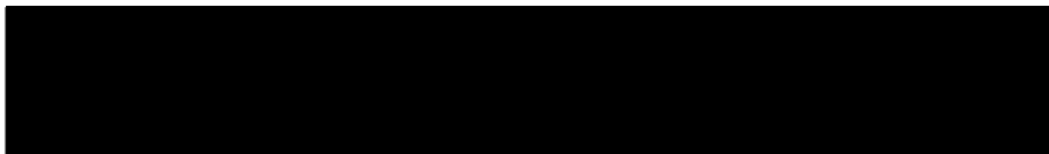
Benefits/Sensitivities

24. Treatment providers are broadly supportive of the DAC as a therapeutic intervention model. However, they have expressed concerns about how it may affect their ability to assist their voluntary client base and their capacity more generally.
25. AOD Services are very concerned that they be appropriately funded to undertake this work. [REDACTED]
26. Data on the level of demand and unmet need for AOD services is limited. Much of the data about the demand for services is anecdotal and it is difficult to form a concrete view on the capacity gap. ACT Health continues to engage with the AOD sector about improved collection of information relating to unmet need. There will be an opportunity to advance this work further during negotiations of future funding agreements with service providers.

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27.

**Communications, media and engagement implications**

28. There has been significant media interest in the development of the DAC. However, no specific media implications are relevant to this brief.

Signatory Name: Dr Paul Kelly, Chief Health Officer,
Population Health

Phone: 50883

Action Officer: Emily Harper, Director, Health
Improvement Branch

Phone: 78634

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MINISTERIAL BRIEF

Health Directorate

SENSITIVE: CABINET

To: Minister for Health and Wellbeing Tracking No.: GBC18/571

Date: 10 September 2018

From: Michael De'Ath, Interim Director-General

Subject: Finalisation process: draft ACT Drug Strategy Action Plan 2018-2021

Critical Date: 17 September 2018

Critical Reason: To commence the process on the commitment to finalise the ACT Drug Strategy Action Plan 2018-2021 in 2018

- DG .../.../...

Purpose

To inform you of the proposed process and timeline for finalising the draft ACT Drug Strategy Action Plan 2018-2021 (the Action Plan). In addition, provide you with an initial summary of key themes of submissions to the public consultation on the Action Plan.

Recommendations

That you:

1. Note the information contained in this brief; and

Noted / Please Discuss

2. [Redacted]

noted
Agreed / Not Agreed / Please Discuss

Meegan Fitzharris MLA *M. Fitzharris* 24/9/18

Minister's Office Feedback

Please consider options [Redacted]

also please provide update following final stakeholder discussions on 4/10/18

SENSITIVE: CABINET

SENSITIVE: CABINET

Background

1. ACT Health held a public consultation via the YourSay website on the draft ACT Drug Strategy Action Plan 2018-2021 (the Action Plan) from 21 June to 3 August 2018.
2. Forty-eight written submissions were received, ten from the ACT alcohol and other drugs sector, seven from Government agencies, 20 from interested stakeholders and 11 from individual members of the public. A forty-ninth submission was received from Winnunga Nimmityjah Aboriginal Health Service on 31 August 2018.
3. Several peak bodies made submissions, including the Alcohol, Tobacco and Other Drug Association ACT, the Australian Association of Academic Primary Care, the Royal Australasian College of Surgeons and the Mental Health Community Coalition ACT.
4. Submissions from non-government organisations included the Alcohol and Drug Foundation, Cancer Council ACT, ACT Heart Foundation, Foundation for Alcohol Research and Education, Hepatitis ACT and the Aids Action Council.

Issues

5. The ACT Government is committed to finalising the Action Plan in 2018.
6. ACT Health is currently reviewing consultation submissions to inform revisions to the Action Plan. A brief, high-level summary of key issues is included at Attachment B.
7. Revisions to the Action Plan will be discussed with ACT Government Directorates mid- September. ACT Health will provide you with a more detailed brief summarising the submissions and amendments after this has occurred.
8. The Action Plan will then be presented to a stakeholder meeting in the first week of October. A suitable date for this meeting is currently being canvassed in consultation with stakeholders.
9. The Action Plan is a Whole of Government strategy, [REDACTED]
10. [REDACTED]

Financial Implications

11. There are no direct financial implications in relation to this brief.

Consultation

12. This brief provides a high-level summary at Attachment B of key issues identified as a result of the recently-completed public consultation process. [REDACTED]

Work Health and Safety

13. Not applicable.

SENSITIVE: CABINET

SENSITIVE: CABINET

Benefits/Sensitivities

14. Stakeholders generally viewed the public consultation version of the Action Plan as a significant improvement on the previous version.
15. The formation of an Action Plan advisory group received broad support. There were varying views on the composition of the group.
16. There was a consistently expressed view that involvement of consumers, and their families, is vital to the development and implementation of the Action Plan.
17. Issues which received significant support from health interests included:
 - continuation of pill testing;
 - real-time monitoring of prescription medications;
 - increased action to address alcohol-related harms; and
 - increased action to address tobacco-related harms.
18. The ACT Drug and Alcohol Court received qualified support.
19. The Alcohol, Tobacco and Other Drug Association ACT expressed the view that the Action Plan should acknowledge previous achievements, and the contribution of the non-government sector.
20. Other concerns expressed in submissions related to:
 - resourcing of AOD treatment and harm reduction services;
 - increasing levels of opioid overdose, driven by pharmaceutical opioid use; and
 - the future of a needle and syringe program at the Alexander Maconochie Centre.

Communications, media and engagement implications

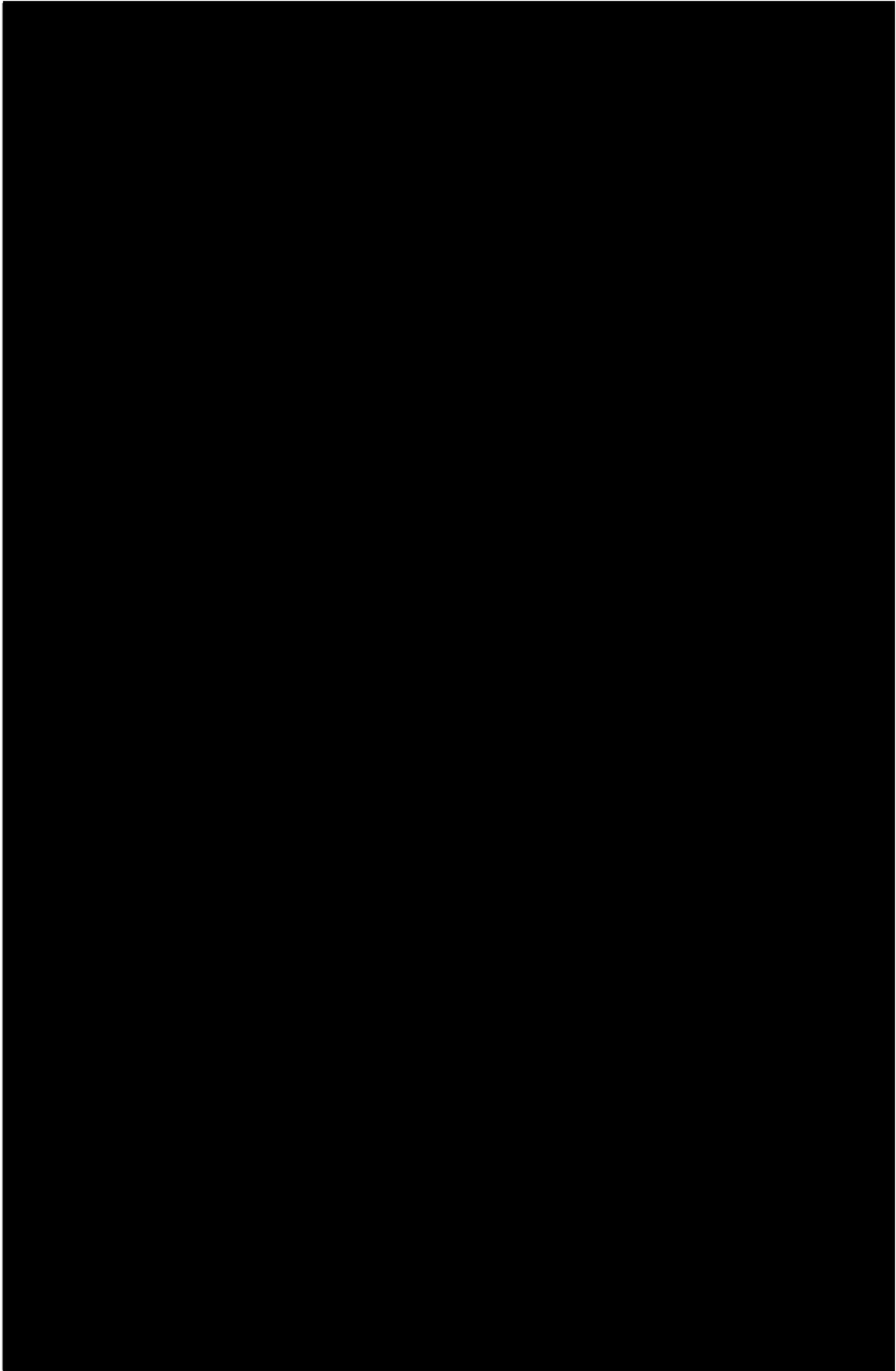
29. There are no direct media implications arising from this brief.

| | | | |
|-----------------|--|--------|-------|
| Signatory Name: | Paul Kelly, Chief Health Officer, Population Health | Phone: | 50883 |
| Action Officer: | Emily Harper, Director, Health Improvement Branch | Phone: | 52245 |

Attachments

| Attachment | Title |
|--------------|---|
| Attachment A | [REDACTED] |
| Attachment B | Summary of key themes from the public consultation on the draft ACT Drug Strategy Action Plan 2018-2021 |

SENSITIVE: CABINET





Attachment B.

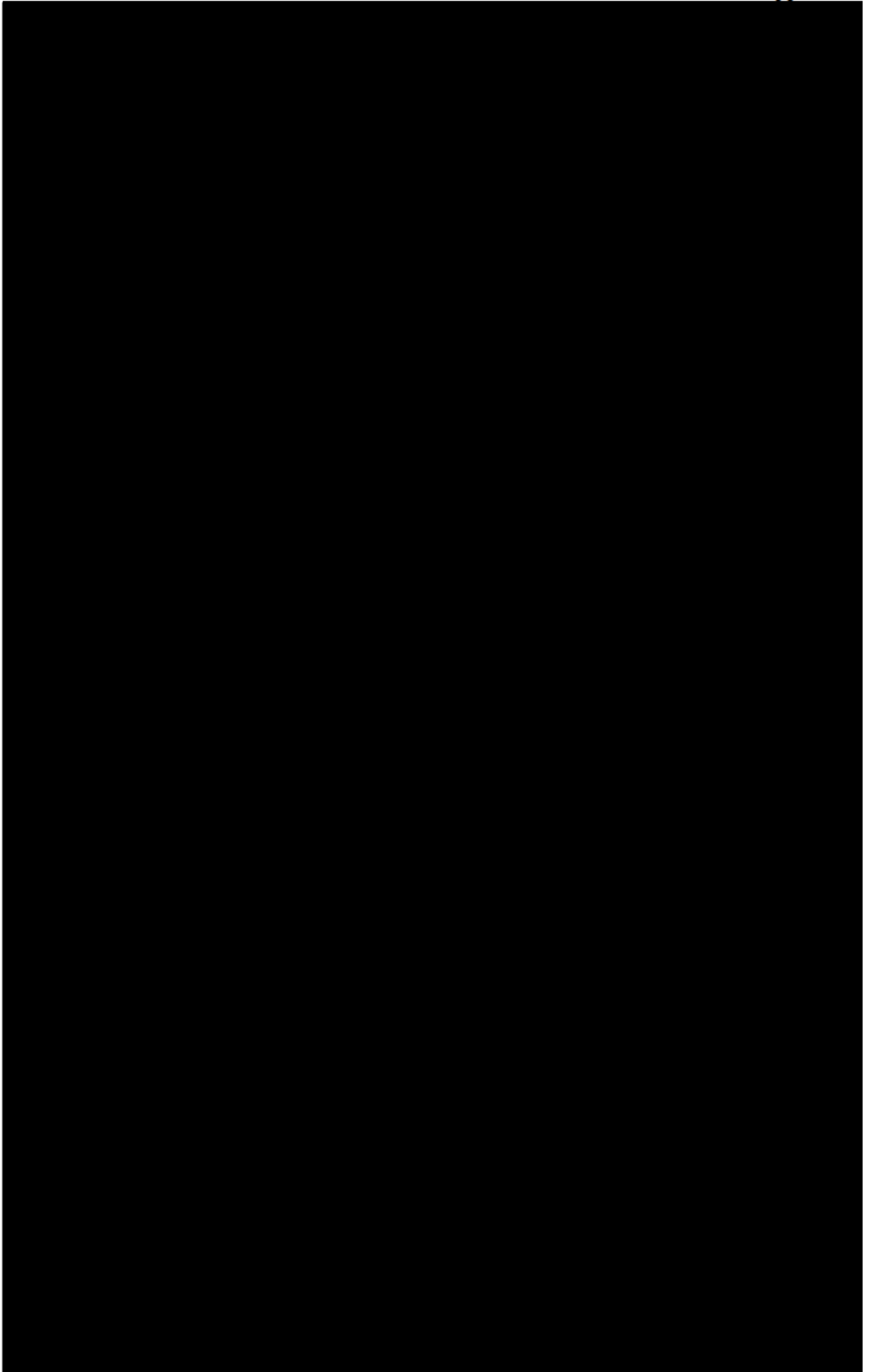
Summary of key themes from the public consultation on the draft ACT Drug Strategy Action Plan 2018-2021. (21 June 2018 – 3 August 2018). 49 submissions received.

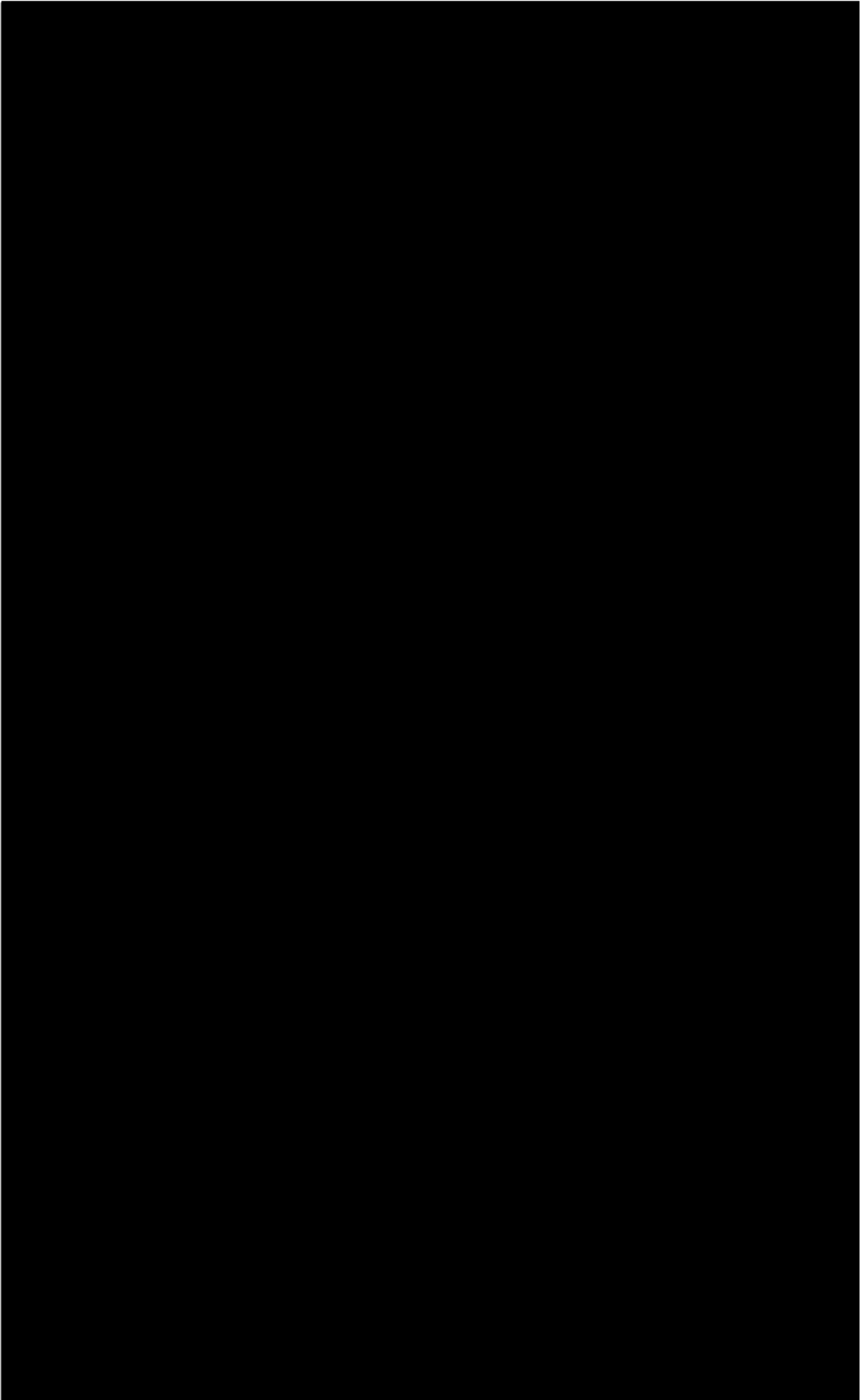
Issues which received significant support included:

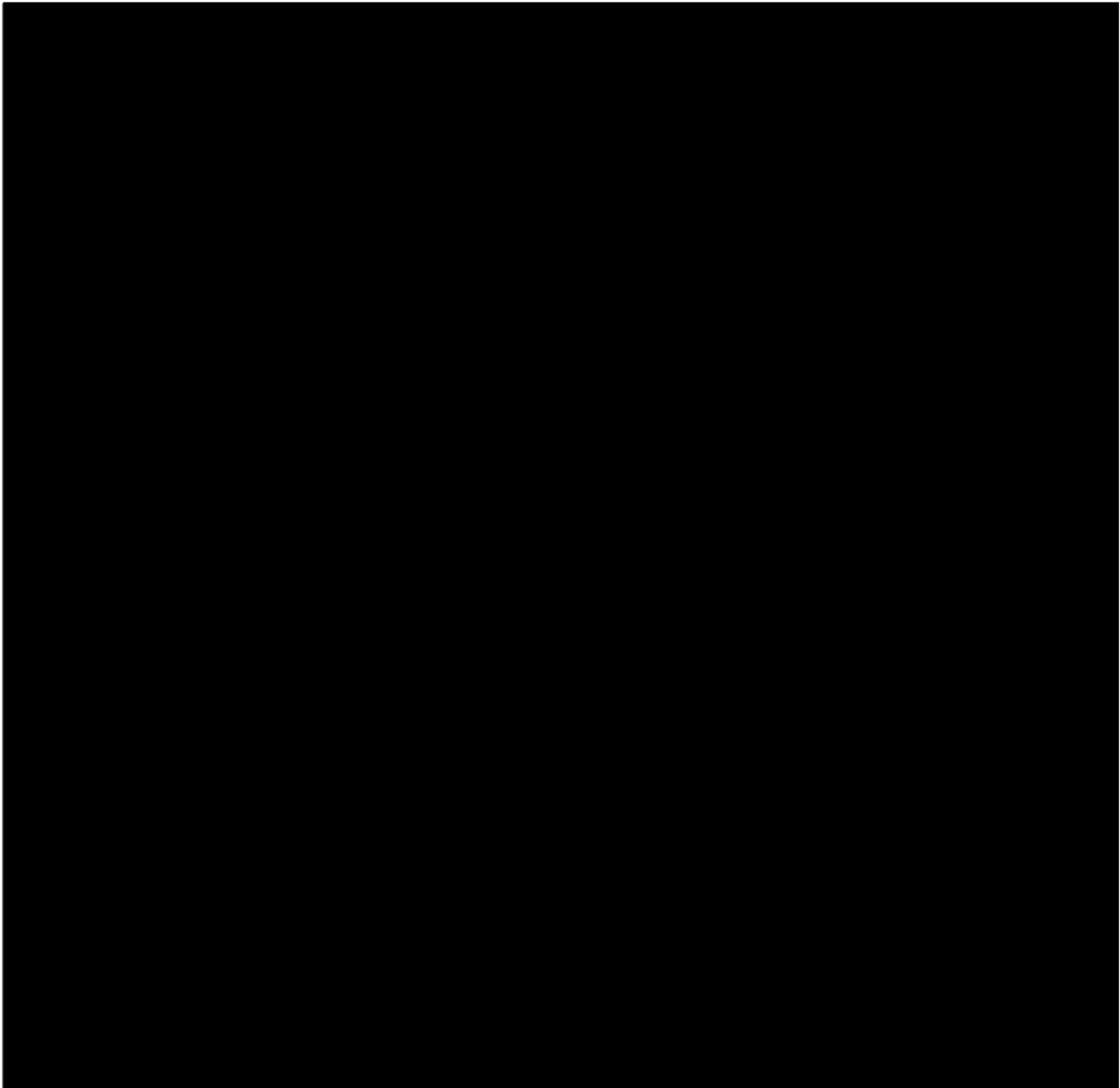
- Consideration of minimum unit pricing of alcohol
- Measures to reduce risky alcohol consumption, including public education campaigns
- Additional smoke free areas, including multi-occupancy dwellings
- Targeted tobacco responses for disadvantaged population groups
- Active measures to contain an increasing overdose trend, including real-time prescription monitoring and availability of naloxone
- Increasing capacity of opioid maintenance treatment
- Consideration of an ACT medically supervised injecting centre
- Further pill testing
- Diversion from the criminal justice system to health system for minor drug-related offences
- Action to address domestic and family violence
- Improvement of data collection, analysis and sharing
- Consumer involvement in service planning and delivery
- Convening a regular Action Plan advisory group.

Commonly expressed concerns were:

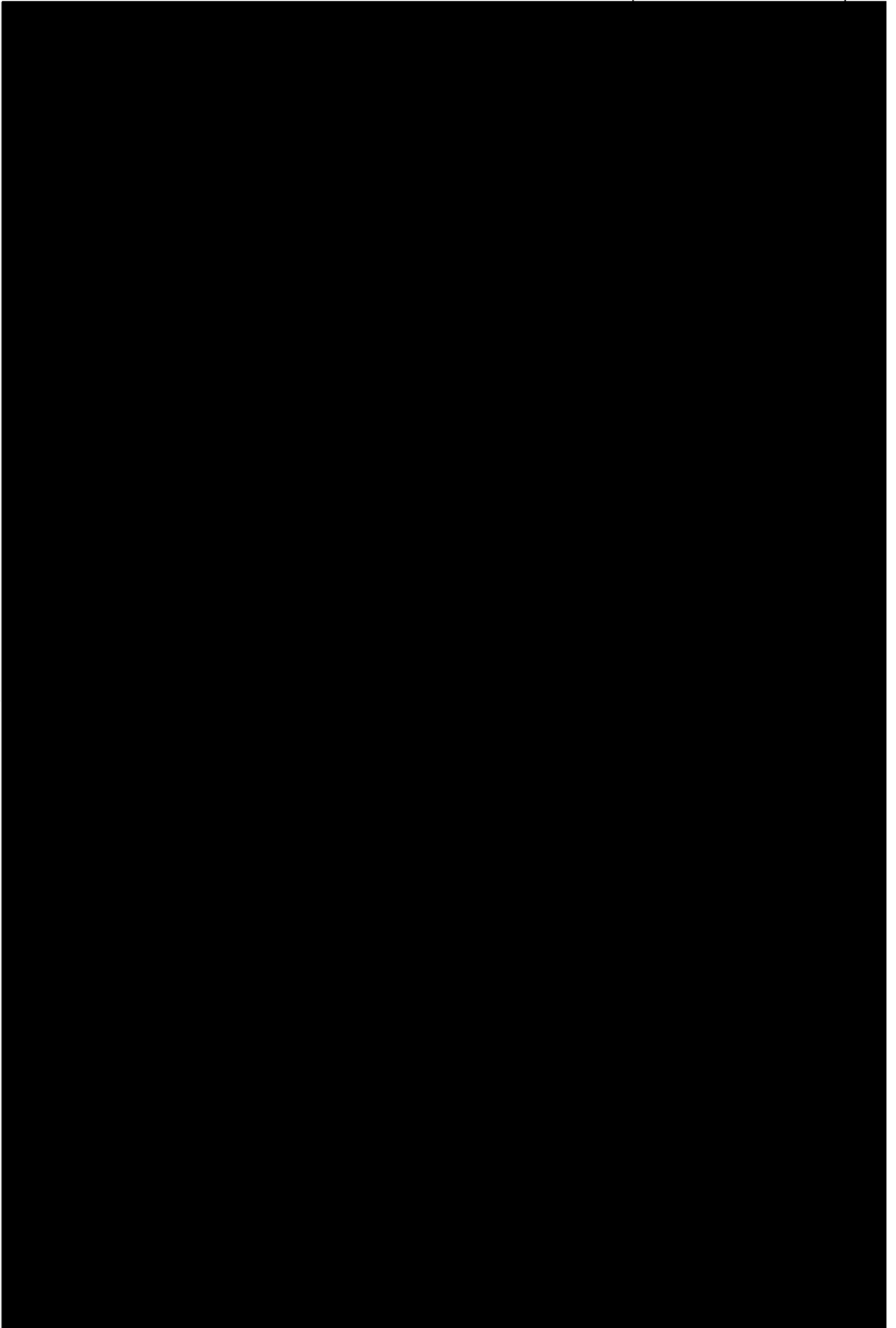
- A lack of actions to address alcohol availability
- Insufficient enforcement of current legislation/regulations on alcohol and tobacco, including underage sales, and smoke-free areas
- Over-regulation of retailers of alcohol, tobacco, and potentially e-cigarettes
- Insufficient resourcing of treatment and harm reduction services
- The evidence base for current school alcohol and other drug education activities
- Insufficiently localised data and responses
- Insufficient mention of potential decriminalisation of illicit drug use/possession
- Too much tentative language in the Actions
- The need for stronger emphasis on social determinants of health and cross-directorate and community collaboration on social determinants (e.g. housing, education)
- The need for greater emphasis on mental health and other comorbid issues (including suicide risk).

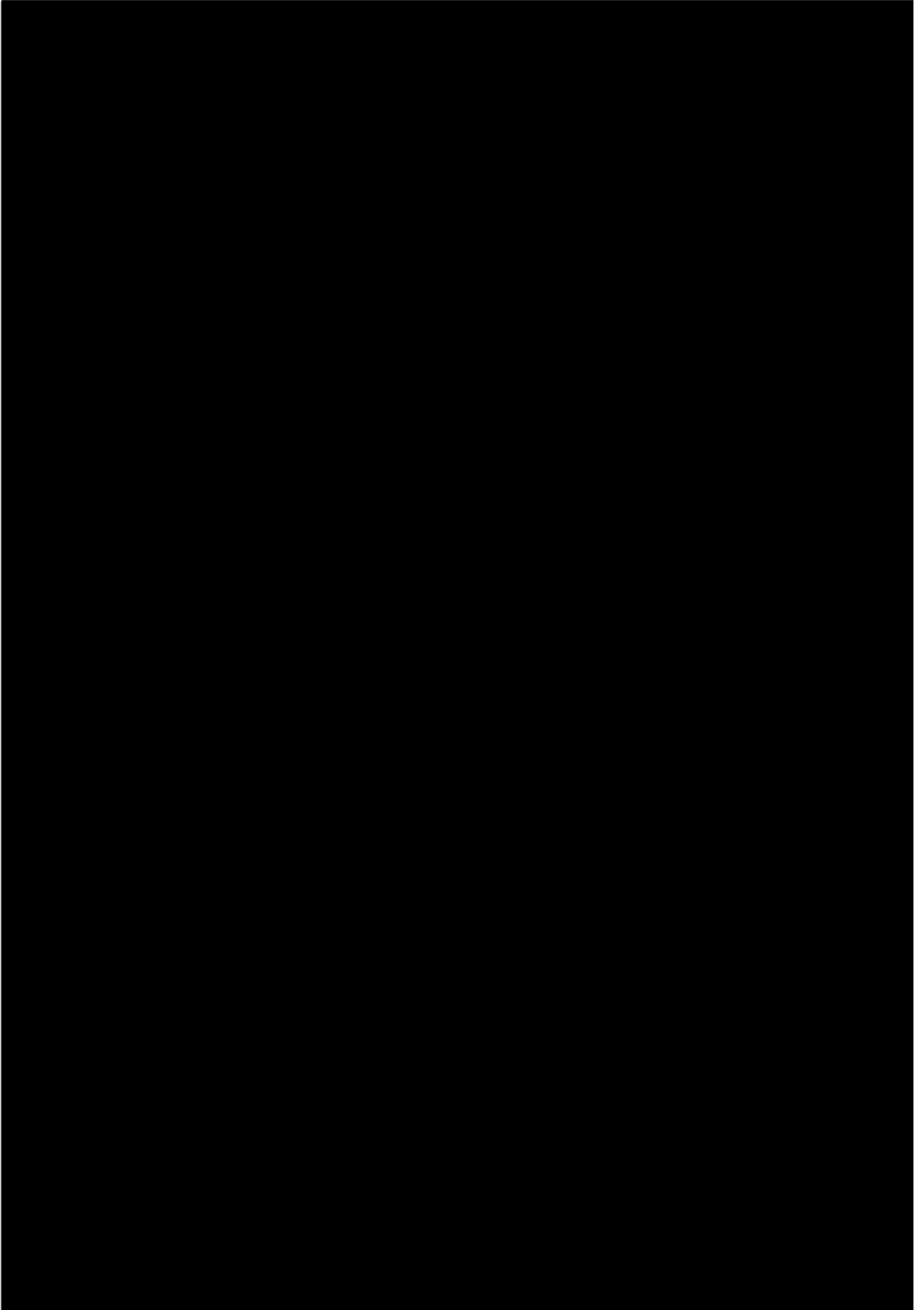


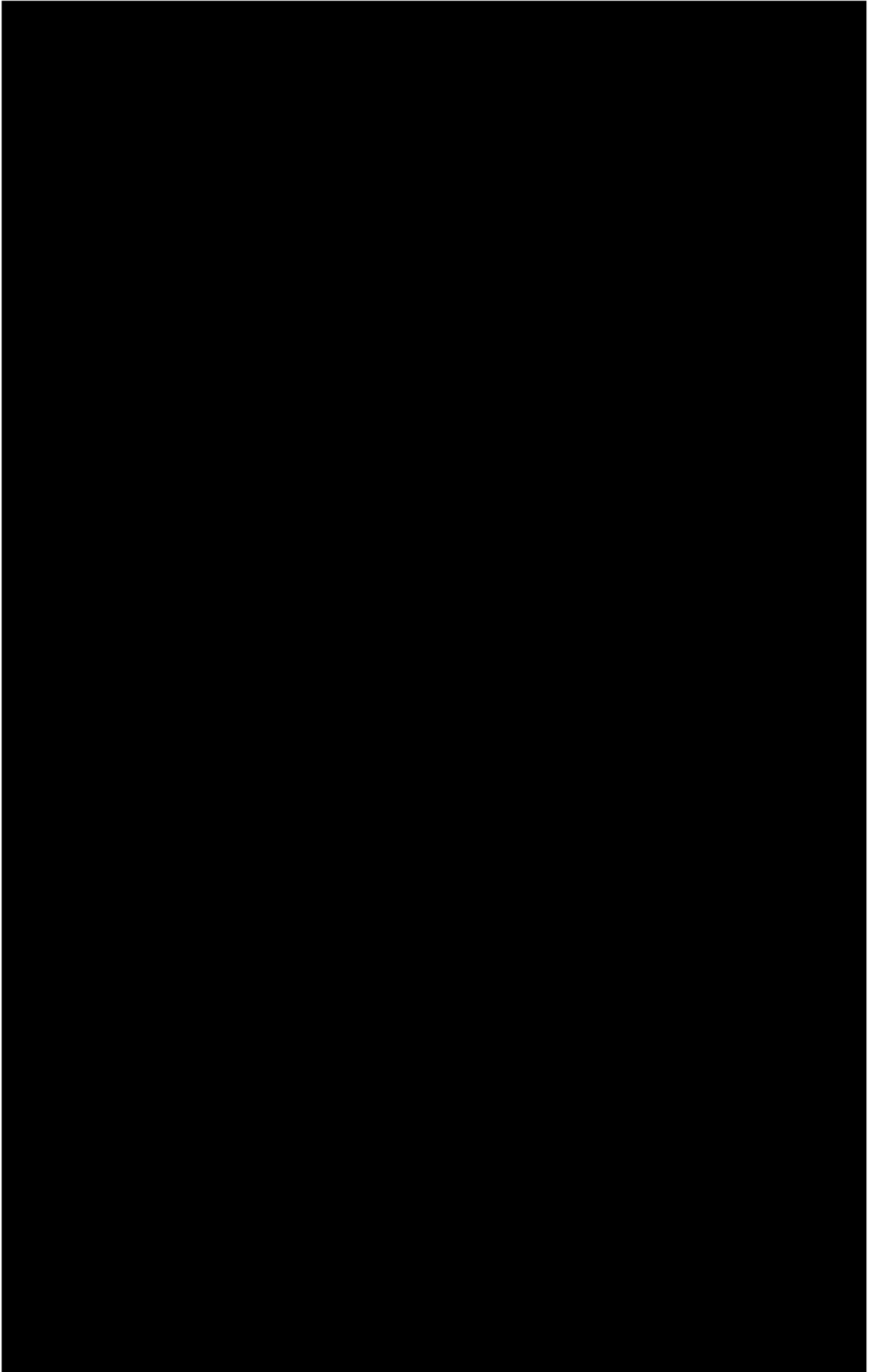


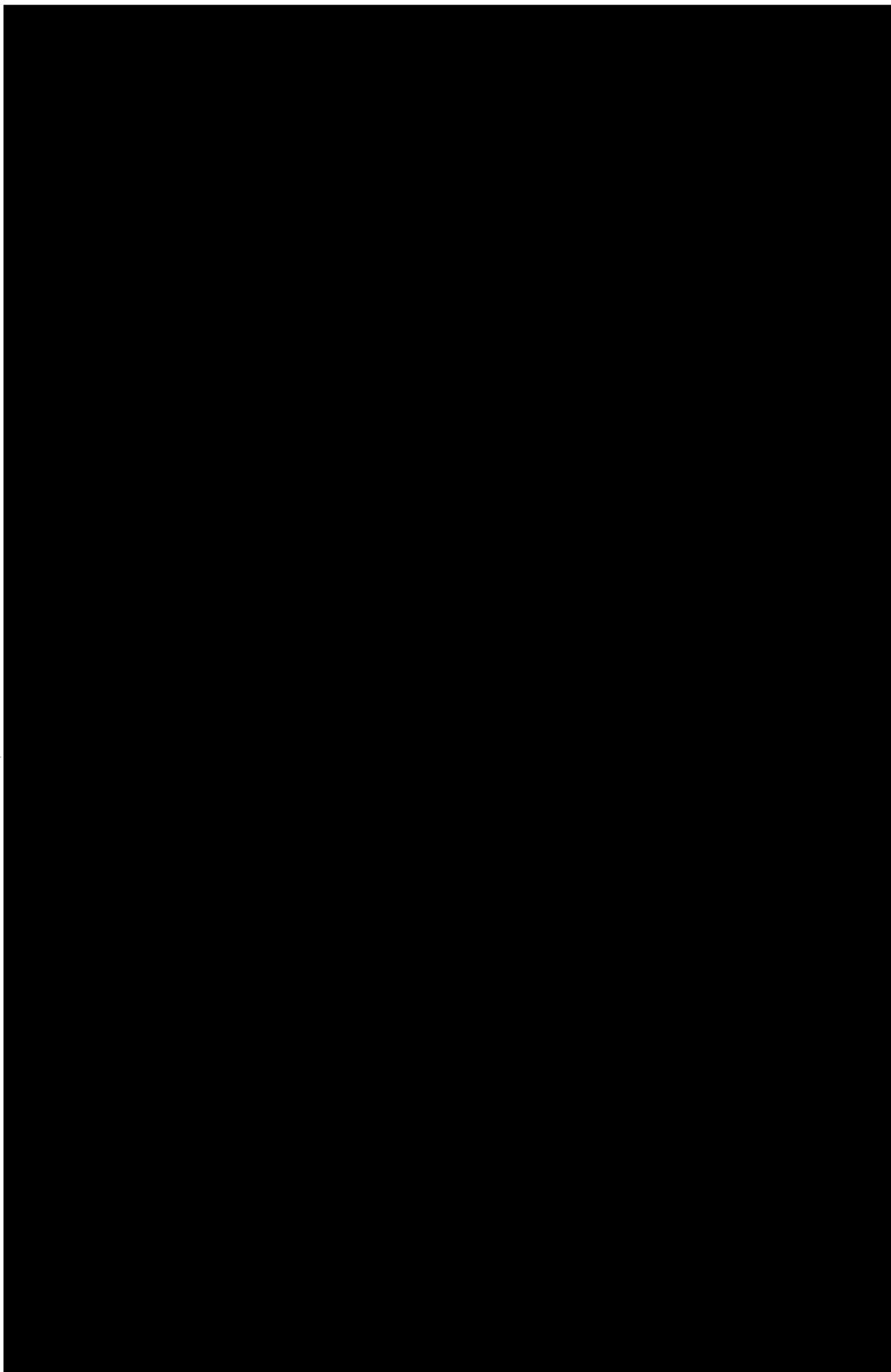


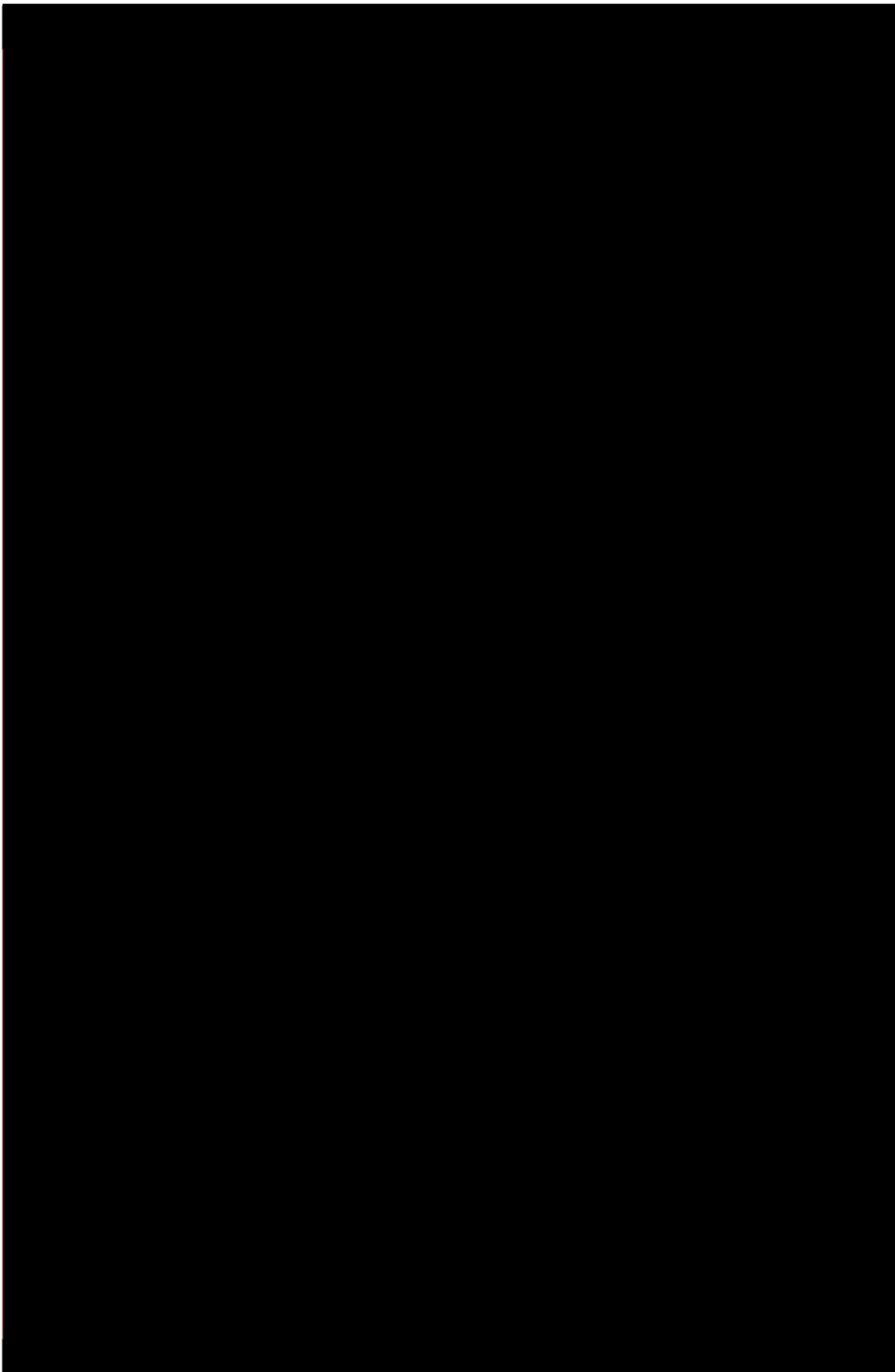
SENSITIVE: CABINET

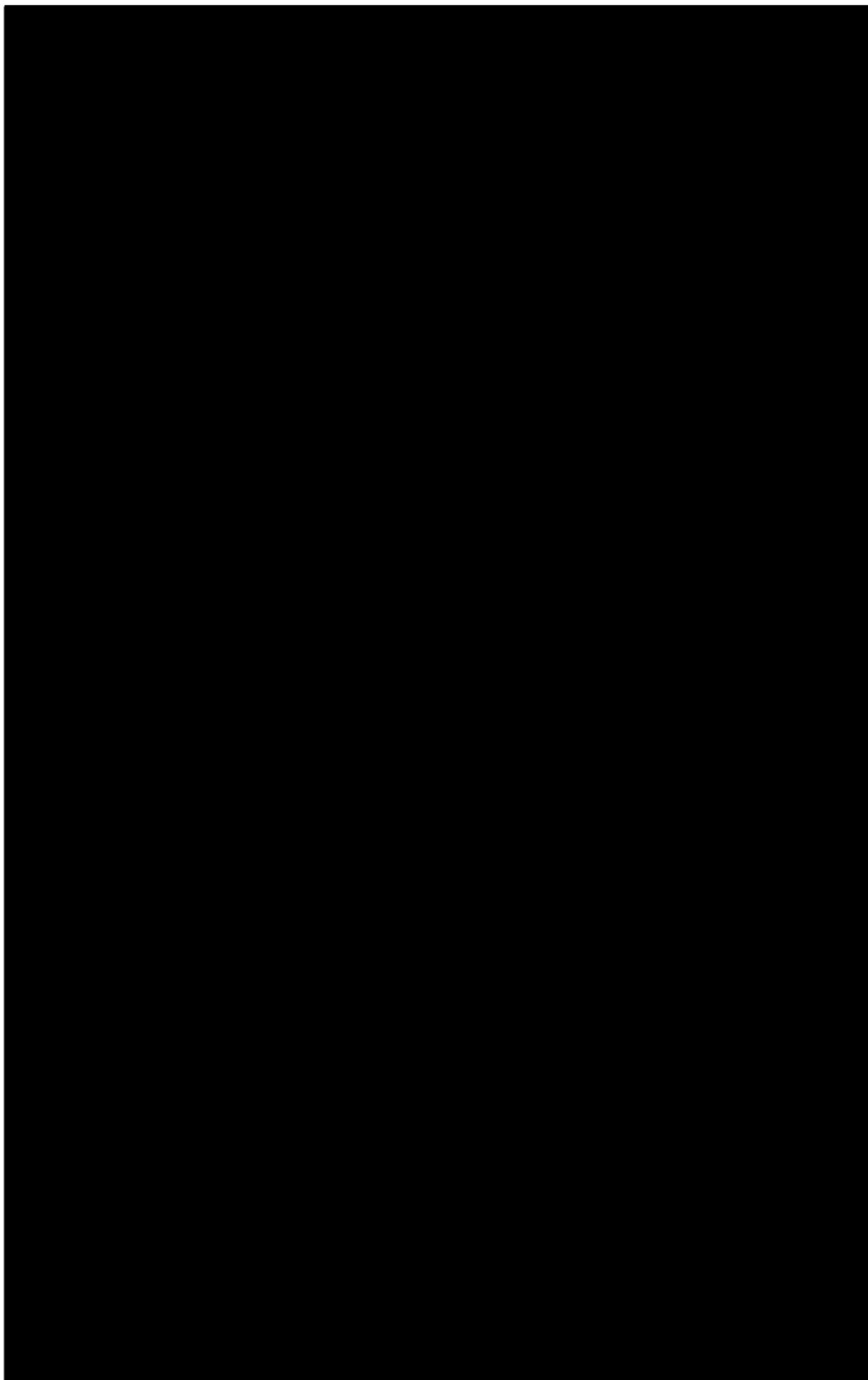


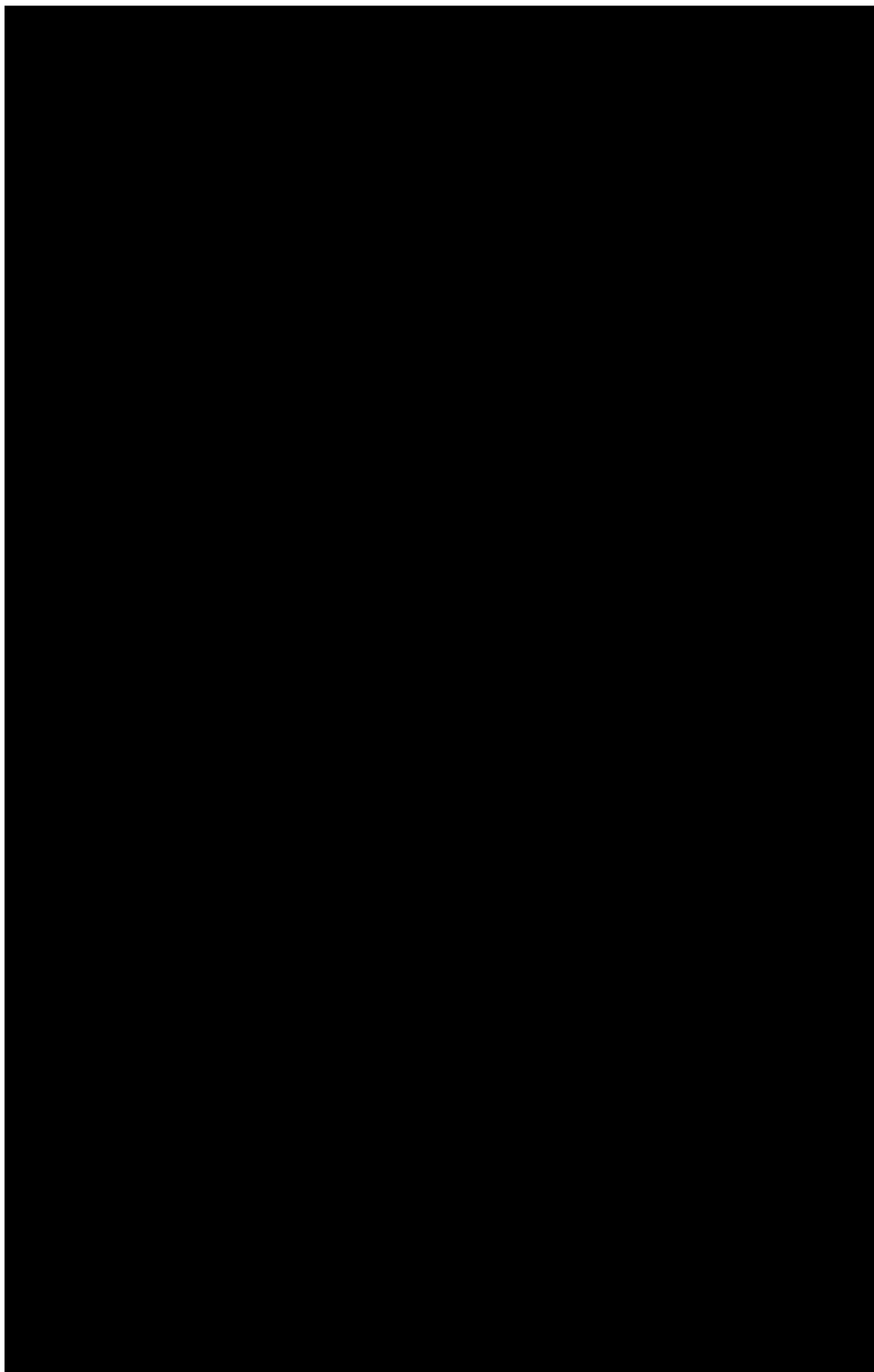


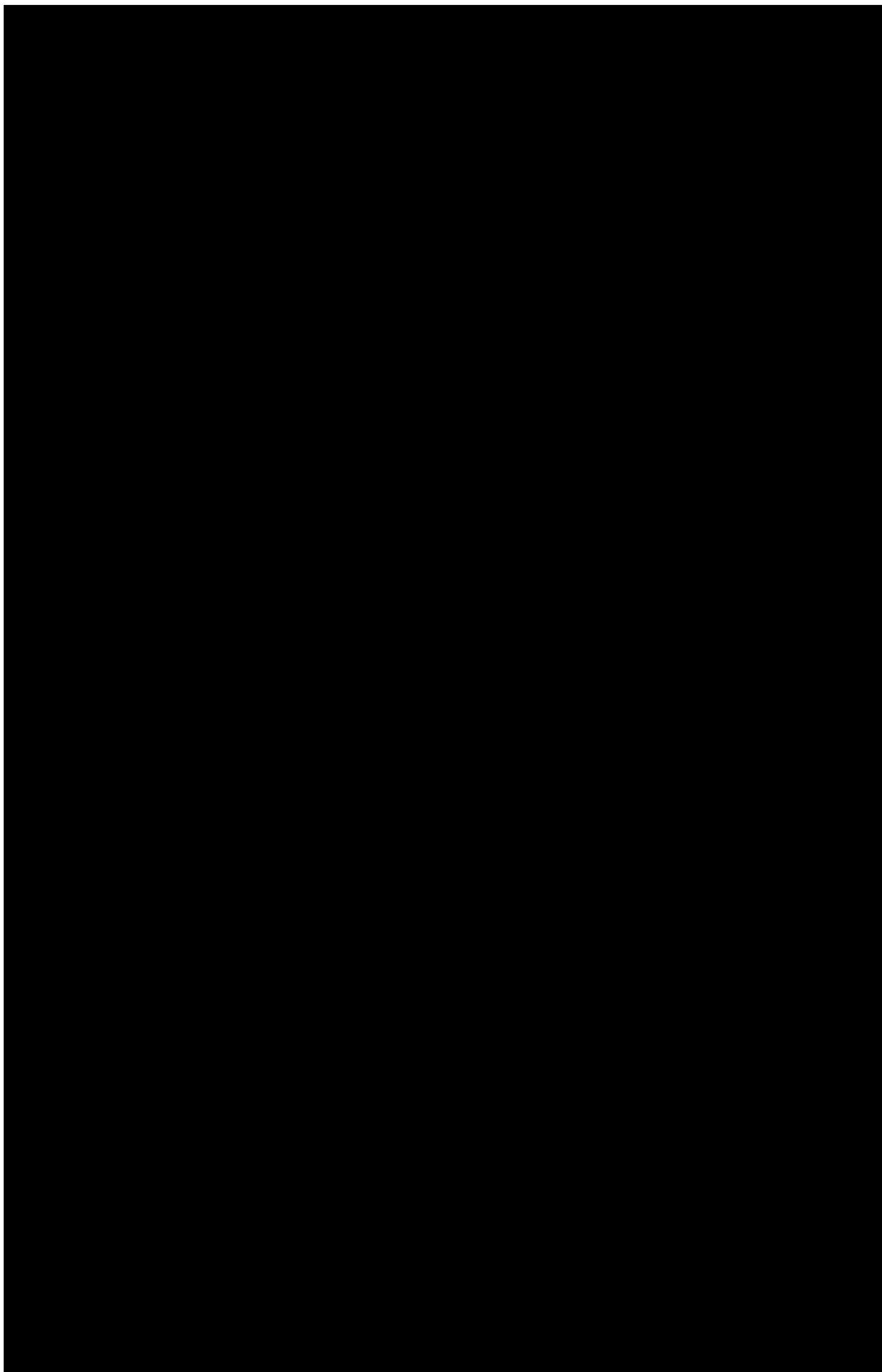


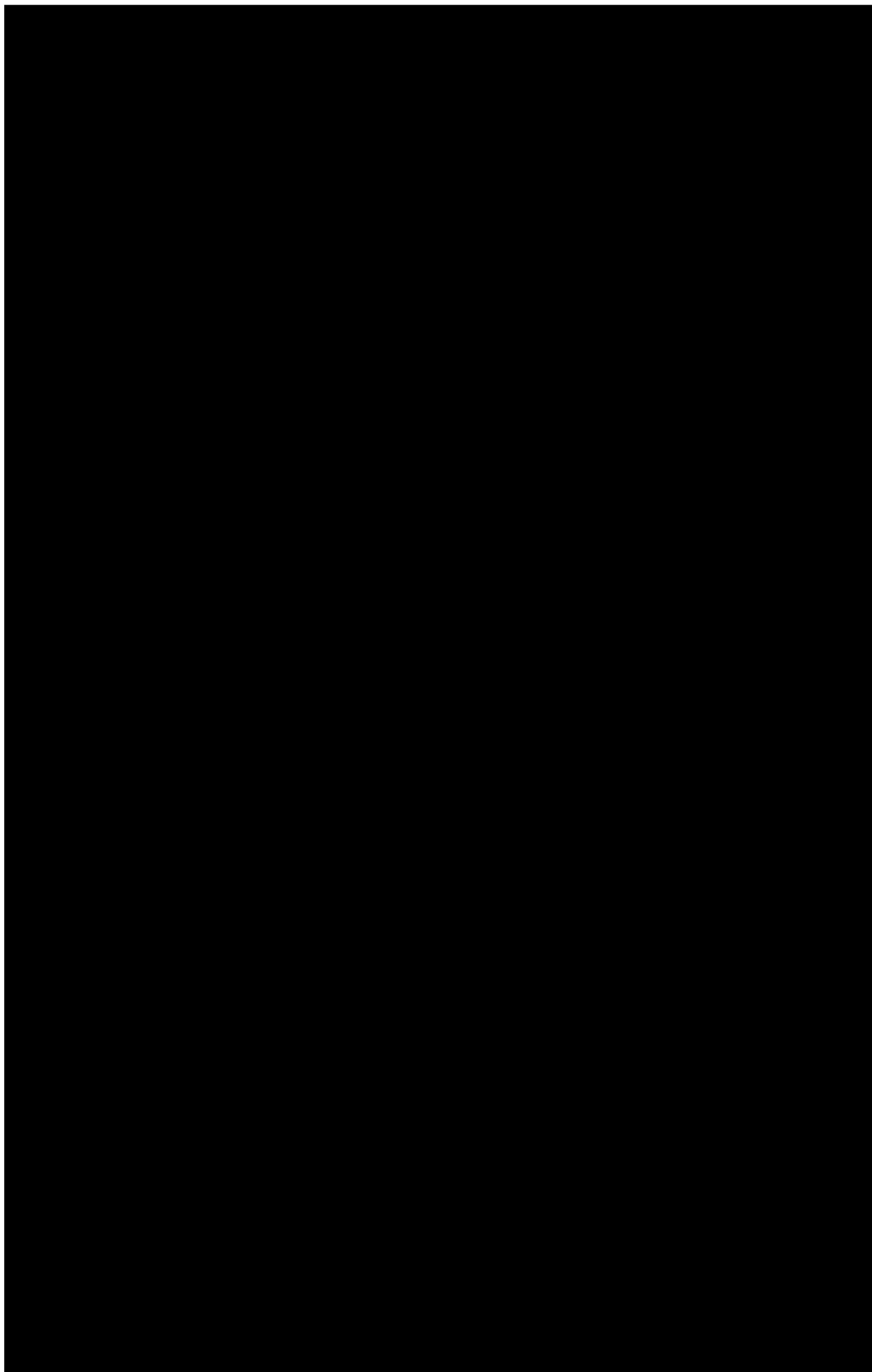


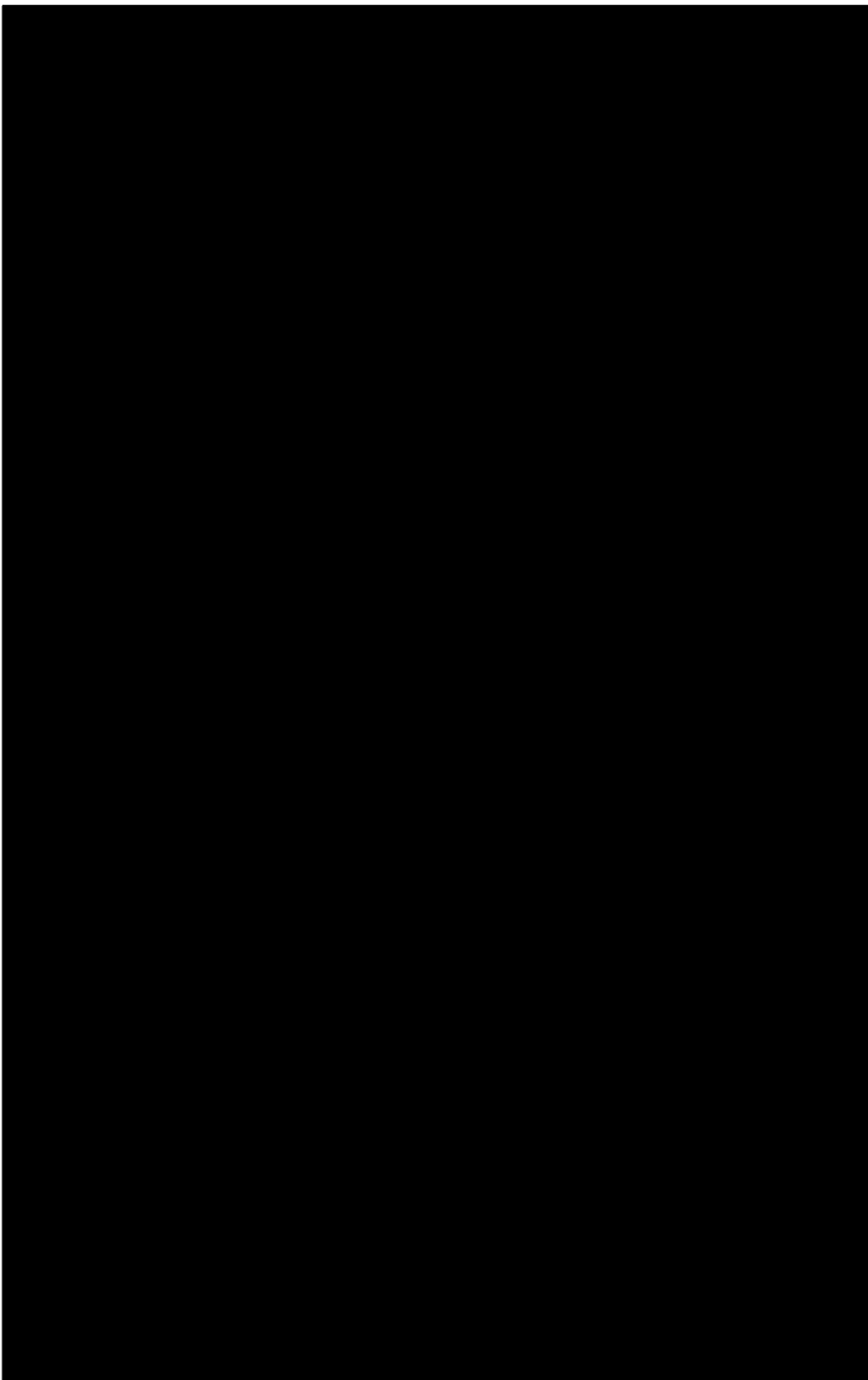


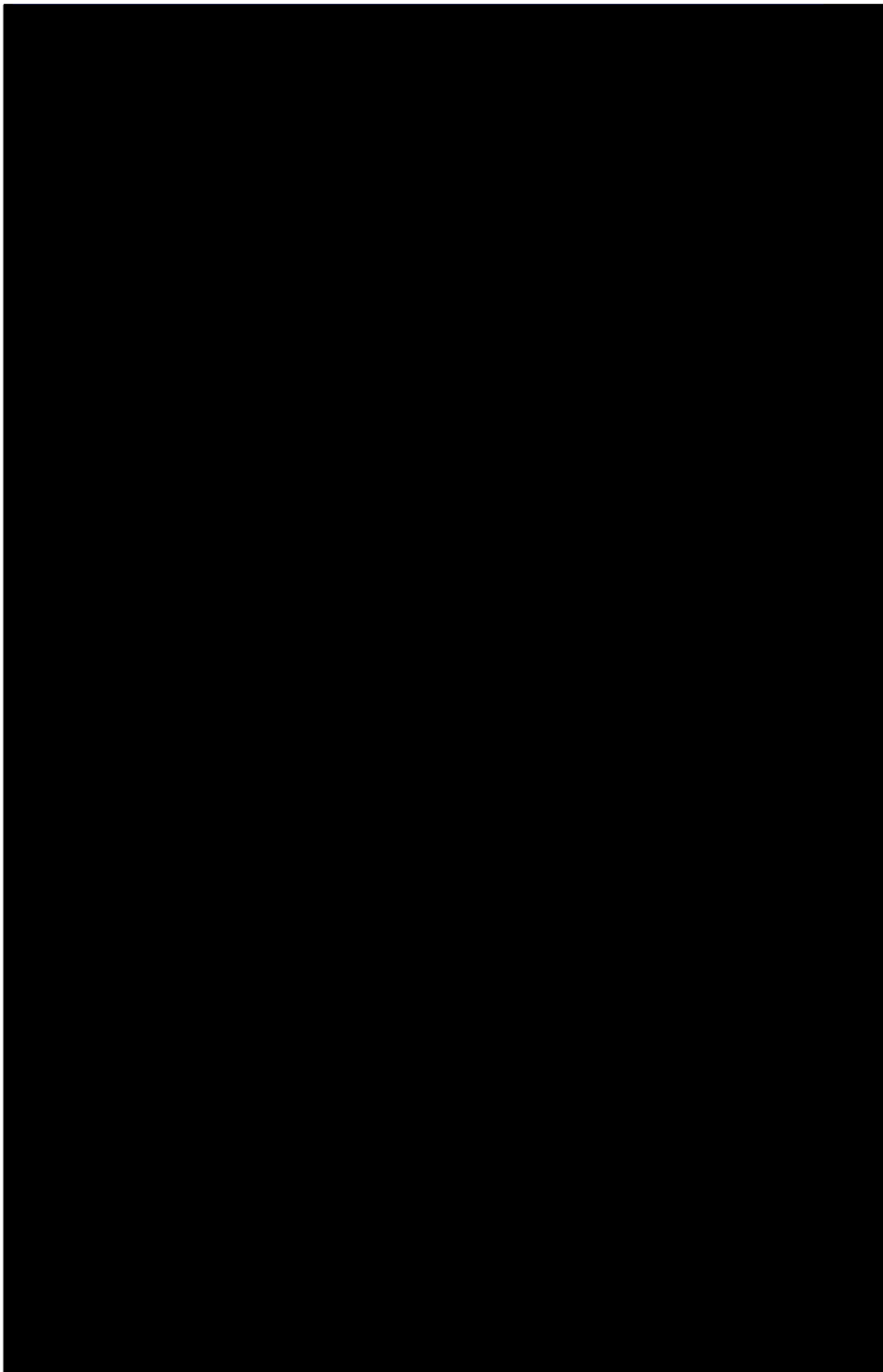


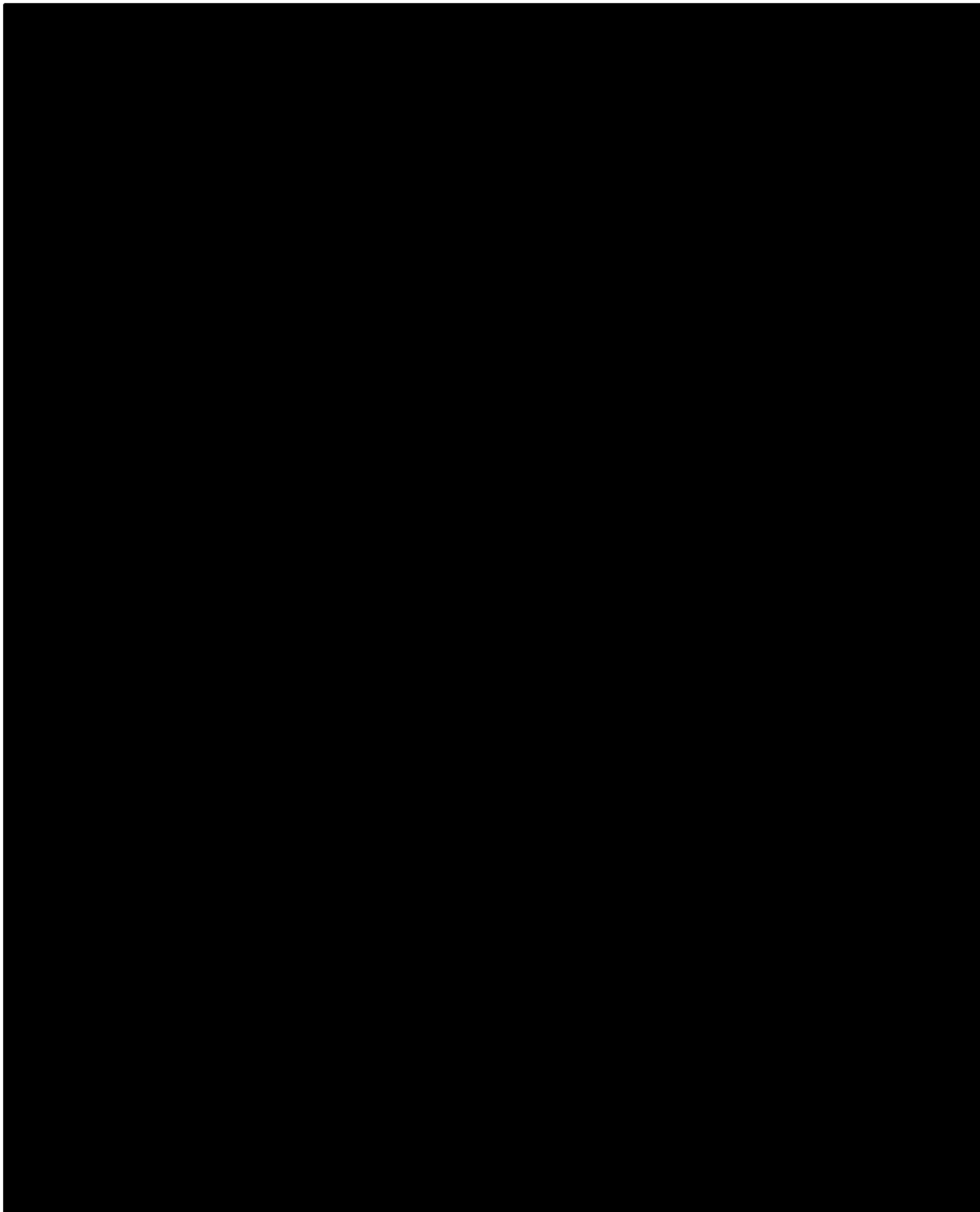


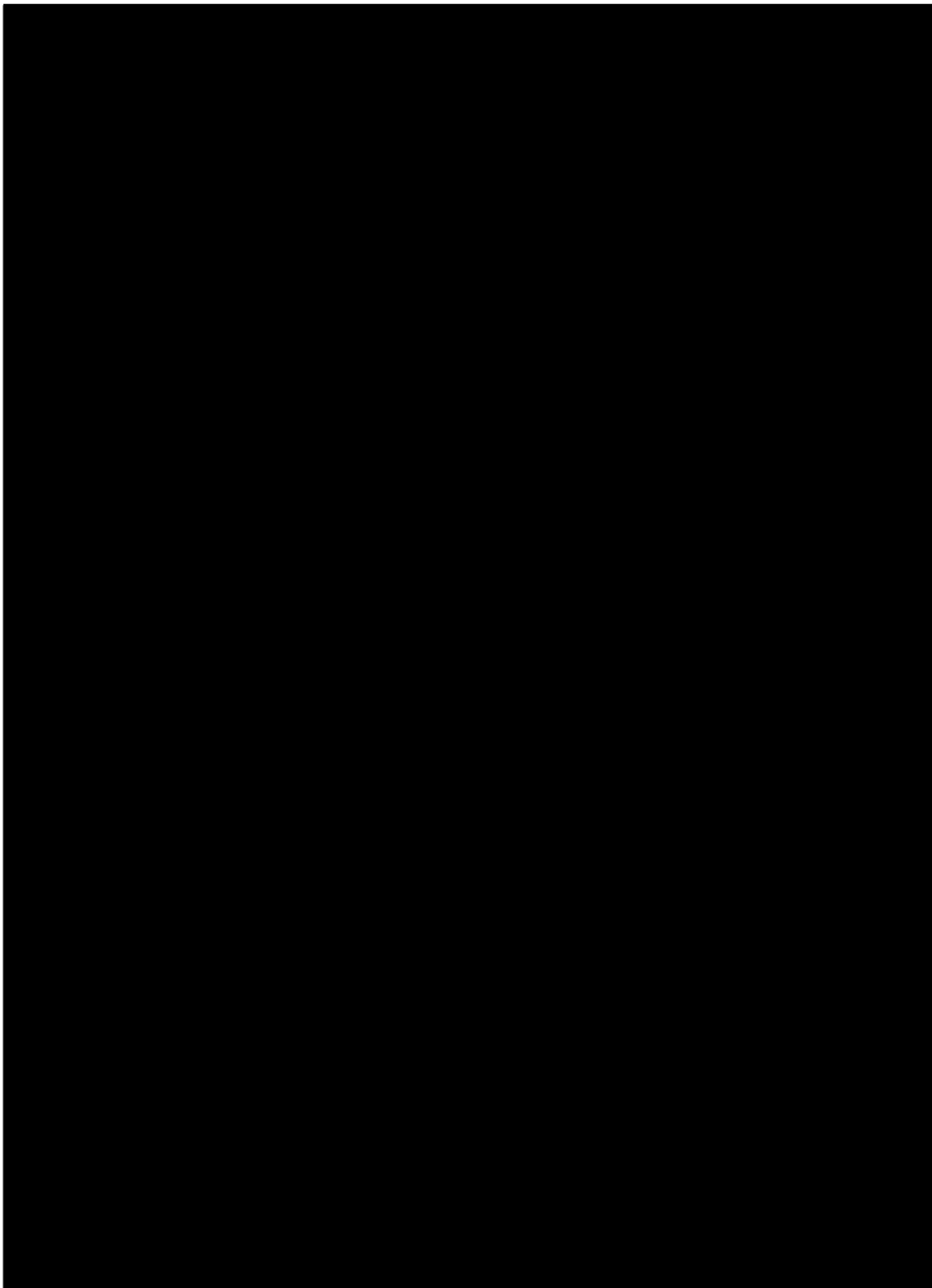


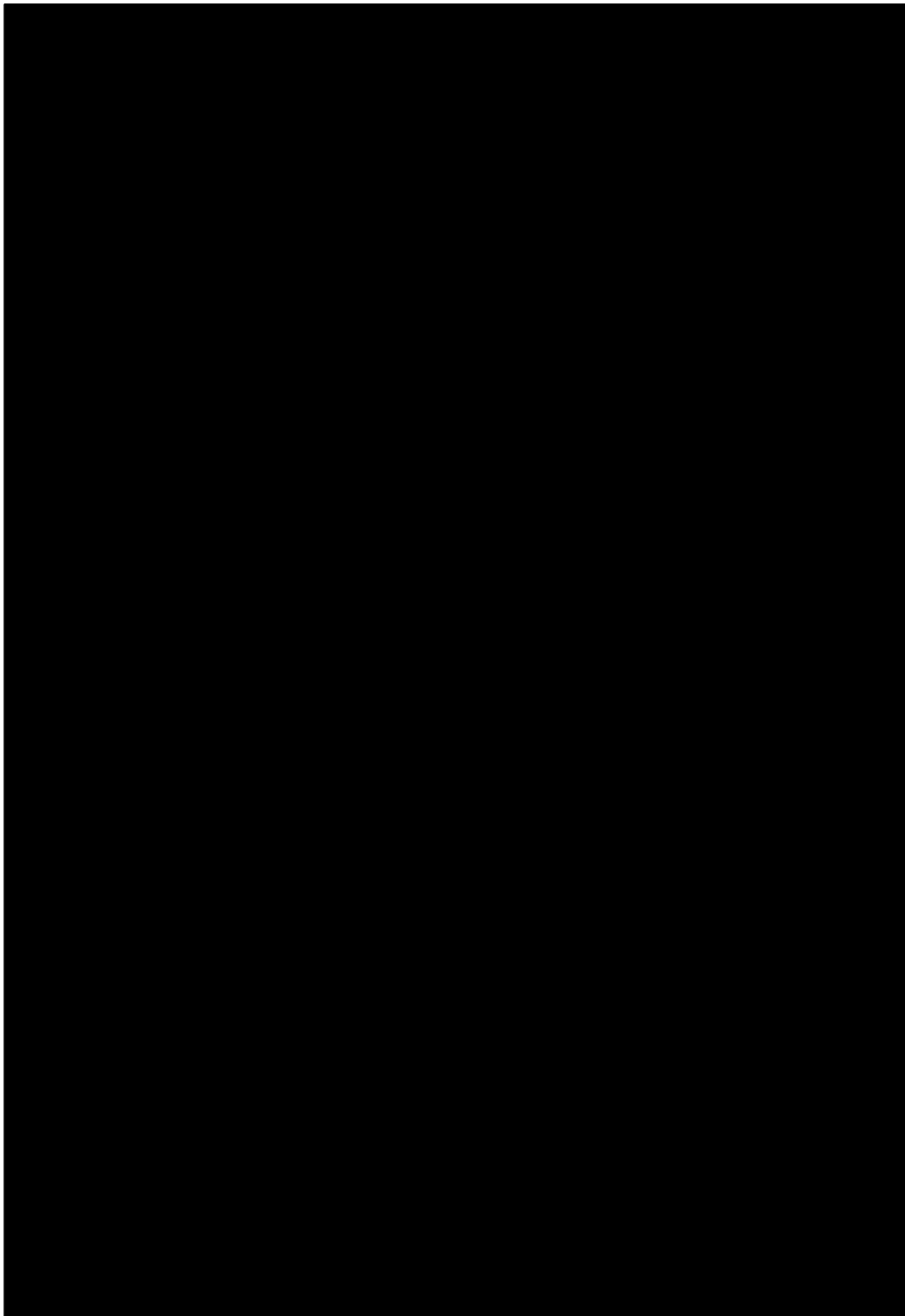


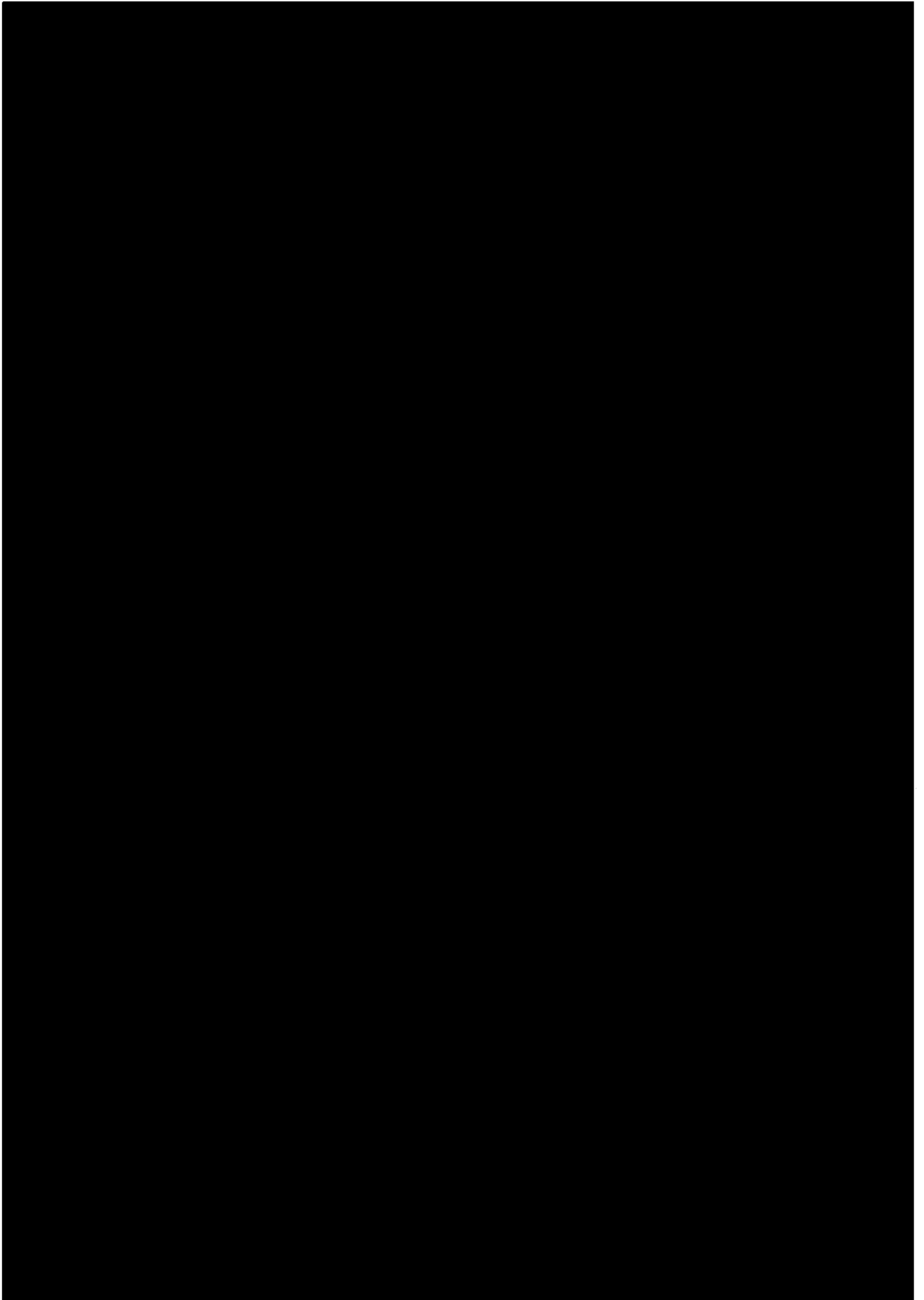


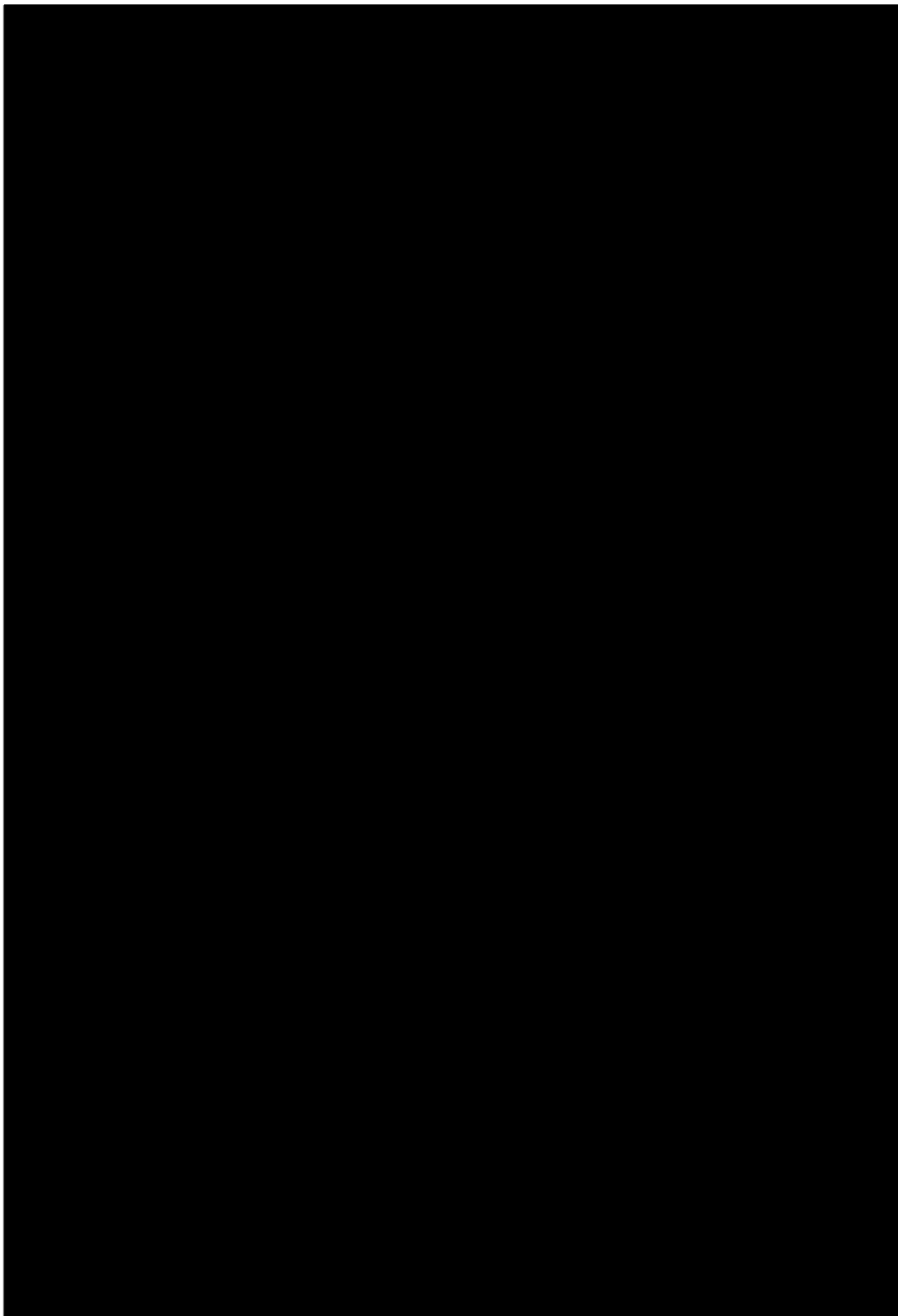












QUESTION TIME BRIEF

GBC18/554

Portfolio/s: Health & Wellbeing**ISSUE: PILL TESTING****Talking points:**

- The ACT Government has received a proposal from STA-SAFE to conduct a pill testing service at the Spilt Milk festival in Commonwealth Park on 17 November 2018.
- I asked ACT Health to reconvene the cross-government pill testing working group to consider the public health, legal and social issues relating to the proposal.
- The working group has provided me with advice on this proposal and I can advise that the ACT Government will continue to provide a supportive policy environment for a pill testing service to be provided at the Spilt Milk music festival in 2018.
- Agreement between all relevant parties, the festival promoter, STA-SAFE and the land owner, the National Capital Authority (NCA), is necessary for a pill testing service to proceed at the Spilt Milk music festival.
- Unfortunately, the NCA has made clear that it will not allow a pill testing service to be offered at the upcoming Spilt Milk festival.
- The ACT Government will continue to push for a pill testing service to be made available at festivals such as Split Milk.
- The ACT Government has encouraged the Commonwealth Minister for Health to consider the benefits of a pill testing trial at Spilt Milk.
- Of course, should the NCA advise that it is reconsidering its decision particularly in light of the tragic events at Defqon.1 festival, the ACT Government would maintain our position of support for pill testing.

| | | |
|-----------------------------------|--------------|------------|
| Cleared as complete and accurate: | 19/09/2018 | |
| Cleared by: | Director | Ext: 52245 |
| Information Officer name: | Emily Harper | |
| Contact Officer name: | Emily Harper | Ext: 52245 |
| Lead Directorate: | Health | |

Key Information:

- Australia's first trial of a pill testing service took place at Groovin the Moo Canberra on 29 April 2018.
- The service was provided by the Safety Testing and Advisory Service at Festivals and Events (STA-SAFE) and was supported by the ACT Government, the festival promoters (Cattleyard Promotions) and the University of Canberra, where the festival was held.
- STA-SAFE has submitted its report on the trial. The report indicates that potentially lethal substances were identified in two of the 85 samples submitted for testing. Following testing, a number of patrons utilised the amnesty bins to discard their pills instead of consuming them.

Background Information:

- Pill testing is a harm minimisation intervention that includes the chemical analysis of drugs surrendered by festival patrons, and the provision of relevant drug information and counselling by qualified personnel.
- The ACT Government reinforces that it is illegal to manufacture, possess, distribute and sell illicit drugs in the ACT. The ACT Government does not approve or condone illicit drug use. It is risky and dangerous to consume illicit drugs. The ACT Government is committed to harm minimisation, in line with the National Drug Strategy. The Government considers that pill testing as a component of harm reduction measures is a sensible approach to limiting the dangers of illicit drug use at ACT music festivals. This position is in no way softening the Government's stance on illegal drugs.
- The public debate around pill testing has been reinvigorated following the tragic deaths of attendees of the Defqon.1 music festival in Penrith on Saturday 15 September 2018.

Cleared as complete and accurate: 19/09/2018
Cleared by: Director Ext: 52245
Information Officer name: Emily Harper
Contact Officer name: Emily Harper Ext: 52245
Lead Directorate: Health

ISSUE: CANNABIS LEGALISATION**Talking points:**

- Consistent with the National Drug Strategy 2017-2026 (NDS), the ACT Government is developing the ACT Drug Strategy Action Plan 2018-2021 (the DSAP). Both the NDS and the DSAP are underpinned by the three pillars of harm minimisation: demand reduction, supply reduction and harm reduction.
- The DSAP is due to be finalised by the end of 2018.
- Issues relating to cannabis diversion are the subject of ongoing and considerable debate.
- Careful consideration will be required when considering amendments to the approach to cannabis possession and cultivation, taking into account the best available evidence.

Key Issues:Harms of cannabis

- Cannabis use has been associated with substantial adverse health effects, some of which have been determined with a high level of confidence.
- Most studies report adverse effects from:
 - Short-term cannabis use, for example, impaired short-term memory and motor coordination, altered judgment and, in high doses, paranoia and psychosis.
 - Long-term or heavy cannabis use, for example, addiction, altered brain development, symptoms of chronic bronchitis and increased risk of chronic psychosis disorders, including schizophrenia, in persons with a predisposition to such disorders.

Cleared as complete and accurate: 17/09/2018
Cleared by: Deputy Director-General Ext: 59656
Information Officer name:
Contact Officer name: Laura McNeil Ext: 71781
Lead Directorate: Health

TRIM Ref: GBC18/554

QUESTION TIME BRIEF

- Cannabis, like other drugs of abuse, can result in addiction. During intoxication, cannabis can interfere with cognitive function (e.g. memory and perception of time) and motor function (eg coordination), and these effects can have detrimental consequences (eg motor-vehicle accidents).
- Repeated cannabis use during adolescence may result in long-lasting changes in brain function that can jeopardise educational, professional, and social achievements.

Medinal use

- Since 1 November 2016 some cannabis products have been able to be prescribed by doctors for medicinal use in Australia, including the ACT.
- In order to prescribe cannabis as a controlled medicine, doctors should obtain authority from the ACT Chief Health Officer under the same process which currently applies for other controlled medicines such as opiates and amphetamines.
- Only registered medical practitioners can apply for an authority to prescribe a controlled medicine for one of their patients.

Background information:

The three pillars of harm minimisation:

- Demand reduction: Preventing the uptake and/or delaying the onset of use of alcohol, tobacco and other drugs; reducing harmful use in the community; and supporting people to recover from dependence through evidence-informed treatment. Demand reduction includes school education, providing people with health information, and a range of treatment programs.
- Supply reduction: Preventing, stopping, disrupting or otherwise reducing the production and supply of illegal drugs; and controlling, managing and/or regulating the availability of legal drugs.
- Harm reduction: Reducing the adverse health, social and economic consequences of the use of drugs, for the user, their families and the wider community. Harm reduction strategies encourage safer behaviours, reduce preventable risk factors and can contribute to a reduction in health inequalities among specific population groups. Harm reduction acknowledges that despite law enforcement efforts drug use still occurs,

Cleared as complete and accurate: 17/09/2018
Cleared by: Deputy Director-General Ext: 59656
Information Officer name:
Contact Officer name: Laura McNeil Ext: 71781
Lead Directorate: Health

TRIM Ref: GBC18/554

QUESTION TIME BRIEF

and can potentially occur more safely. Pill testing and providing sterile injecting equipment to prevent the spread of disease are examples of this approach.

Cleared as complete and accurate: 17/09/2018
Cleared by: Deputy Director-General Ext: 59656
Information Officer name:
Contact Officer name: Laura McNeil Ext: 71781
Lead Directorate: Health
TRIM Ref: GBC18/554



MINISTERIAL BRIEF

Health Directorate

UNCLASSIFIED

| | | |
|------------------|---|---|
| To: | Minister for Health and Wellbeing | Tracking No.: MIN18/1433 -7 SEP 2018 |
| From: | Michael De'Ath, Interim Director-General | |
| Subject: | Update - Pill testing proposal for the Spilt Milk music festival 2018 | |
| Critical Date: | Not applicable | |
| Critical Reason: | Not applicable | |

- DG .../.../...

Purpose

To provide you with an update following the Pill Testing Working Group meeting of 22 August 2018 which discussed the Safety Testing and Advisory Service at Festivals and Events (STA-SAFE) pill testing proposal for the 2018 Spilt Milk music festival.

Recommendations

That you:

1. Note the information contained in this brief; and

Noted / Please Discuss

2. Agree to sign the letter to the Hon ^{Greg Hunt} Susan Ley MP at Attachment A.

Agreed / Not Agreed / Please Discuss

Meegan Fitzharris MLA *[Signature]* 14.9.18

Minister's Office Feedback

UNCLASSIFIED

UNCLASSIFIED

Background

1. You were previously briefed on the proposal received from STA-SAFE to conduct a second pill testing pilot at the Spilt Milk music festival to be held at Commonwealth Park in Canberra on 17 November 2018 (see Attachment B).
2. You agreed that the cross-government Pill Testing Working Group (the Working Group) be reconvened to consider this proposal. This group is comprised of officials from ACT Health, ACT Ambulance Service, ACT Policing and the Justice and Community Safety Directorate (JaCSD).
3. You also requested that the Working Group contact the National Capital Authority (NCA) to offer support.

Issues

4. The Working Group met on 22 August 2018 to consider the public health, legal and social issues relating to STA-SAFE's pill testing proposal.
5. The Working Group is broadly supportive of the proposal, noting that some minor operational and wording details in the proposal would need to be worked through with STA-SAFE and that STA-SAFE would need to work with the festival promoter to further refine operational details should it proceed at the Spilt Milk festival.
6. As the festival site at Commonwealth Park is owned by the NCA, the Working Group noted that the promoter will need to gain NCA approval for STA-SAFE to conduct pill testing at the festival.
7. In line with your previous request, the Chief Health Officer (on behalf of the Working Group) has contacted the NCA to seek an appointment with the Chief Executive to discuss this proposal further.
8. A letter has been prepared to the Minister responsible for the NCA, the Hon Sussan Ley MP, at Attachment A for your consideration, noting that you previously advised that you would consider writing to the then Minister for Territories at a later date. The letter draws attention to the STA-SAFE pill testing proposal received by the ACT Government and advises that the NCA may be contacted in relation to the proposal.

Financial Implications

9. There are no direct financial implications arising from this brief. To date, STA-SAFE has met the costs of providing pill testing services and at this stage has not requested funding assistance from the ACT Government for the second pilot.

ConsultationInternal

10. Not applicable.

UNCLASSIFIED

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Cross Directorate

11. As noted above, ACT Health has consulted with ACT Ambulance, ACT Policing and JaCSD through the Working Group.

External

12. As noted in the previous brief, engagement will be required with the NCA as the land owner of the Commonwealth Park festival site, Kicks Entertainment (the Spilt Milk promoter) and the STA-SAFE consortium.

Work Health and Safety

13. Not applicable.

Benefits/Sensitivities

14. Pill testing is a harm minimisation initiative that aims to provide festival patrons with information to assist with making safer choices about drug-taking.
15. Following the successful trial at Groovin the Moo, there may be a community expectation that pill testing will also be available at Spilt Milk, being the other major music festival held in Canberra each year.
16. Noting the previous unsuccessful proposal to conduct pill testing at the Spilt Milk music festival in 2017, early engagement and discussion between the festival promoter, NCA and STA-SAFE is seen as crucial to gaining agreement to proceed with pill testing at this year's festival.
17. Conducting a second pill testing pilot would assist with building the evidence base in Australia for similar services to be run in other settings, or at music festivals in other jurisdictions.
18. Some elements of the community remain opposed to pill testing services.

Communications, media and engagement implications

19. There will be significant media interest in this issue moving forward. ACT Health has developed talking points at Attachment C.
20. Following the successful trial conducted at the Groovin the Moo festival in April 2018, there may be enhanced media interest and advocacy for and against pill testing at the Spilt Milk festival.
21. A detailed media plan will be provided to your office should STA-SAFE's pill testing service be agreed to proceed by all relevant parties.

| | | | |
|-----------------|---|--------|-------|
| Signatory Name: | Dr Paul Kelly, Chief Health Officer, Population Health | Phone: | 50883 |
| Action Officer: | Emily Harper, Director, Health Improvement Branch | Phone: | 78634 |

UNCLASSIFIED

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Attachments

| Attachment | Title |
|-------------------|---------------------------------|
| Attachment A | Letter to the Hon Sussan Ley MP |
| Attachment B | Previous Ministerial Brief |
| Attachment C | Media Talking Points |

UNCLASSIFIED



Original Sent by Minister's Office

17 SEP 2018

Meegan Fitzharris MLA

Minister for Health and Wellbeing
 Minister for Higher Education
 Minister for Medical and Health Research
 Minister for Transport
 Minister for Vocational Education and Skills
 Member for Yerrabi

The Hon Greg Hunt MP
 Minister for Health
 PO Box 6022
 House of Representatives
 Parliament House
 CANBERRA ACT 2600

Dear Minister *Greg*

The ACT Government recently received a proposal from the Safety Testing and Advisory Service at Festivals and Events (STA-SAFE) consortium to conduct a pill testing service as part of the Spilt Milk festival scheduled for 17 November 2018 in Commonwealth Park.

You may be aware that STA-SAFE successfully conducted the first Australian trial of a pill testing service at the Groovin the Moo festival at the University of Canberra on 29 April 2018.

As Minister for Health and Wellbeing, I asked ACT Health to reconvene a cross directorate working group to examine this most recent Spilt Milk proposal. The group includes officials from ACT Policing, the ACT Ambulance Service the Justice and Community Safety Directorate and ACT Health. The working group has considered the public health, legal and social implications of the proposal from an ACT Government perspective.

The ACT Government supports STA-SAFE's proposal and will continue to provide a supportive policy environment for pill testing to occur at music festivals in the ACT as a harm minimisation initiative.

For pill testing to be conducted at Spilt Milk, the support of all relevant parties, including the event organisers, STA-SAFE and the National Capital Authority (NCA) as the land owner will be critical. I am writing to you as federal Minister for Health to seek your support of the service, from a harm minimisation perspective, for the Spilt Milk festival in November. I urge you to take a strong stance on this issue as your leadership has the potential to save a life.

ACT Legislative Assembly

London Circuit, Canberra ACT 2601, Australia GPO Box 1020, Canberra ACT 2601, Australia
 Phone +61 2 6205 0051 Email fitzharris@act.gov.au



@MeeganFitzMLA



MeeganFitzharrisMLA



If you would like any further information regarding pill testing, I encourage you to contact Dr Paul Kelly, Chief Health Officer and Chair of the working group. Dr Kelly can be contacted on (02) 6205 0883 or via email at Paul.Kelly@act.gov.au

Yours sincerely



Meegan Fitzharris MLA
Minister for Health and Wellbeing

14/9/18



MINISTERIAL BRIEF

Health Directorate

UNCLASSIFIED

To: Minister for Health and Wellbeing

Tracking No.: MIN18/1087

30/7/18

From: Michael De'Ath, Interim Director-General

Subject: Pill testing proposal Spilt Milk music festival 2018

Critical Date: Not applicable

Critical Reason: Not applicable

- DG 10/7/18
- DDG .../.../...

Recommendations

That you:

1. Note the information contained in this brief;

Noted / Please Discuss

2. Agree that the cross-government pill testing working group be reconvened to consider the pill testing proposal; and

Agreed / Not Agreed / Please Discuss

3. Agree to sign the attached letter to Minister McVeigh (Attachment D).

Agreed / Not Agreed / Please Discuss

Meegan Fitzharris MLA

4/8/18

Minister's Office Feedback

Re. discussions with the NCA - in the first instance please ask STA-SAFE to approach NCA & begin discussions. ACT Health led working group to also ~~conduct~~ contact NCA offering support.

I will consider writing to Minister McVeigh at a later date

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Background

1. In 2017, a proposal was received from by the Safety Testing and Advisory Service at Festivals and Events (STA-SAFE) consortium to conduct a pill testing trial at the 2017 Spilt Milk music festival in Canberra. This trial did not proceed due to a range of issues.
2. On 29 April 2018, the first Australian trial of a pill testing service was conducted at the Groovin the Moo music festival in Canberra. The trial was undertaken by STA-SAFE, within a supportive policy environment provided by the ACT Government.
3. A cross government working group was formed on receipt of the first proposal to examine the public health, legal and social issues relating to the pill testing proposal. This working group was reconvened to consider the second proposal.
4. On 2 July 2018, STA-SAFE submitted a proposal to ACT Health to conduct a second pill testing pilot at the Spilt Milk festival due to be held in Commonwealth Park on 17 November 2018 (Attachments A-C).

Issues

5. The successful pill testing trial at Groovin the Moo required lengthy discussions with the festival promoter and landholder, with final agreement only being confirmed in the last week prior to the festival.
6. It is proposed that the pill testing working group be reconvened to consider the public health, legal and social impacts of the new proposal.
7. The agreement of all relevant parties will be a key factor in determining whether pill testing goes ahead at the festival in 2018.
8. Preliminary discussions with STA-SAFE indicate that Kicks Entertainment, the Spilt Milk promoter, will contact the National Capital Authority, the landowner for the Spilt Milk venue, regarding the proposal to conduct pill testing at the festival.
9. Therefore it is proposed that you sign the letter at Attachment D to Minister McVeigh, the Minister responsible for the National Capital Authority informing them of the STA-SAFE proposal and inviting him to contact Dr Paul Kelly, Chief Health Officer for information regarding pill testing.

Financial Implications

10. There are no direct financial implications arising from this brief. To date, STA-SAFE have met the costs of provided pill testing services, and at this stage have not requested funding assistance from the government for the second pilot.

ConsultationInternal

11. Not applicable.

Cross Directorate

12. The cross government working group includes members from ACT Health, the Justice and Community Safety Directorate, ACT Policing and ACT Ambulance Service.

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External

13. Engagement will be required with:
- The National Capital Authority, landowner for the Commonwealth Park festival site.
 - Kicks Entertainment, the Spilt Milk promoter.
 - The STA-SAFE consortium.

Work Health and Safety

14. ACT Government staff are not directly involved in the pill testing service. Police and Ambulance members will be performing their usual roles at the festival, and work health and safety issues are not anticipated.

Benefits/Sensitivities

15. Pill testing is a harm minimisation initiative that aims to provide festival patrons with information to assist with making safer choices about drug-taking.
16. Following the successful trial at Groovin the Moo, there may be a community expectation that pill testing is also available at Spilt Milk, the other major music festival held in Canberra each year.
17. Conducting a second pilot will assist with building the evidence base in Australia for similar services to be run in other settings, or at music festivals in other jurisdictions.
18. There is still some community opposition to pill testing services.

Communications, media and engagement implications

19. There is expected to be significant media interest in this proposal, as was the case with the Groovin the Moo trial. A comprehensive media plan would be drafted as part of the consideration of the Spilt Milk proposal and engagement with relevant stakeholders.

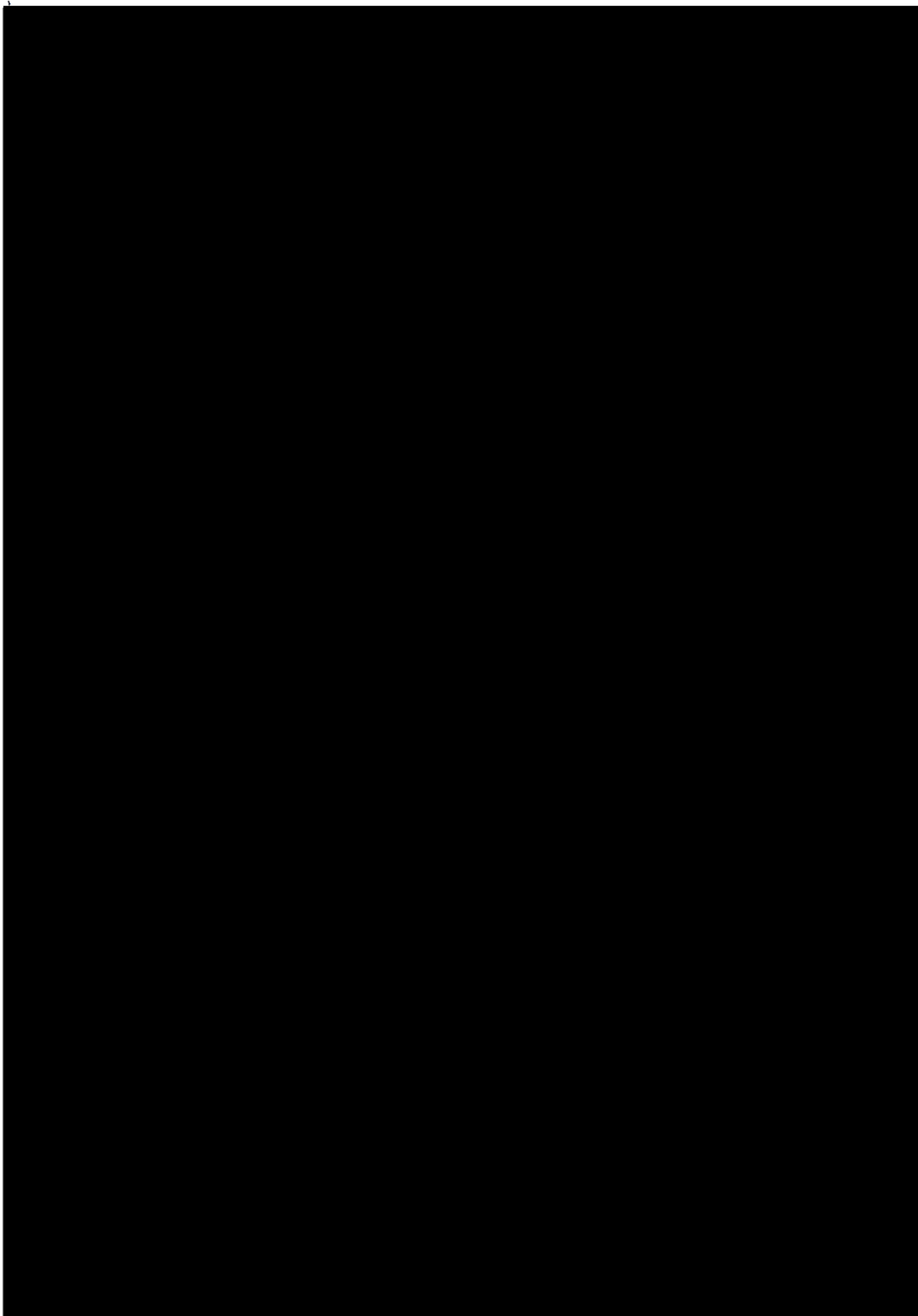
Signatory Name: Dr Paul Kelly, Chief Health Officer, Deputy Director-General Population Health Prevention and Protection Phone: 50883

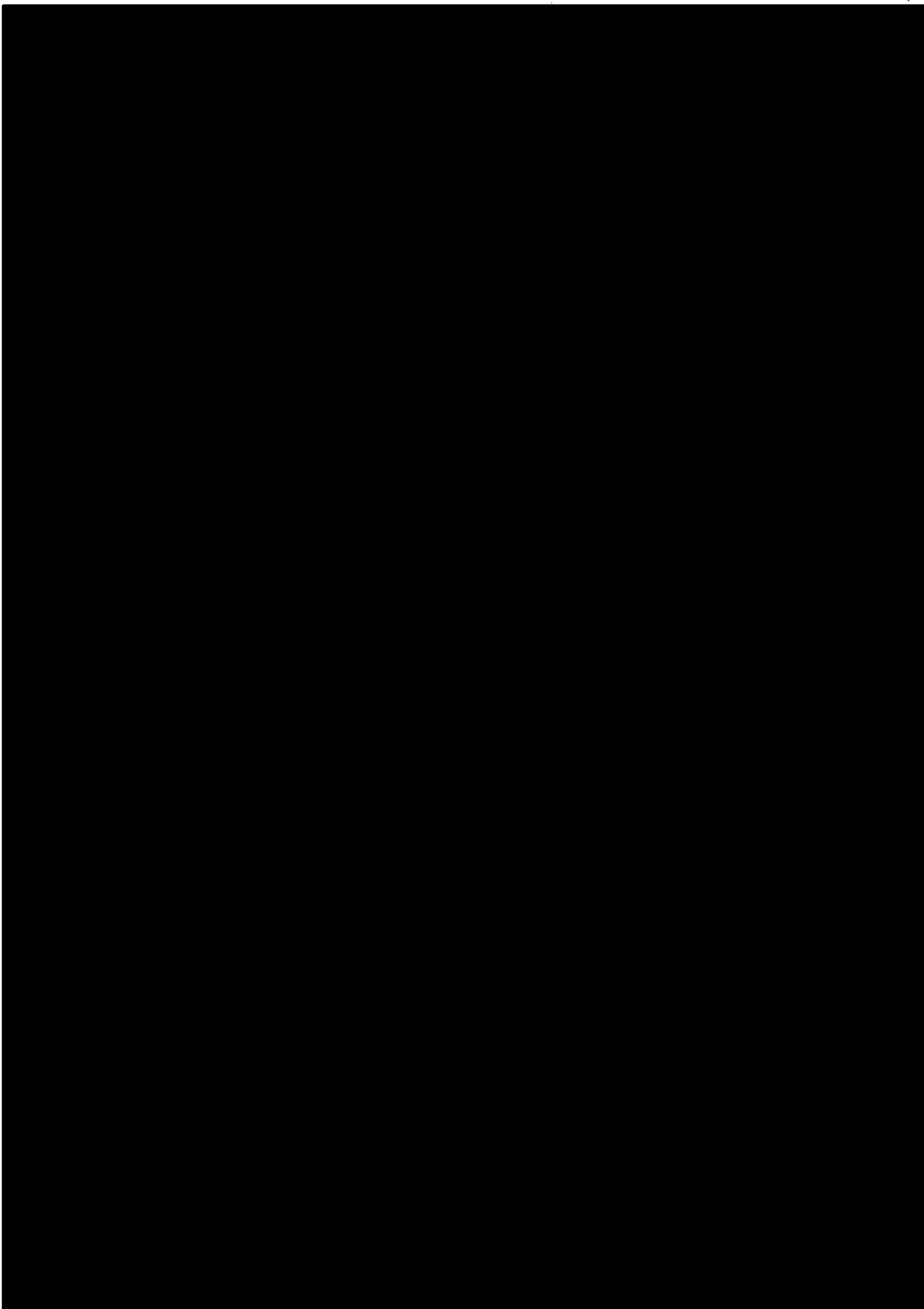
Action Officer: Emily Harper, Executive Director, Health Improvement Branch Phone: 78634

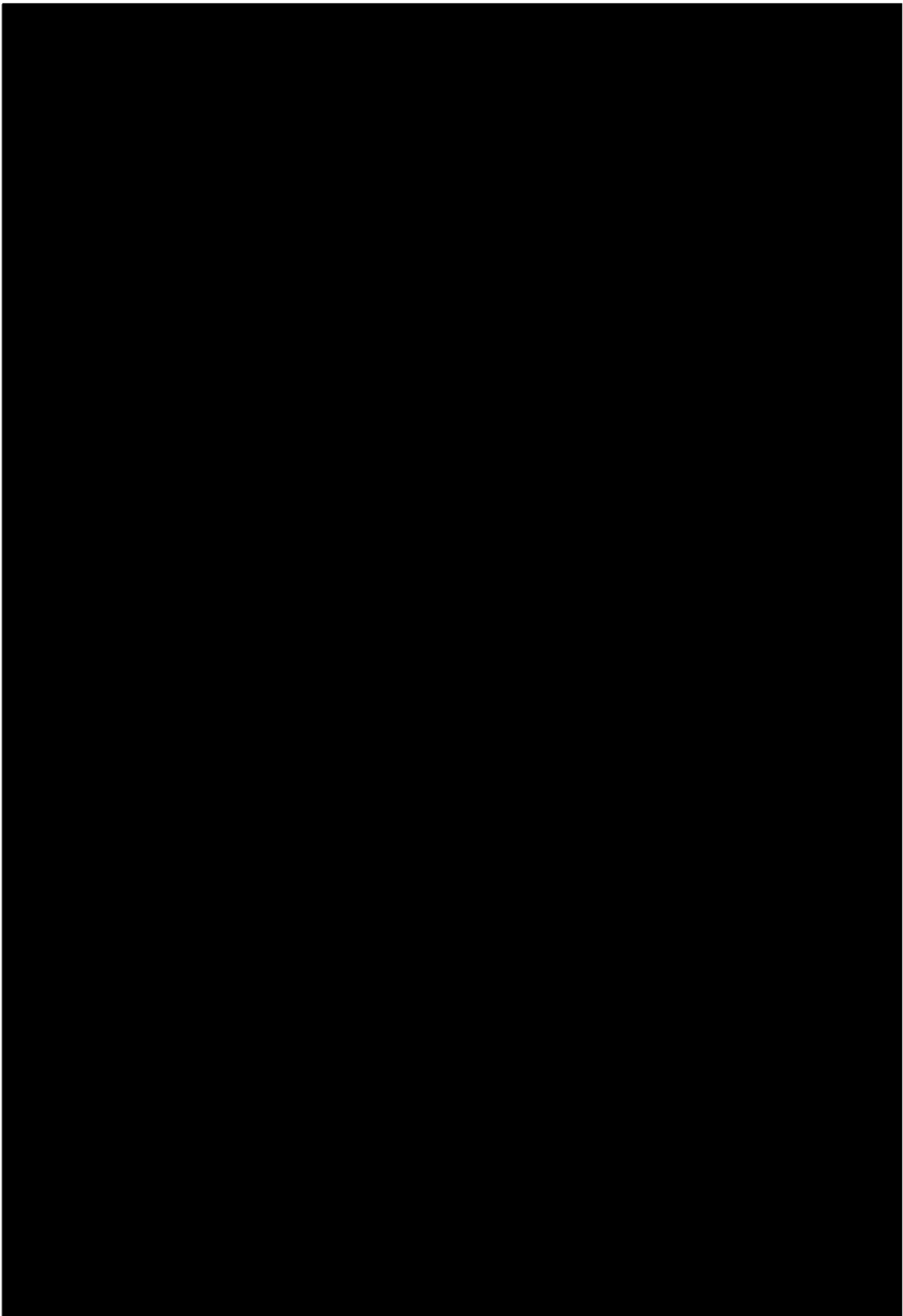
Attachments

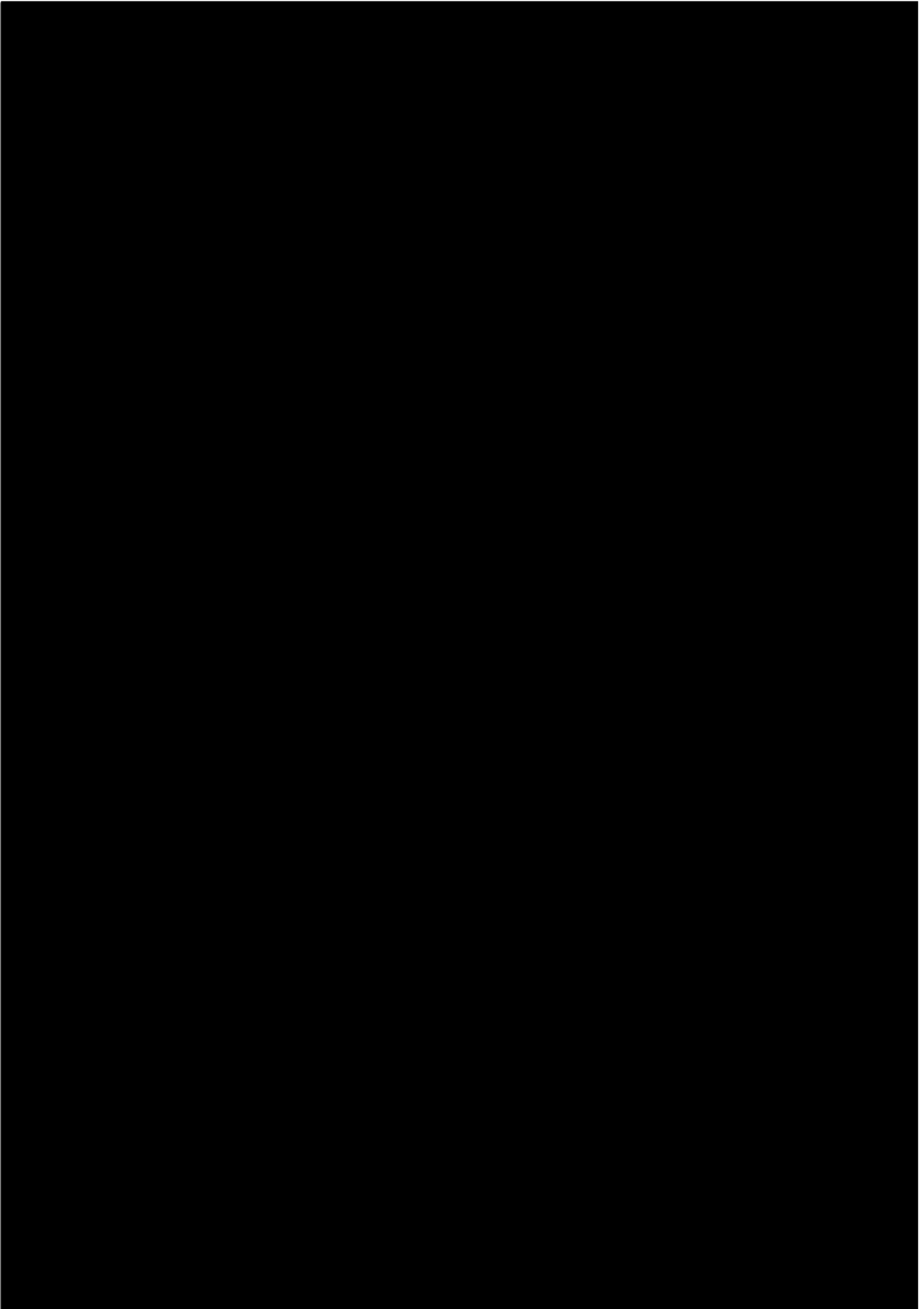
| Attachment | Title |
|--------------|---|
| Attachment A | Pill testing proposal (provided by STA-SAFE) |
| Attachment B | Pill testing operations plan (provided by STA-SAFE) |
| Attachment C | Pill testing risk assessment (provided by STA-SAFE) |
| Attachment D | Letter to the Minister responsible for the National Capital Authority |

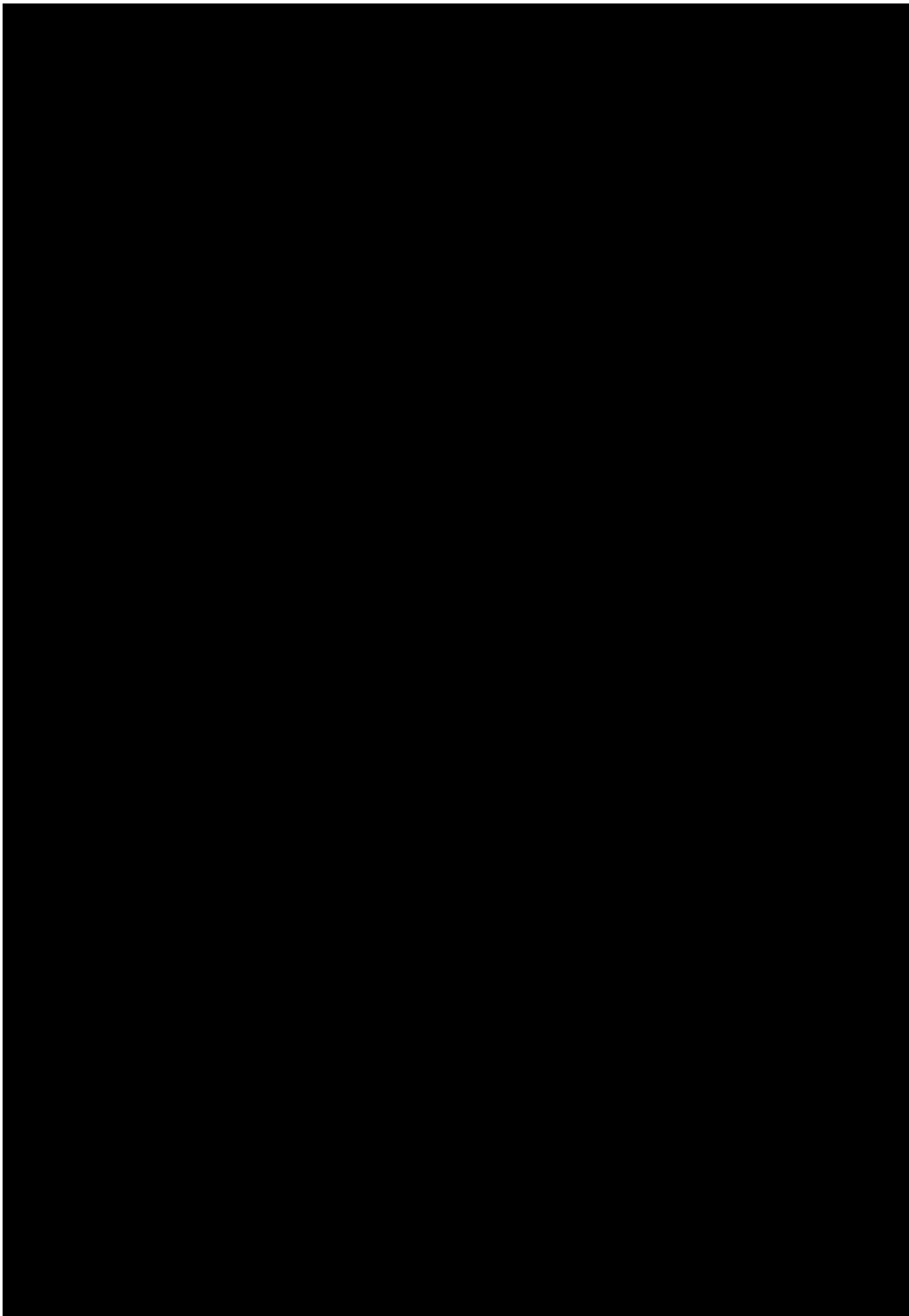
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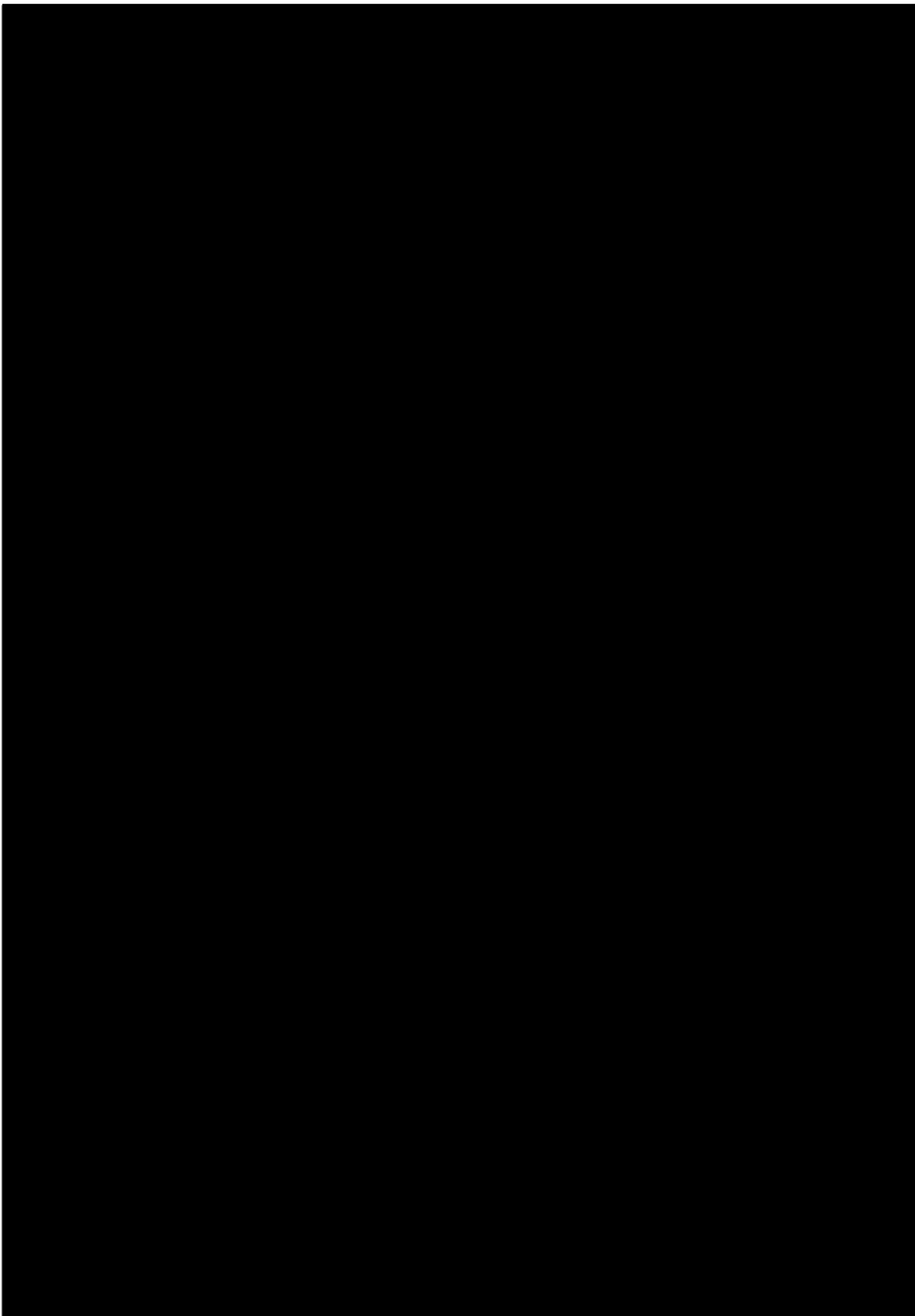




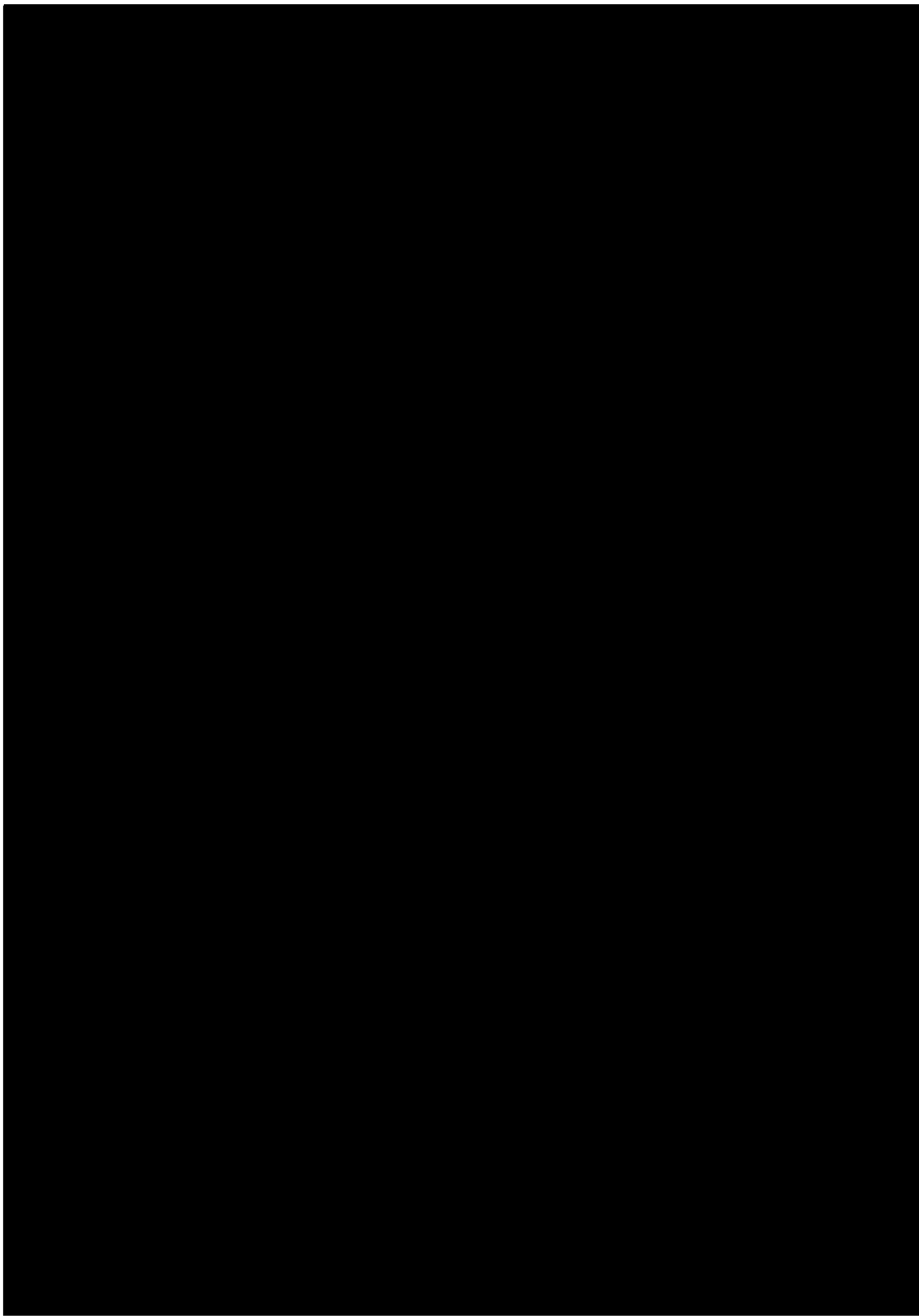


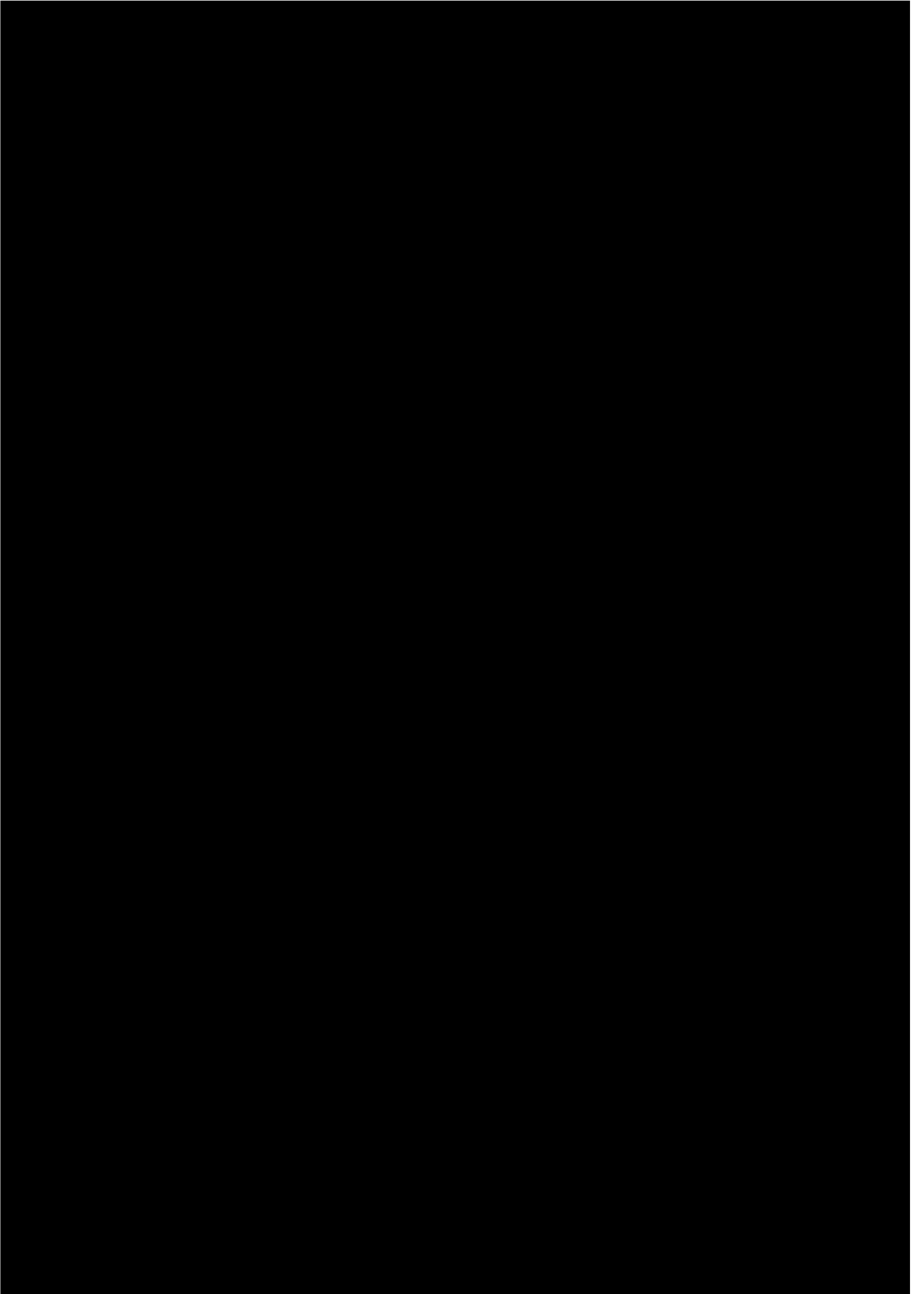


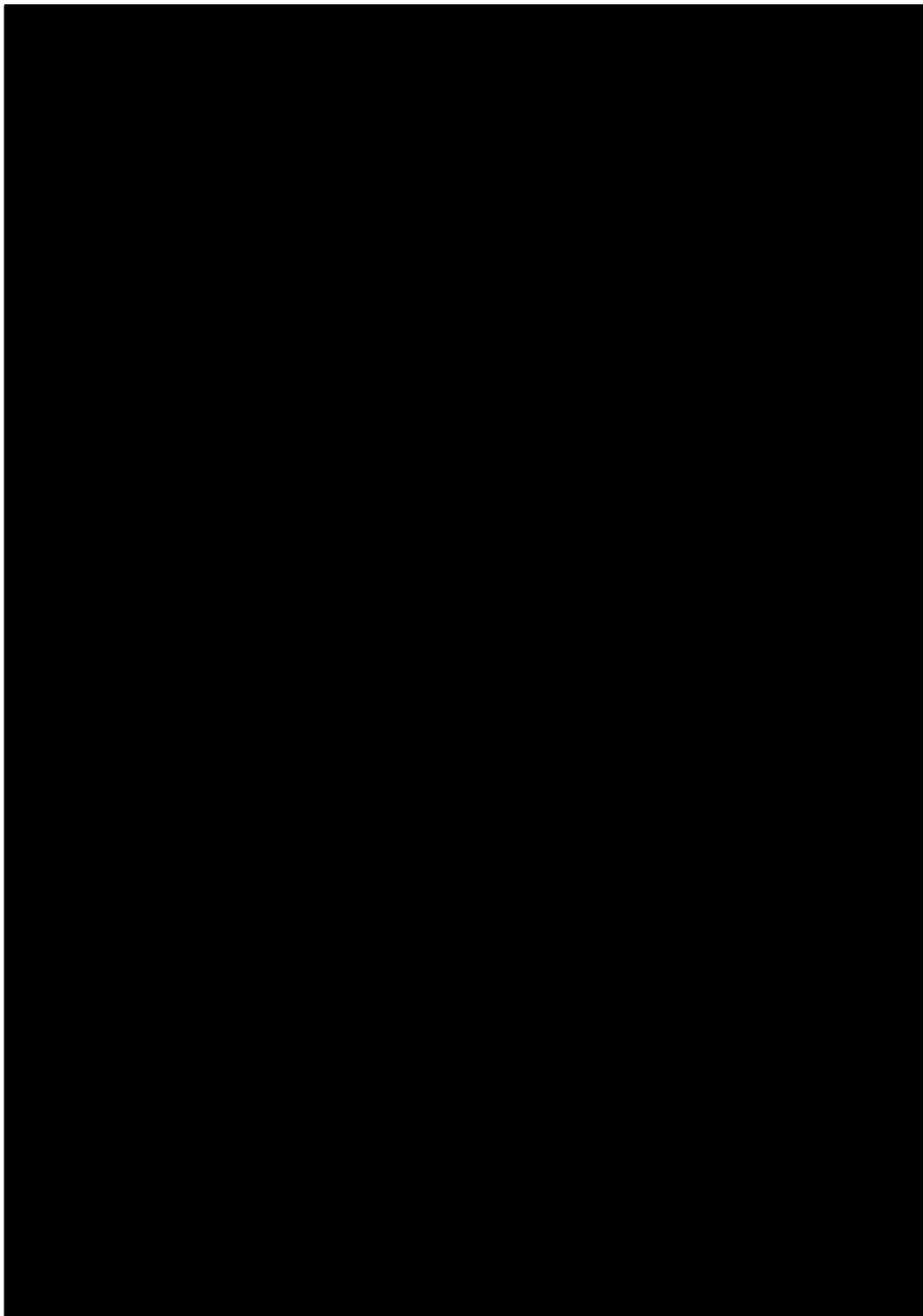


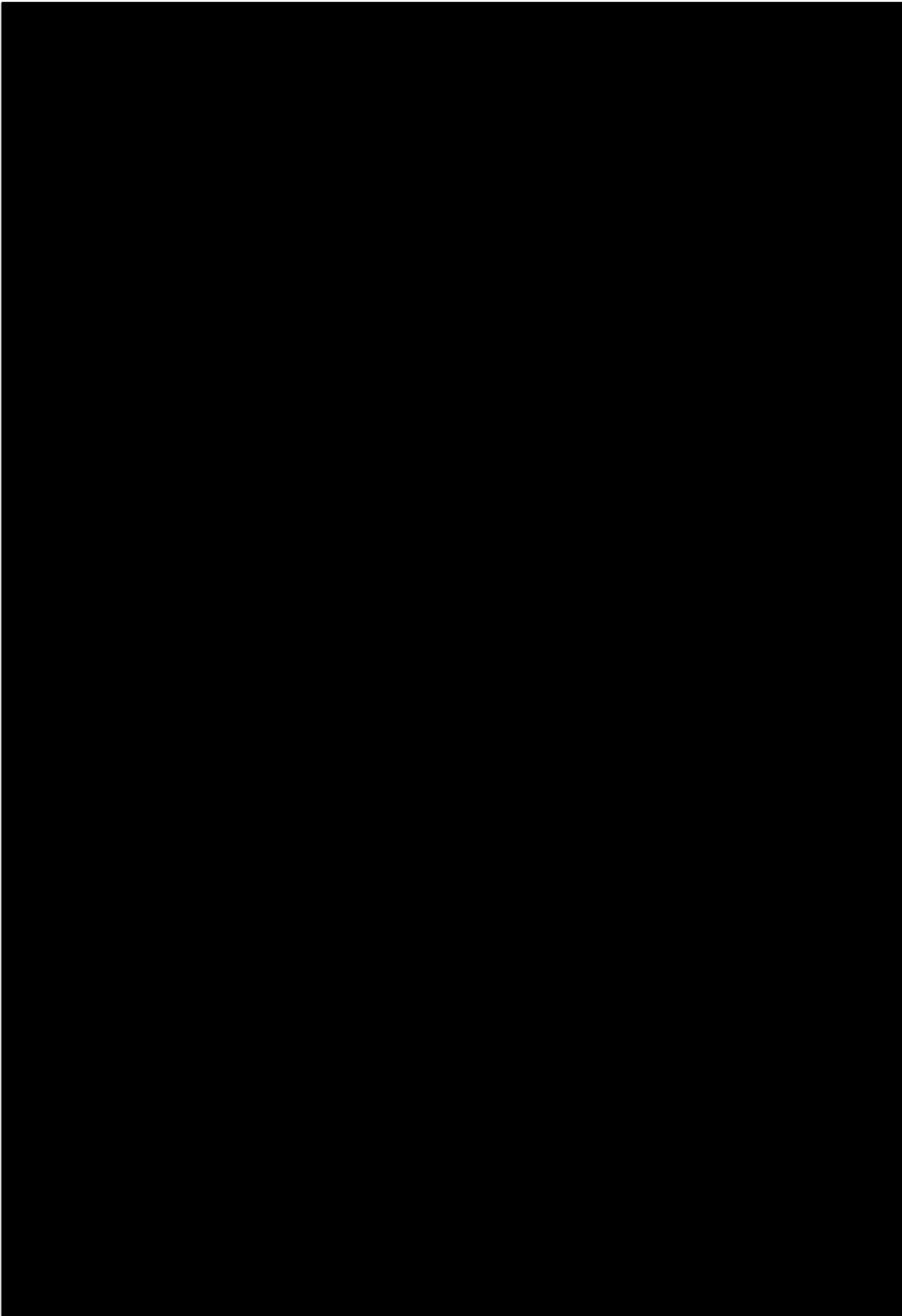


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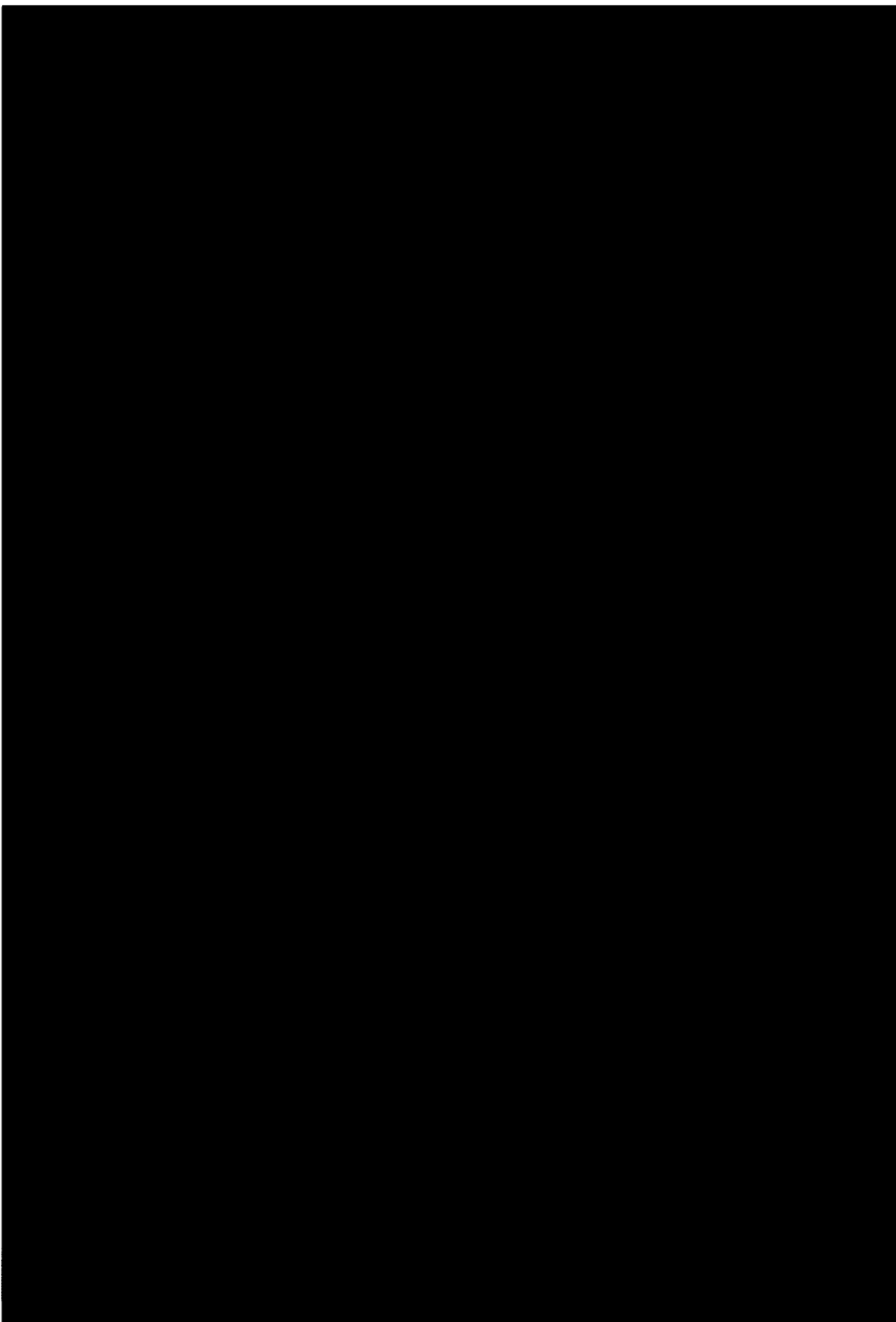


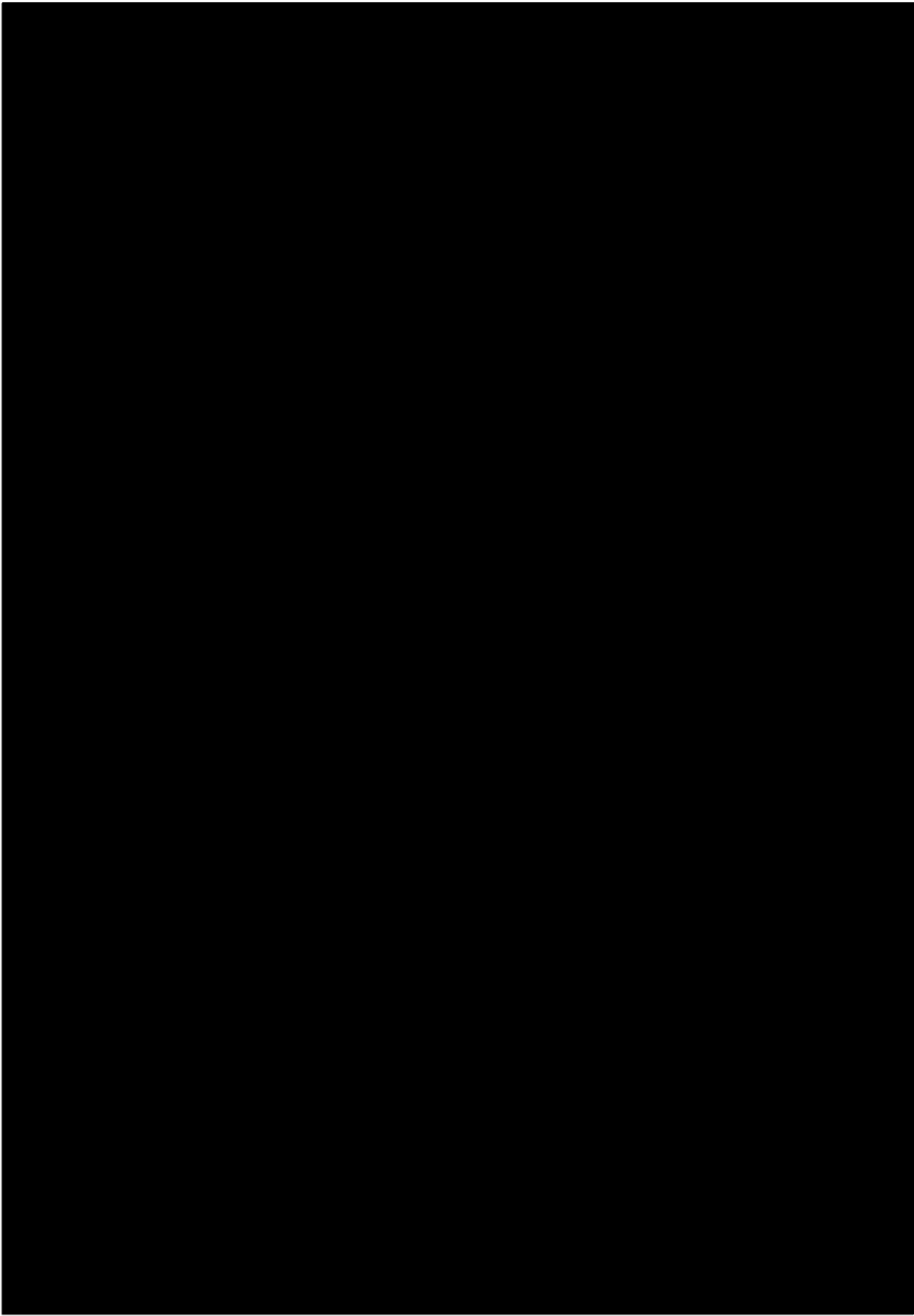


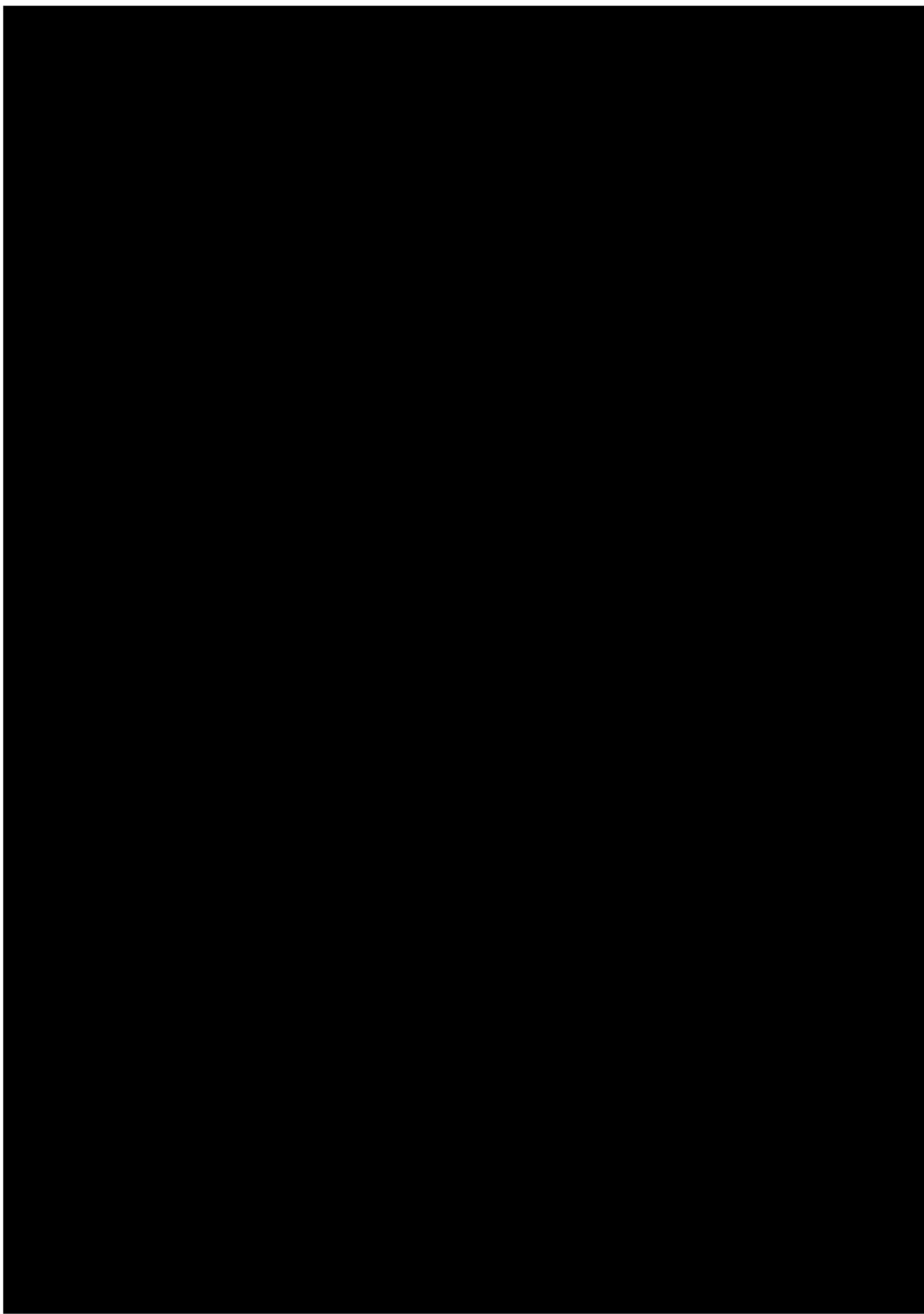


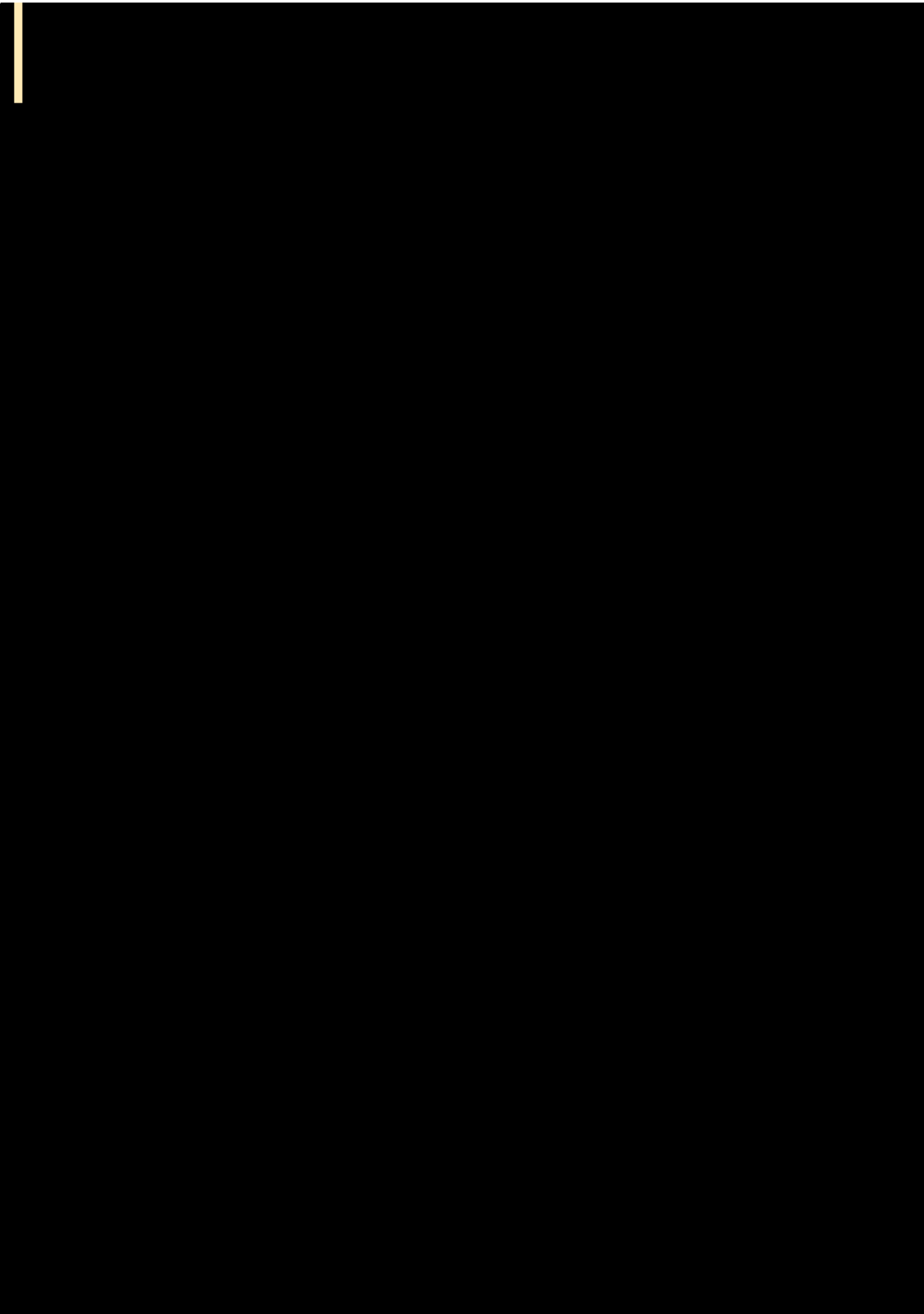


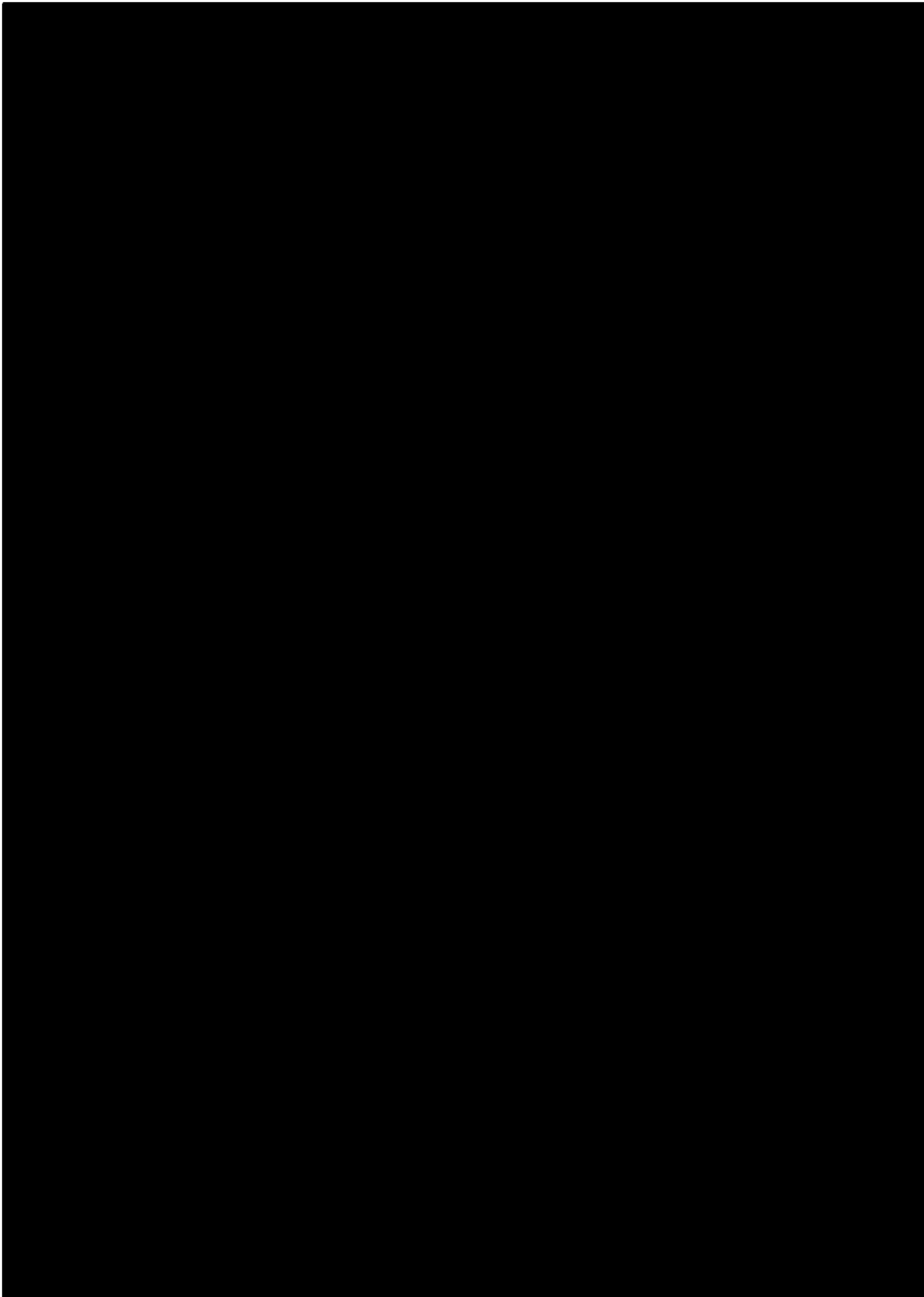
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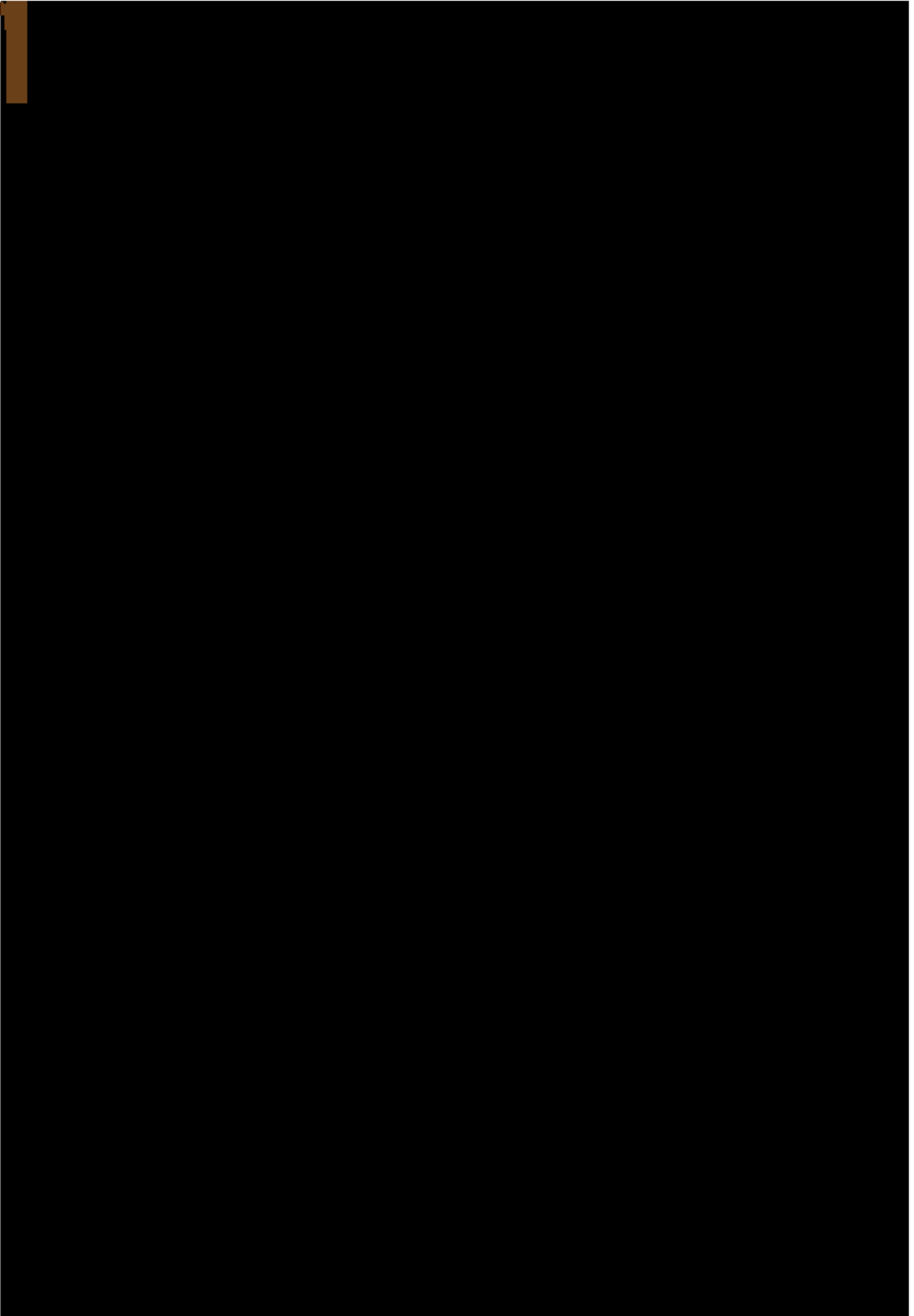


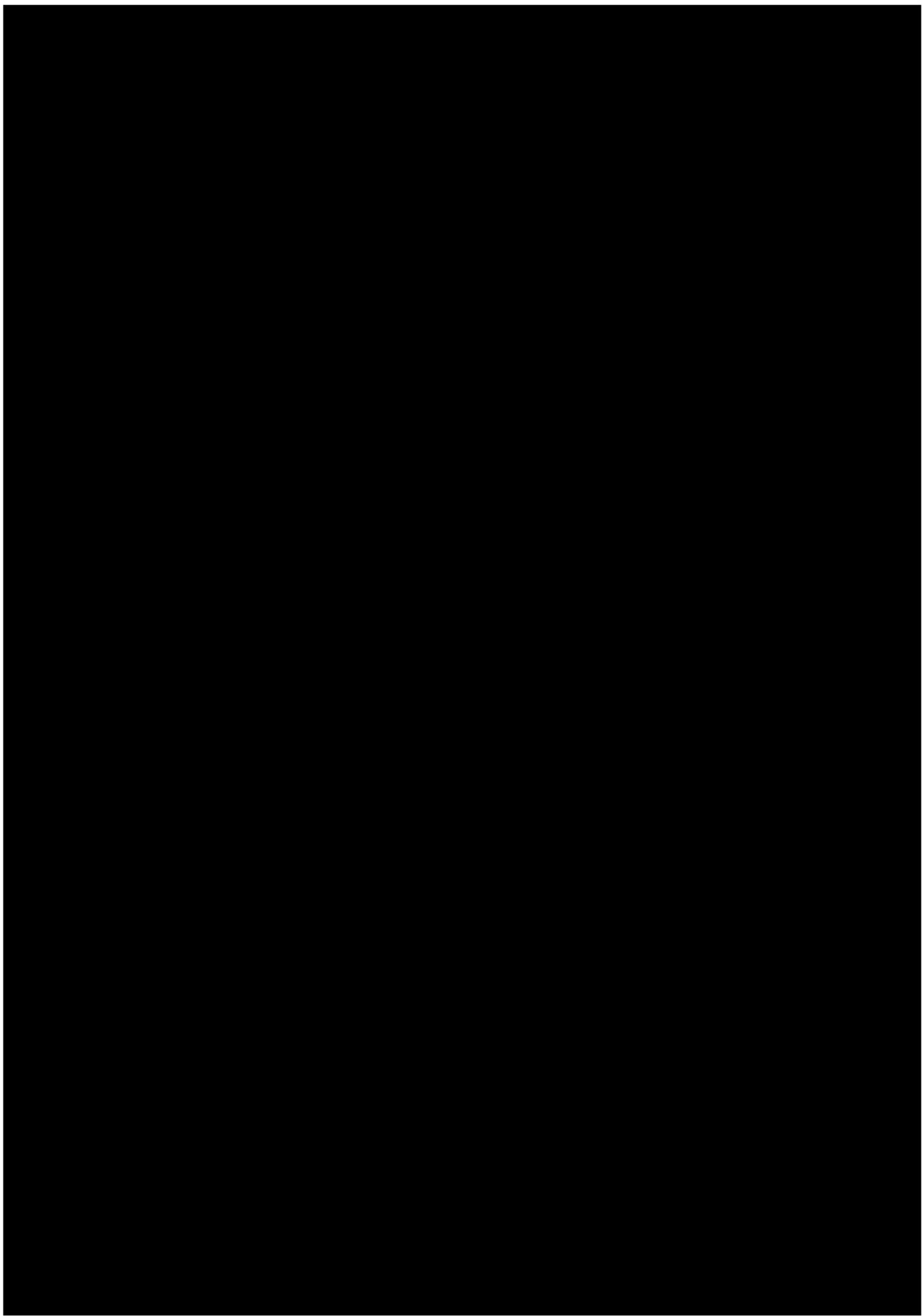


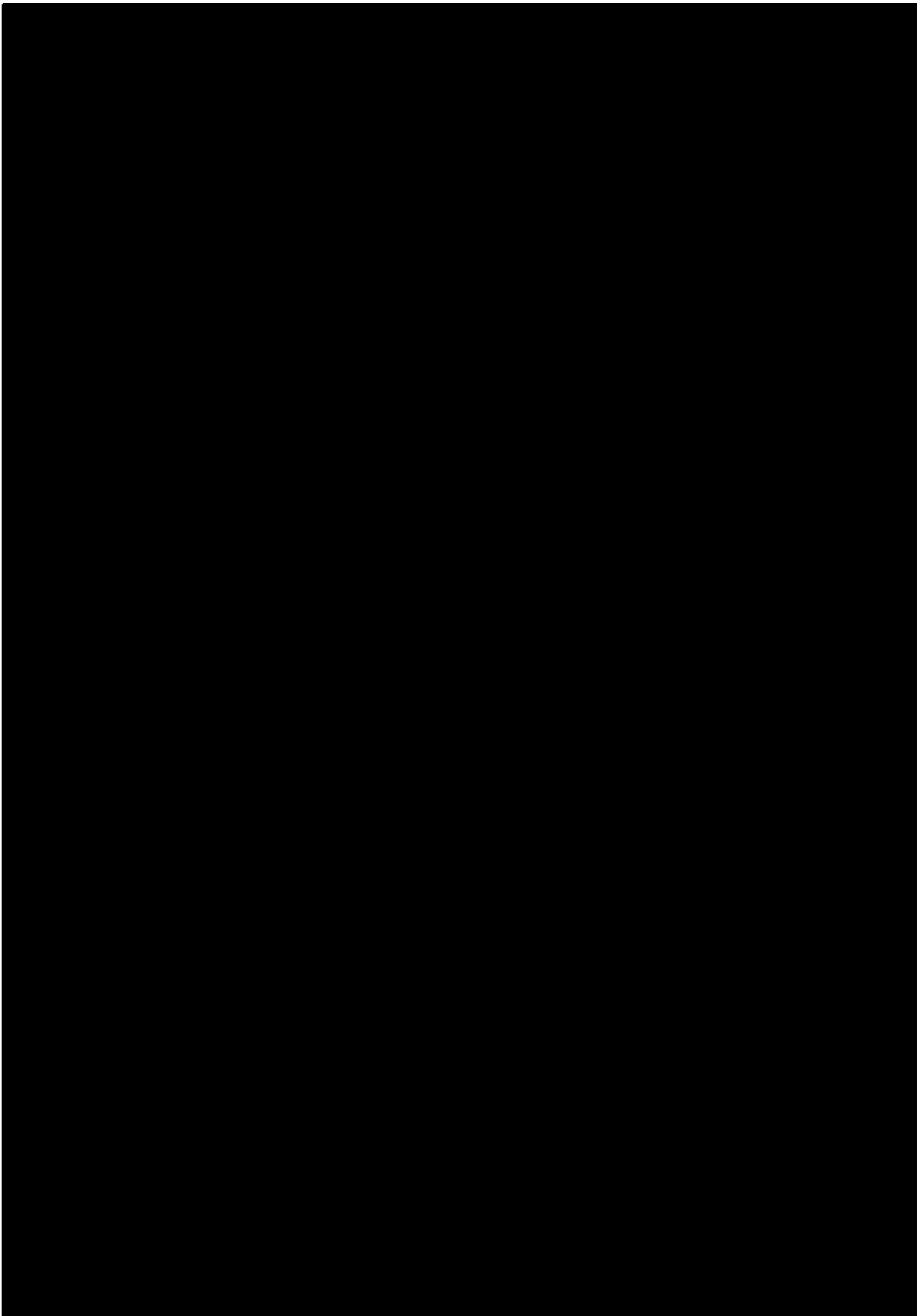


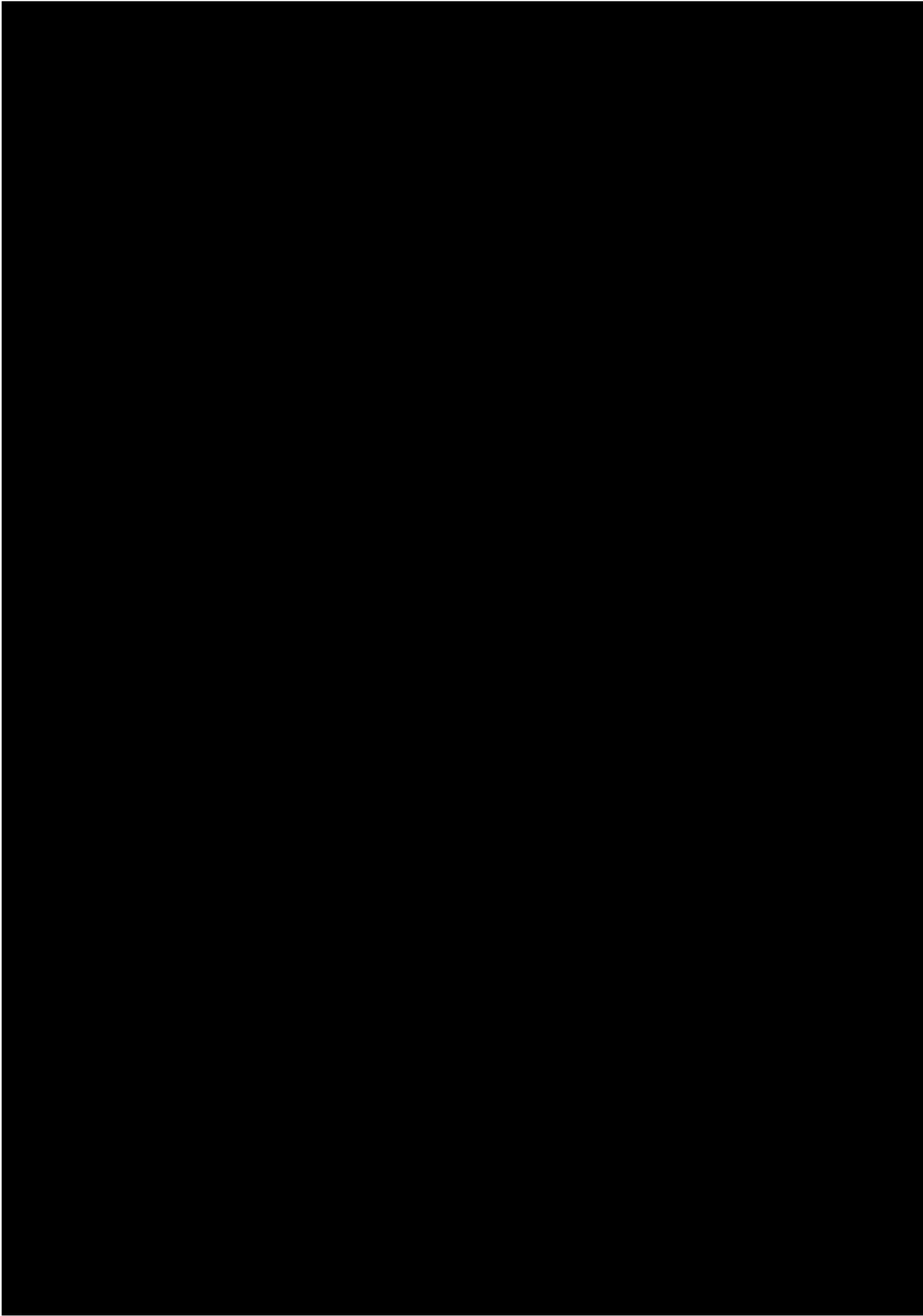


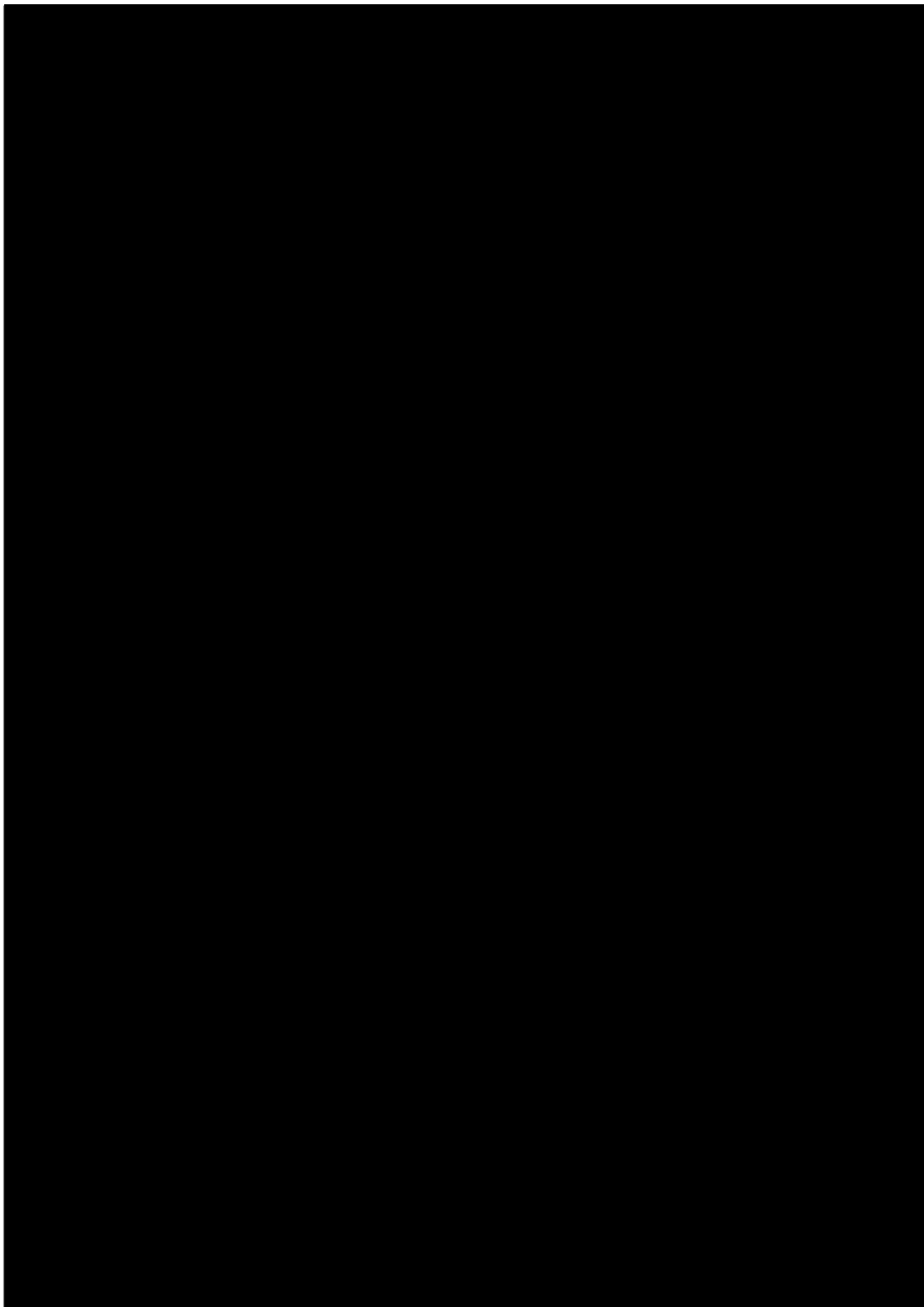


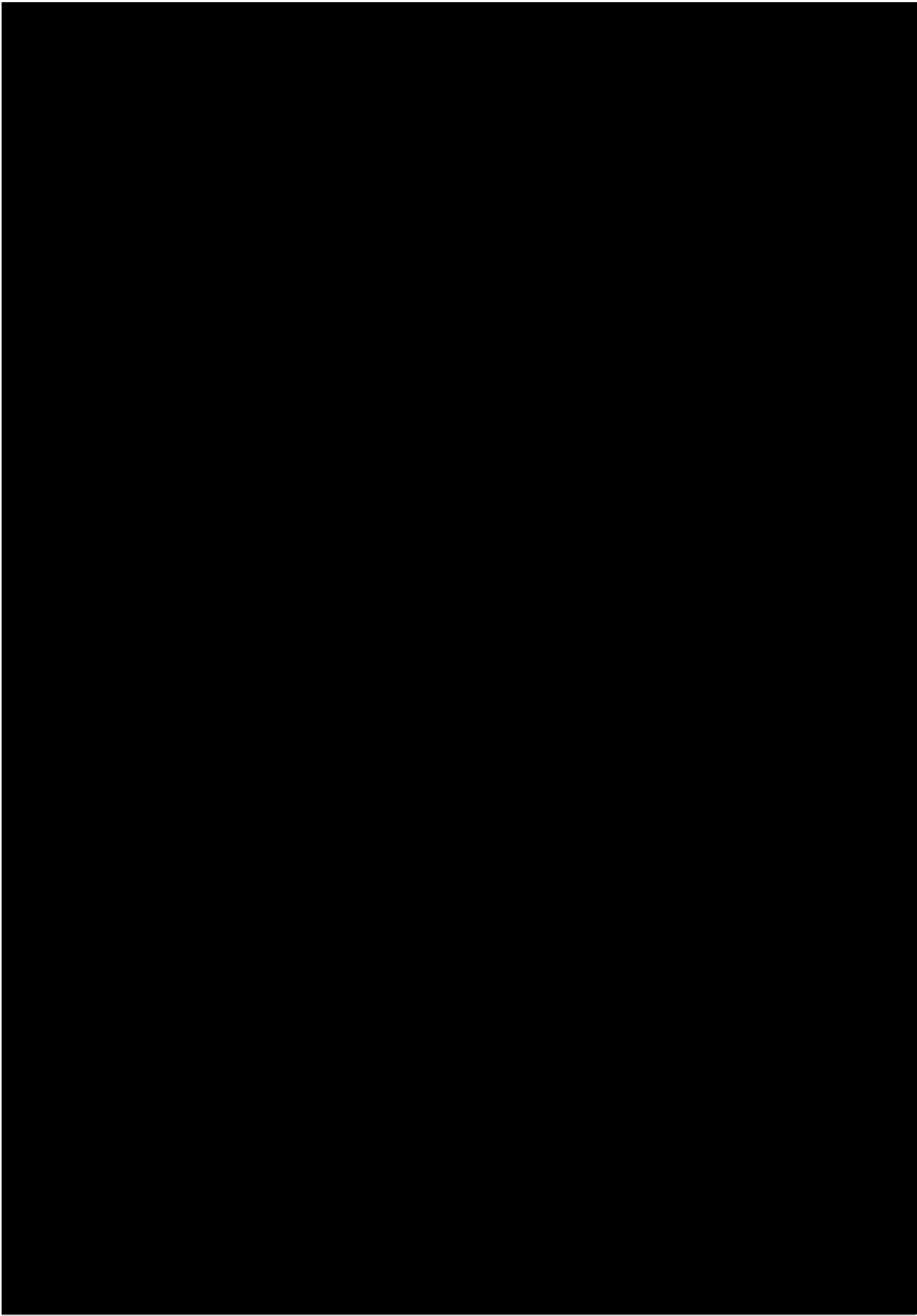


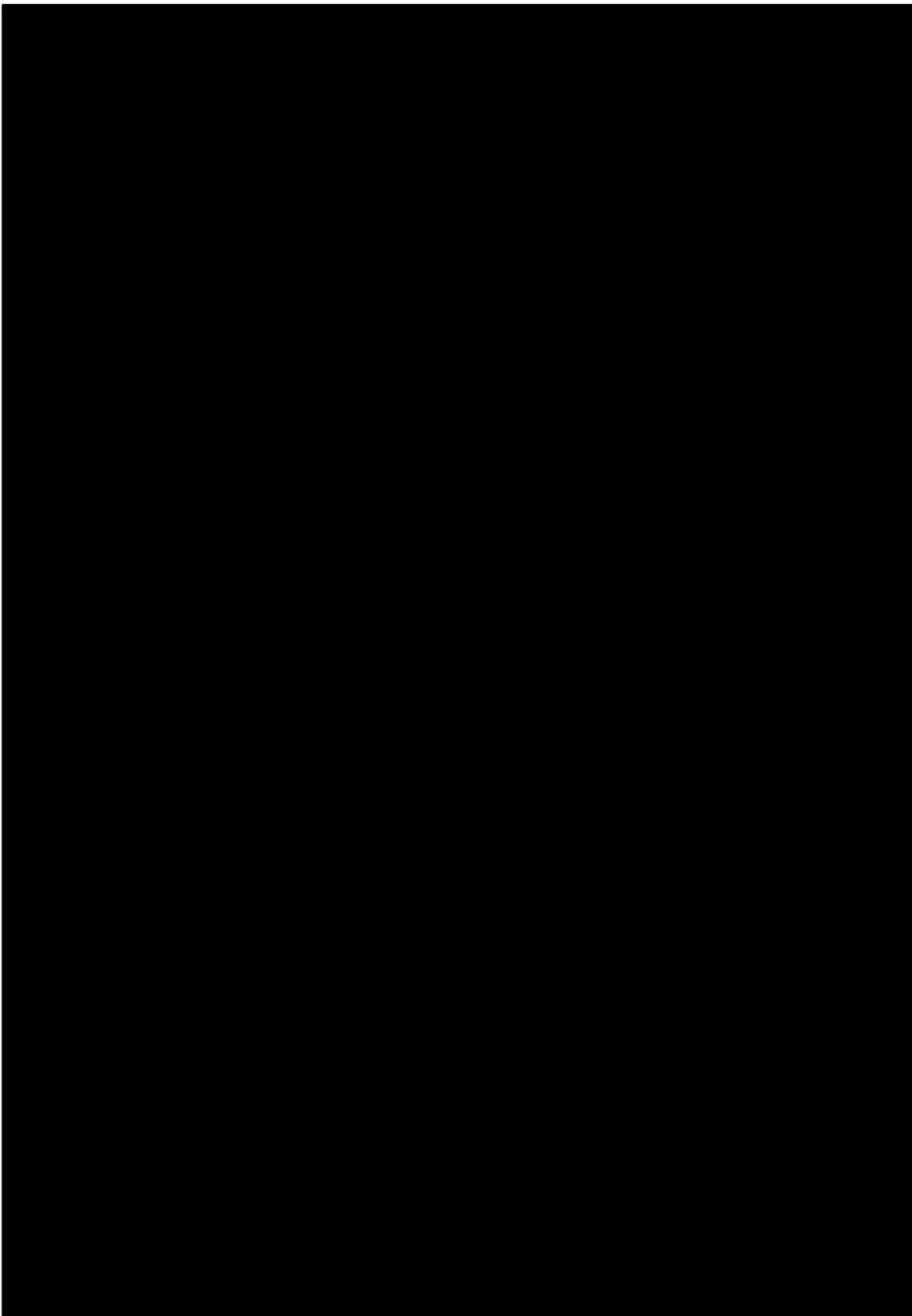


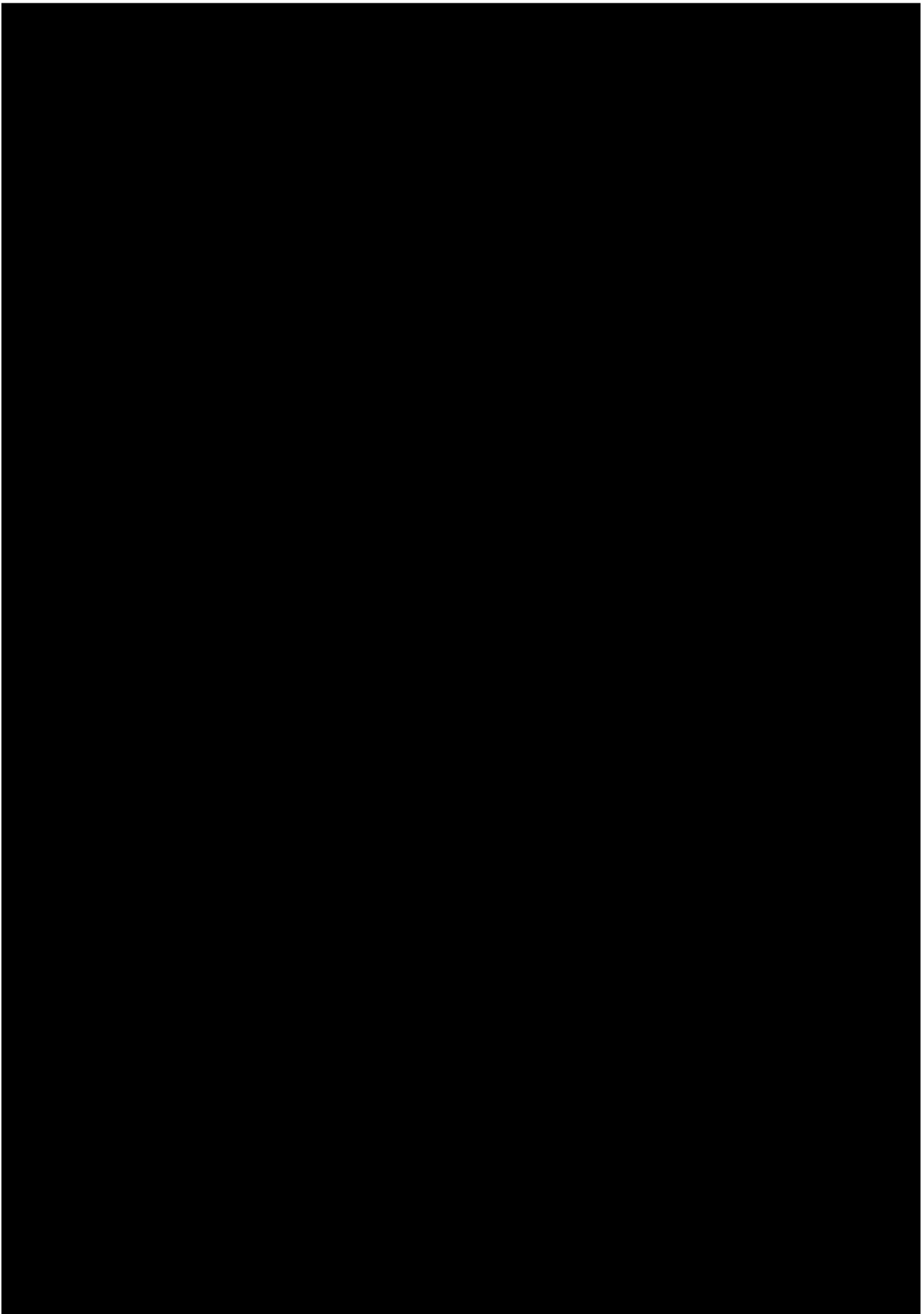


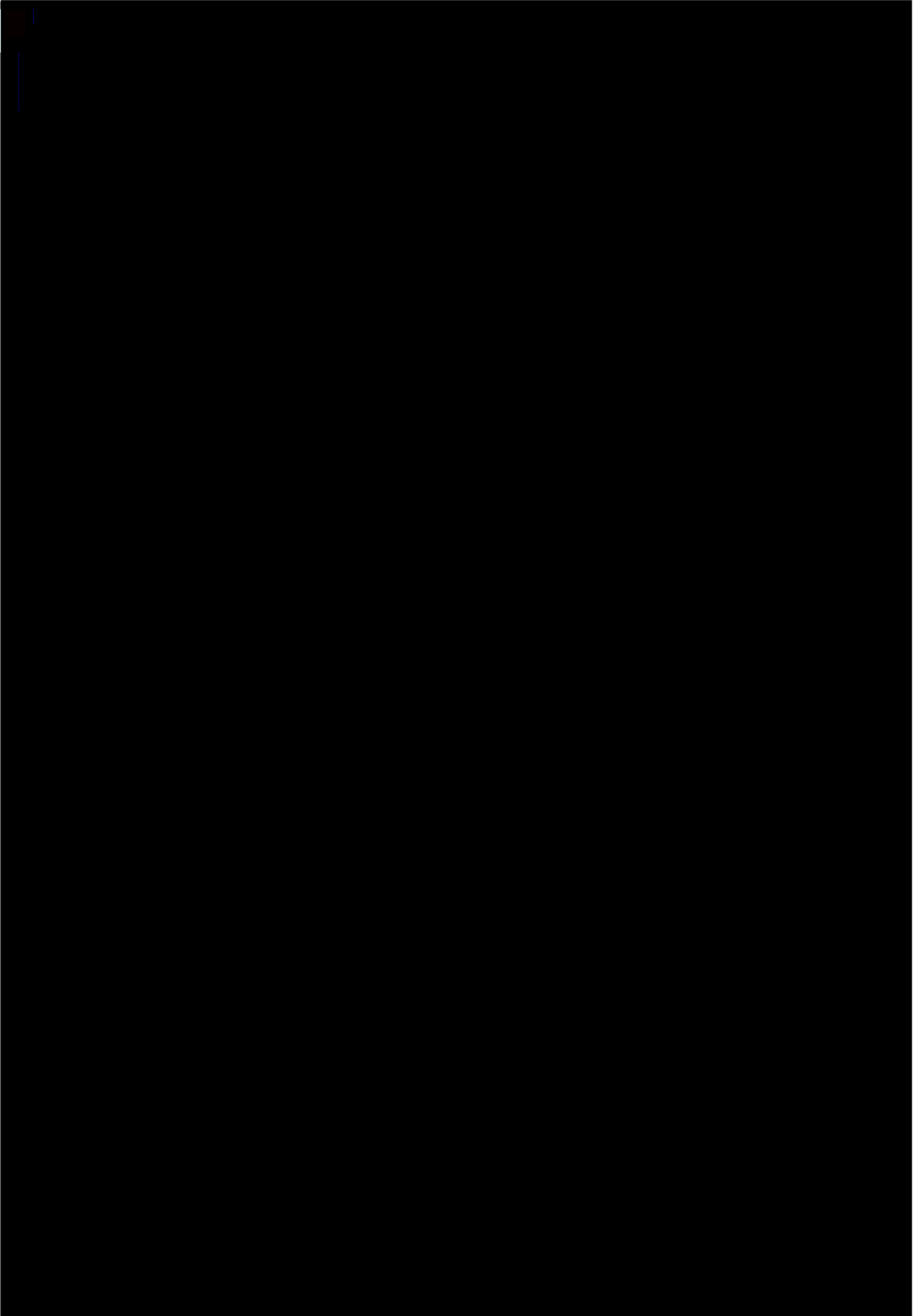


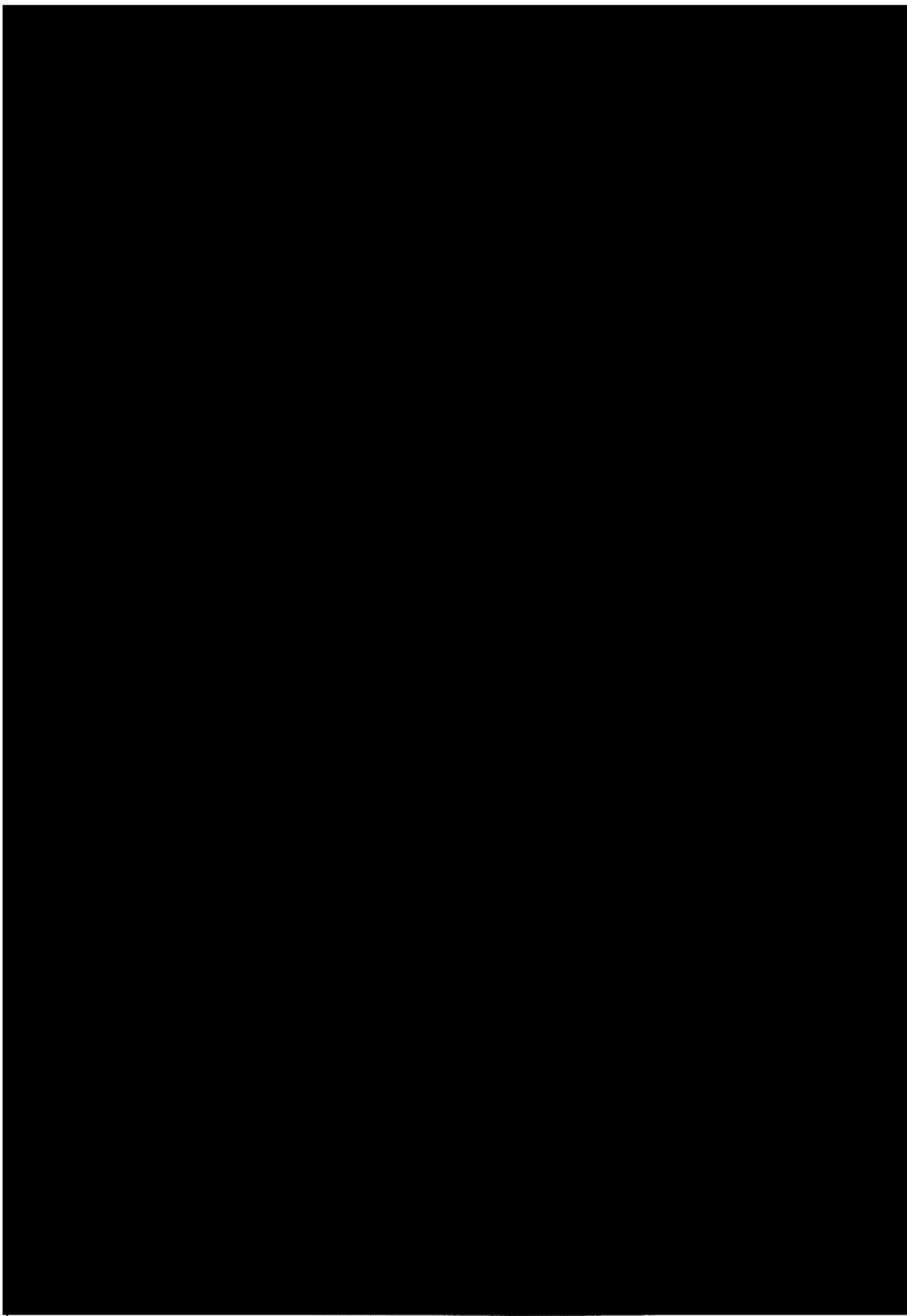


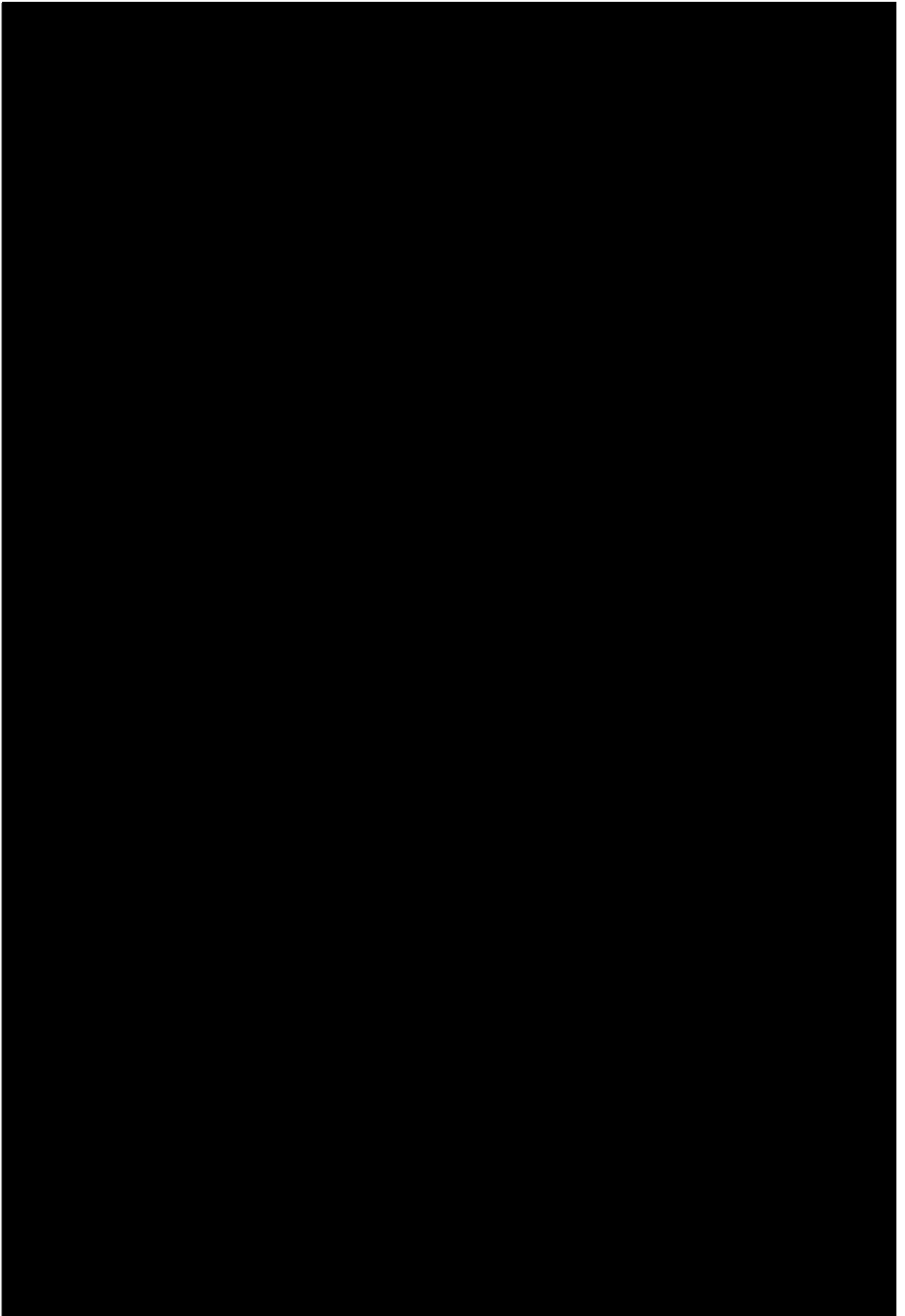




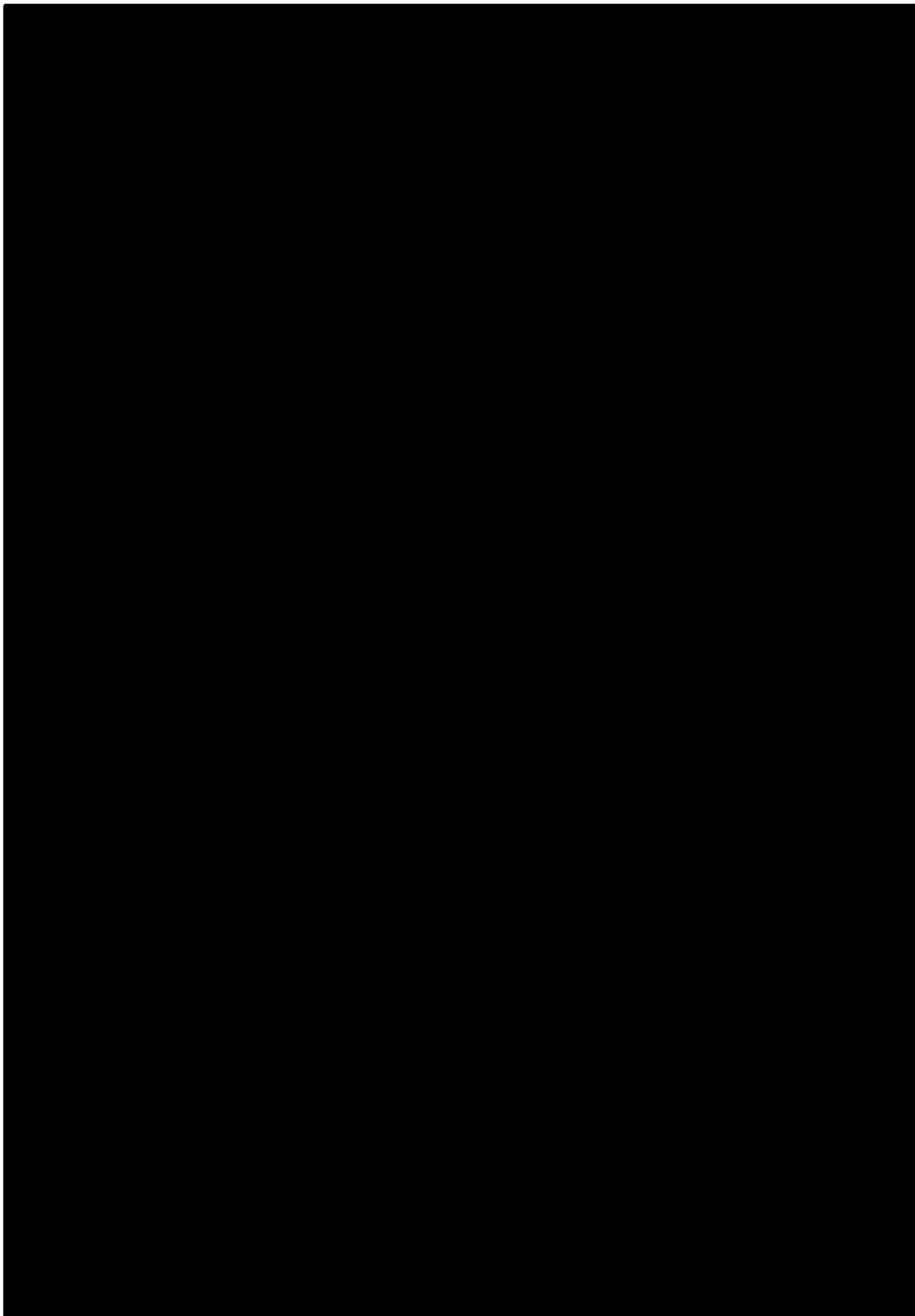


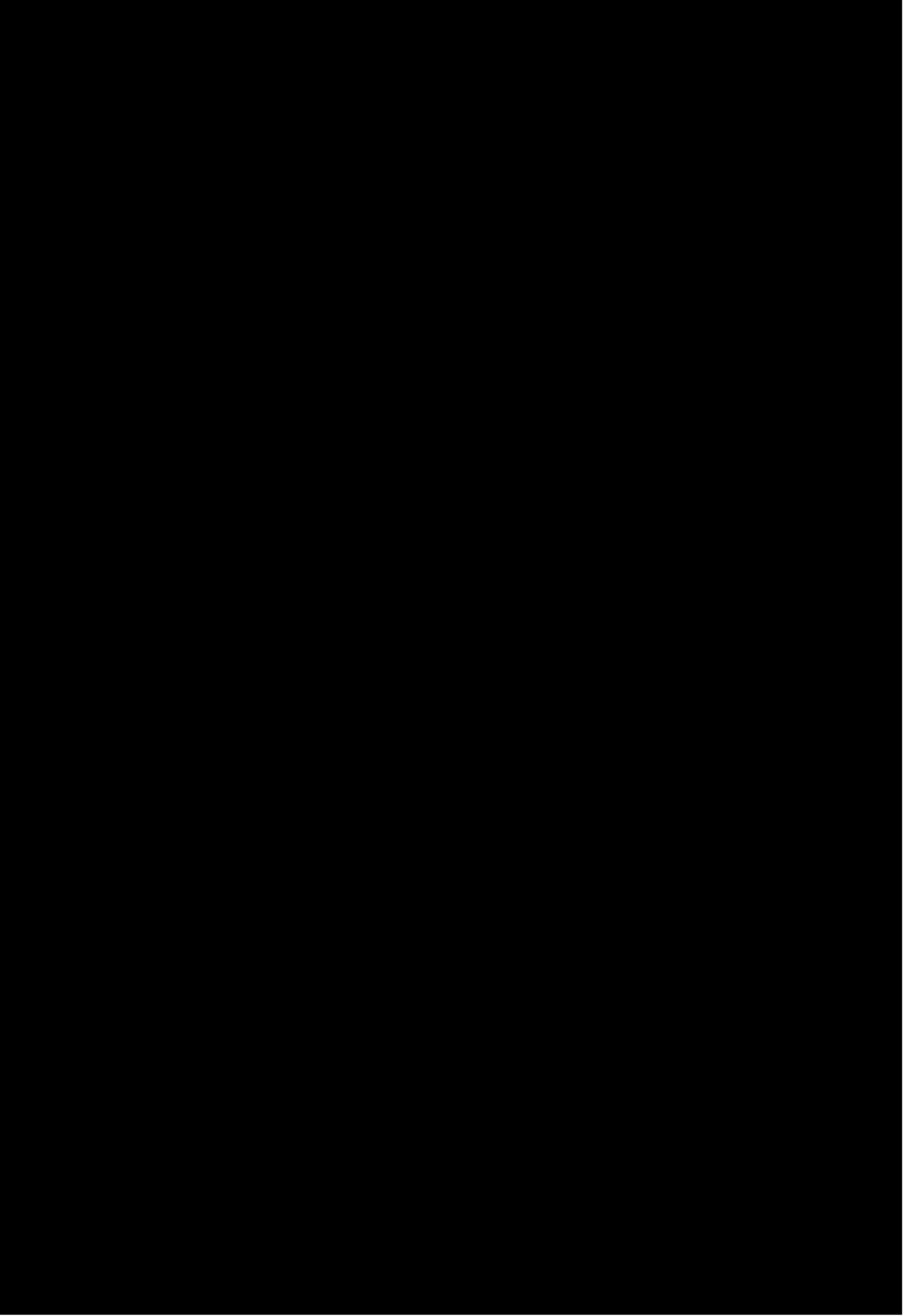


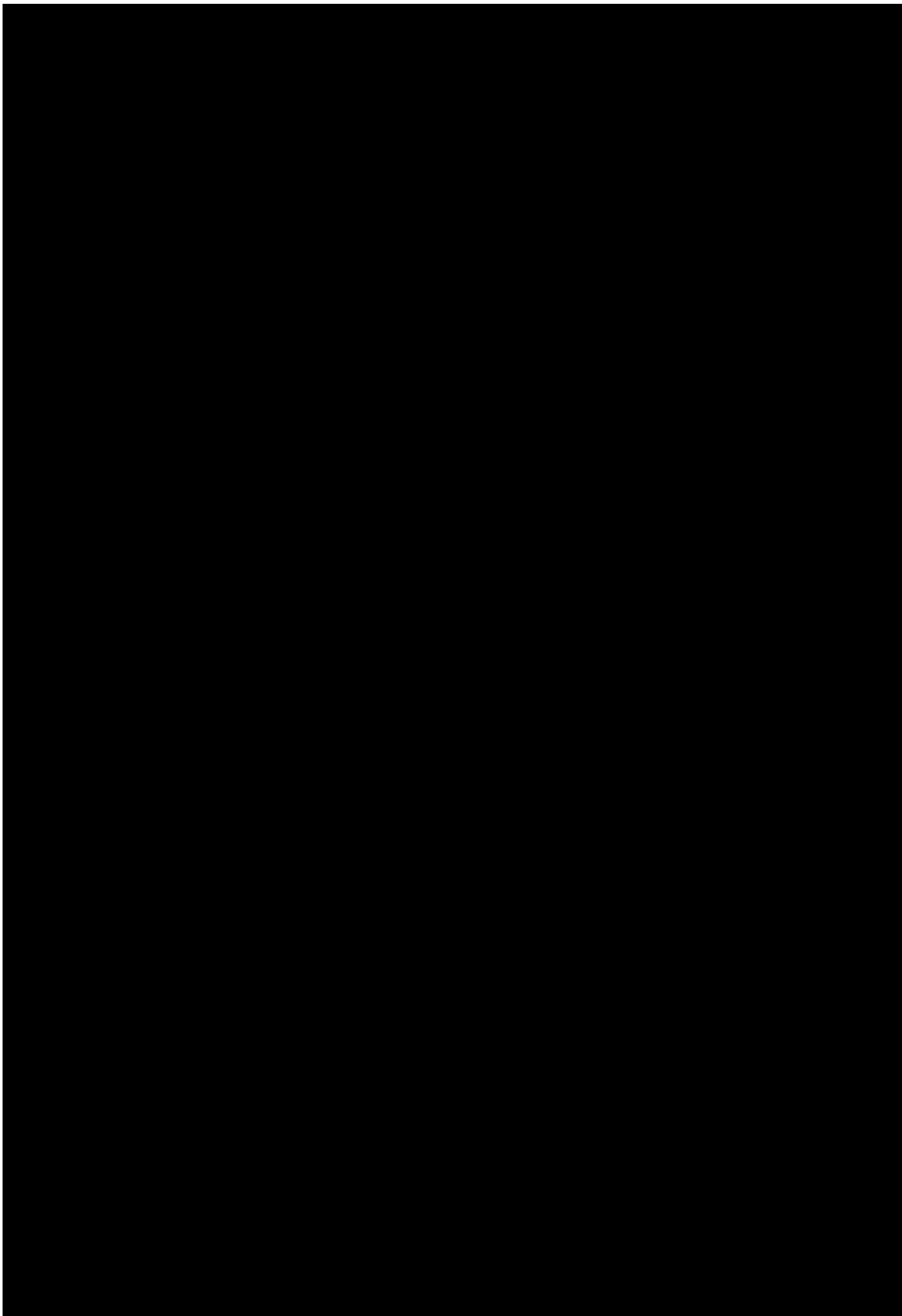


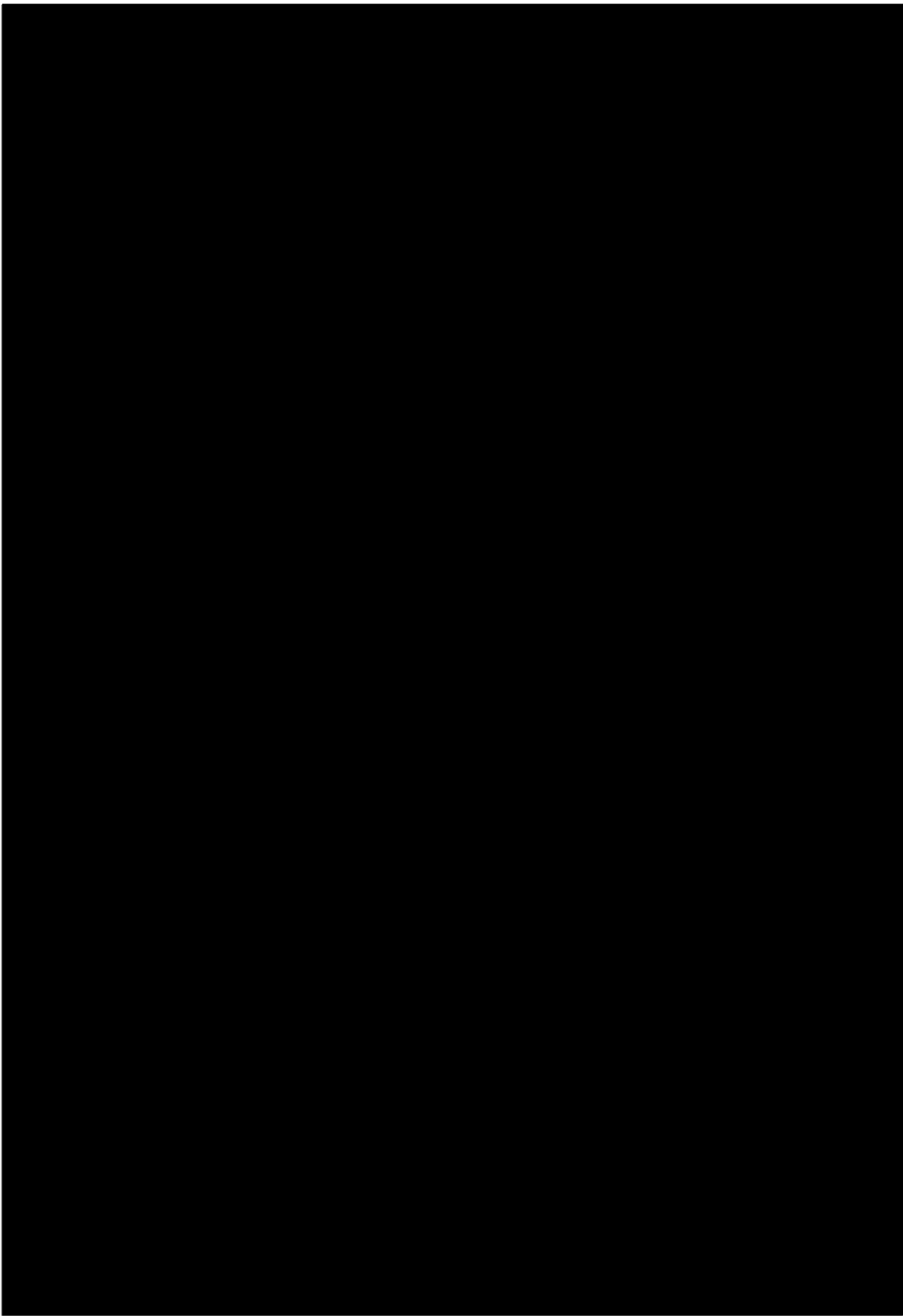


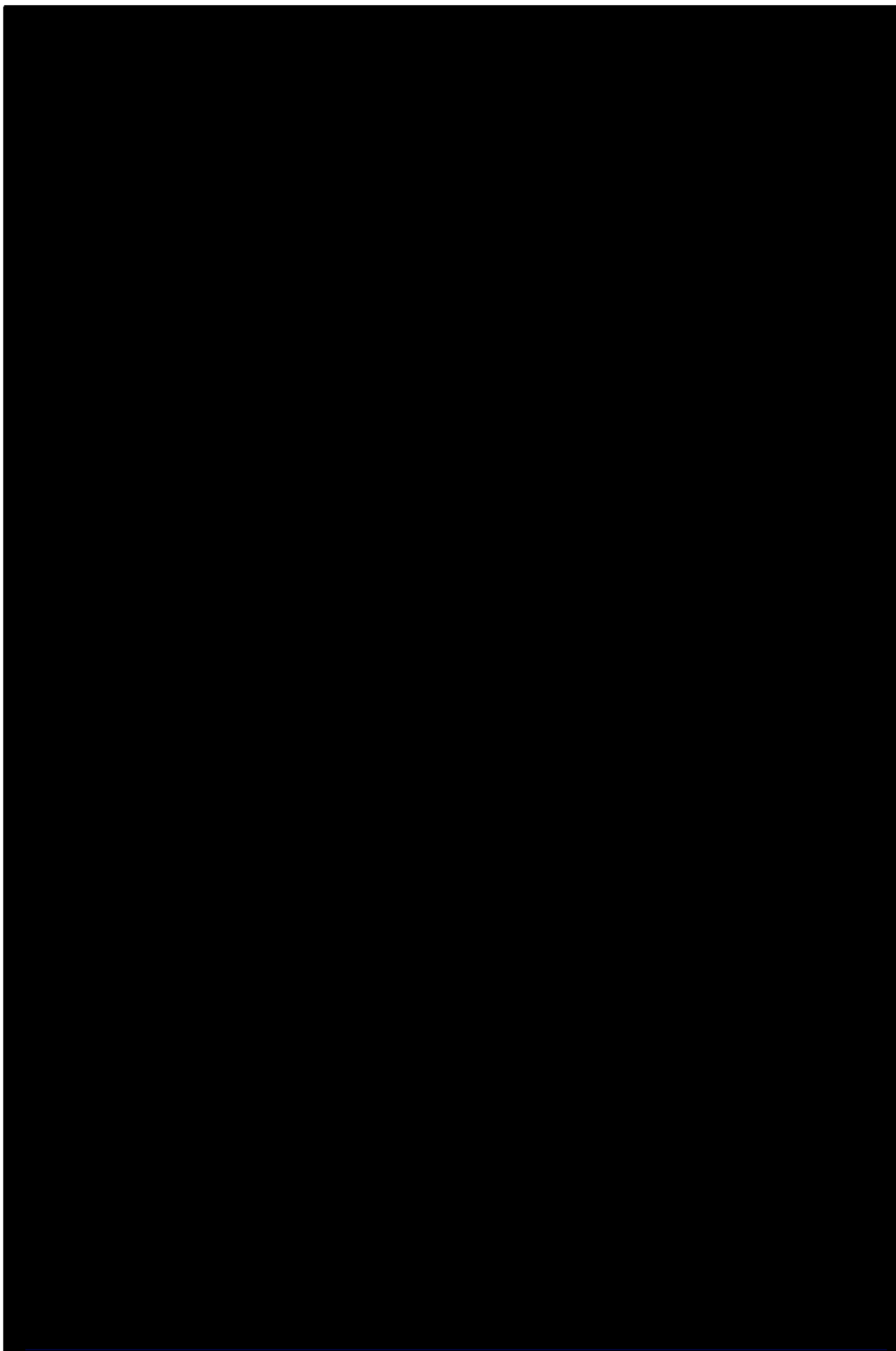
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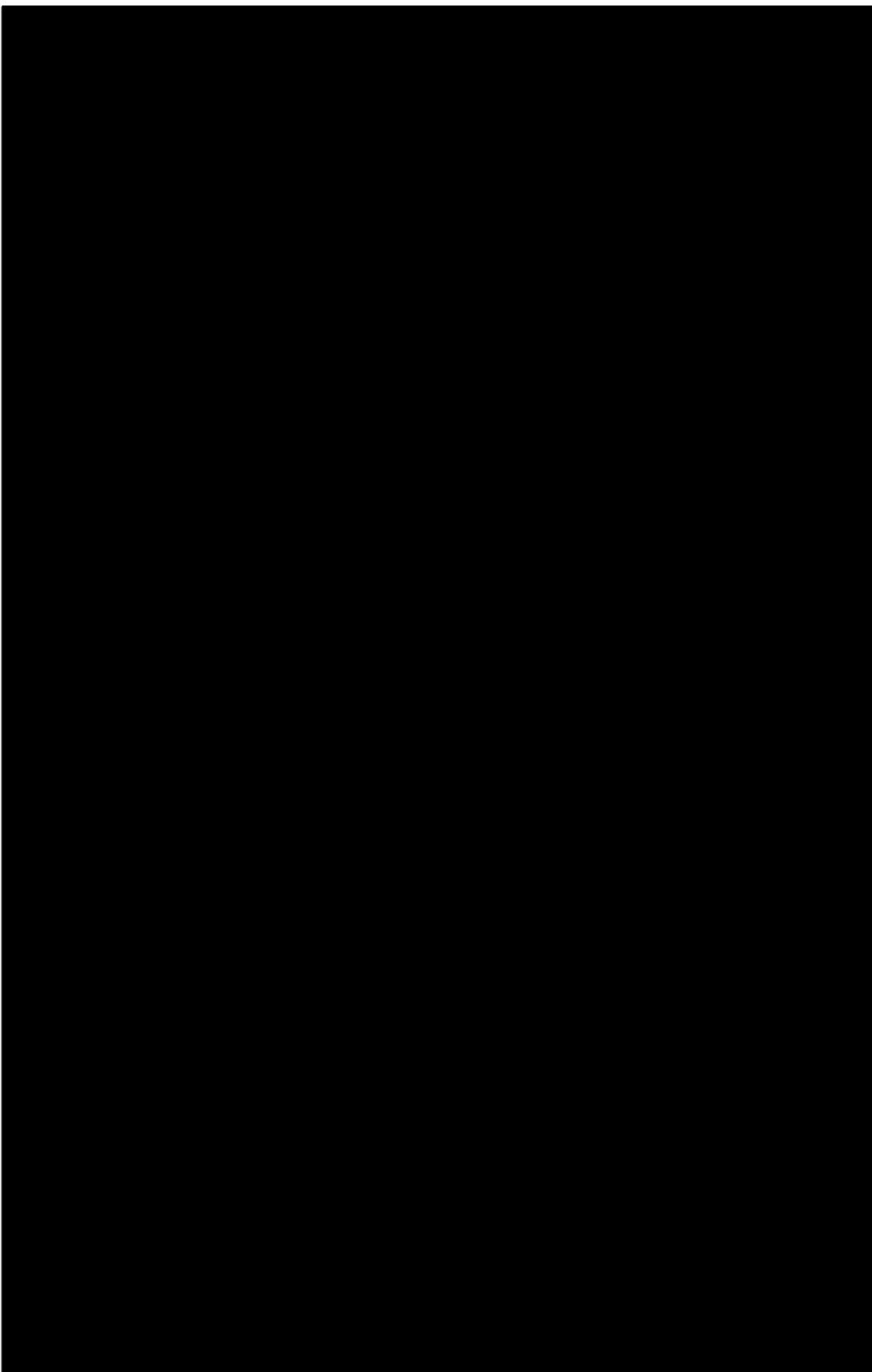


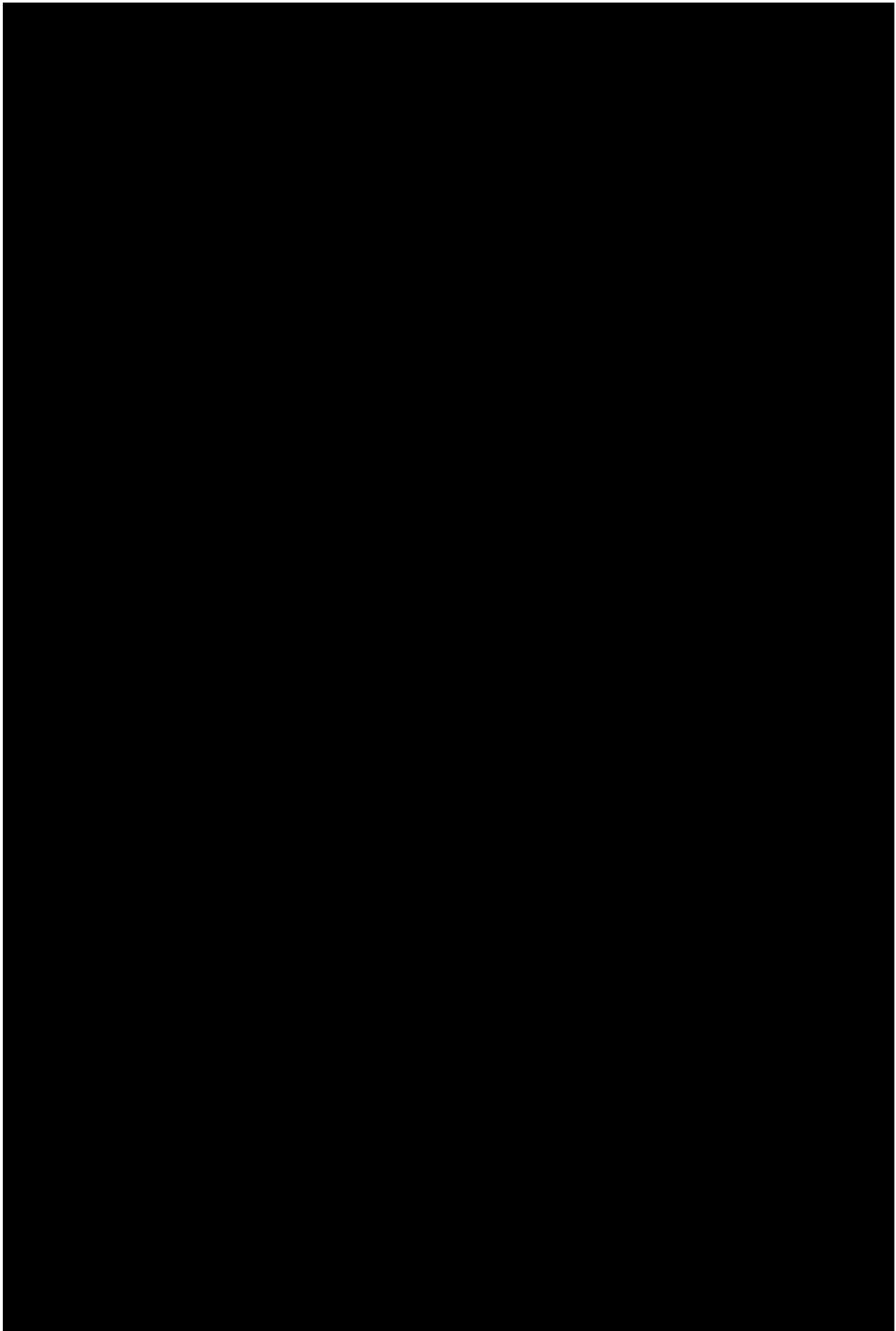


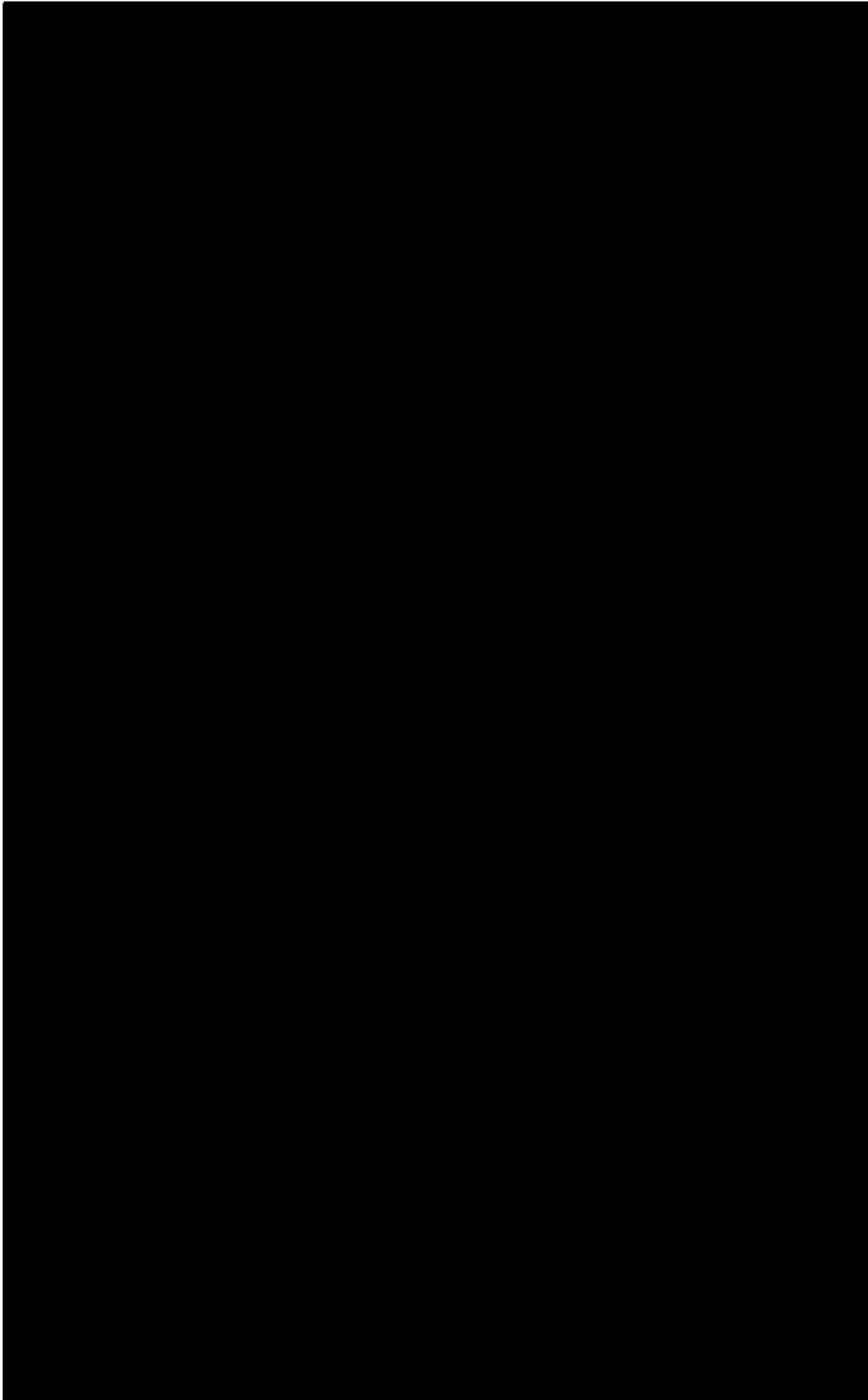


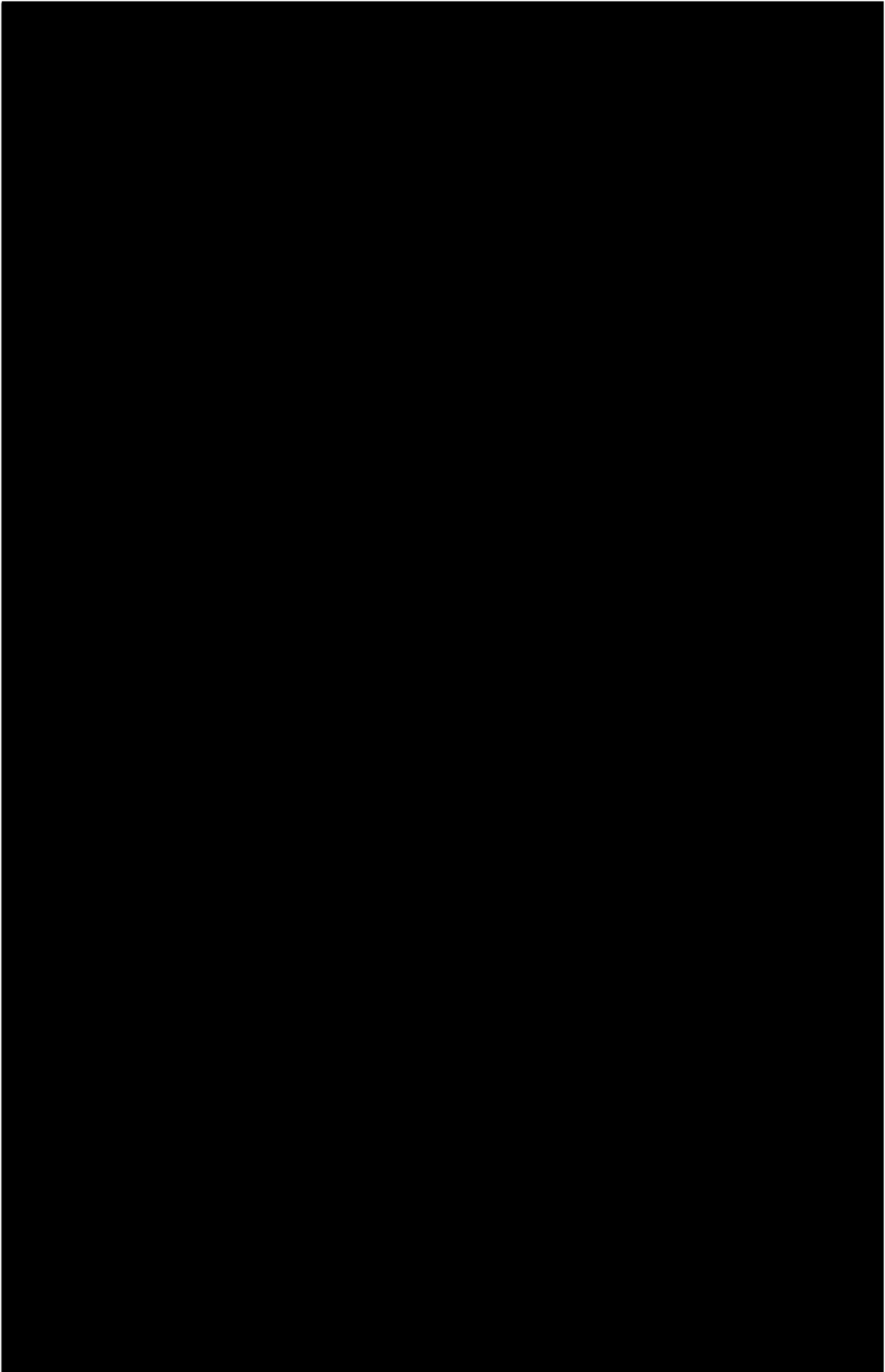


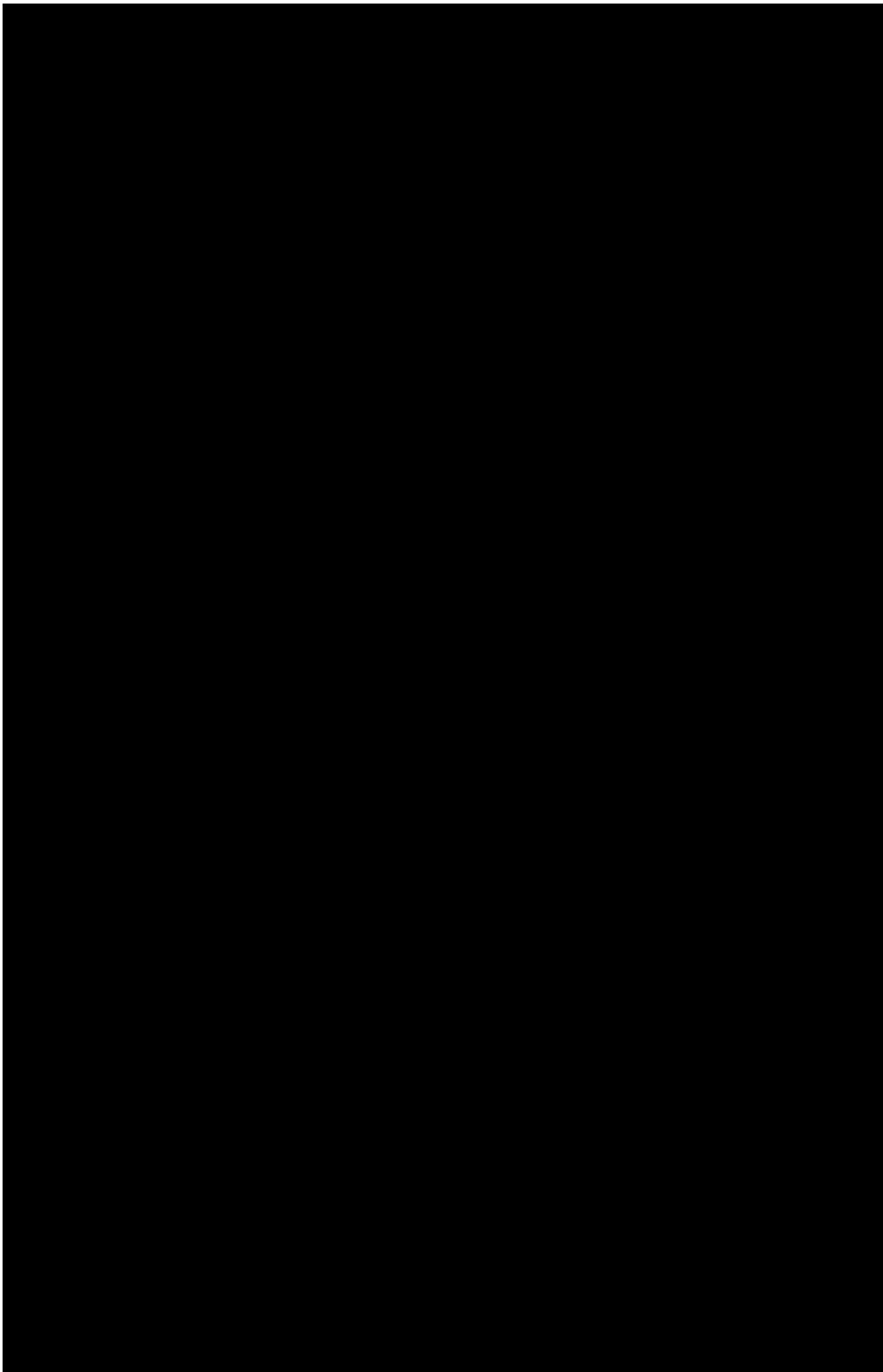


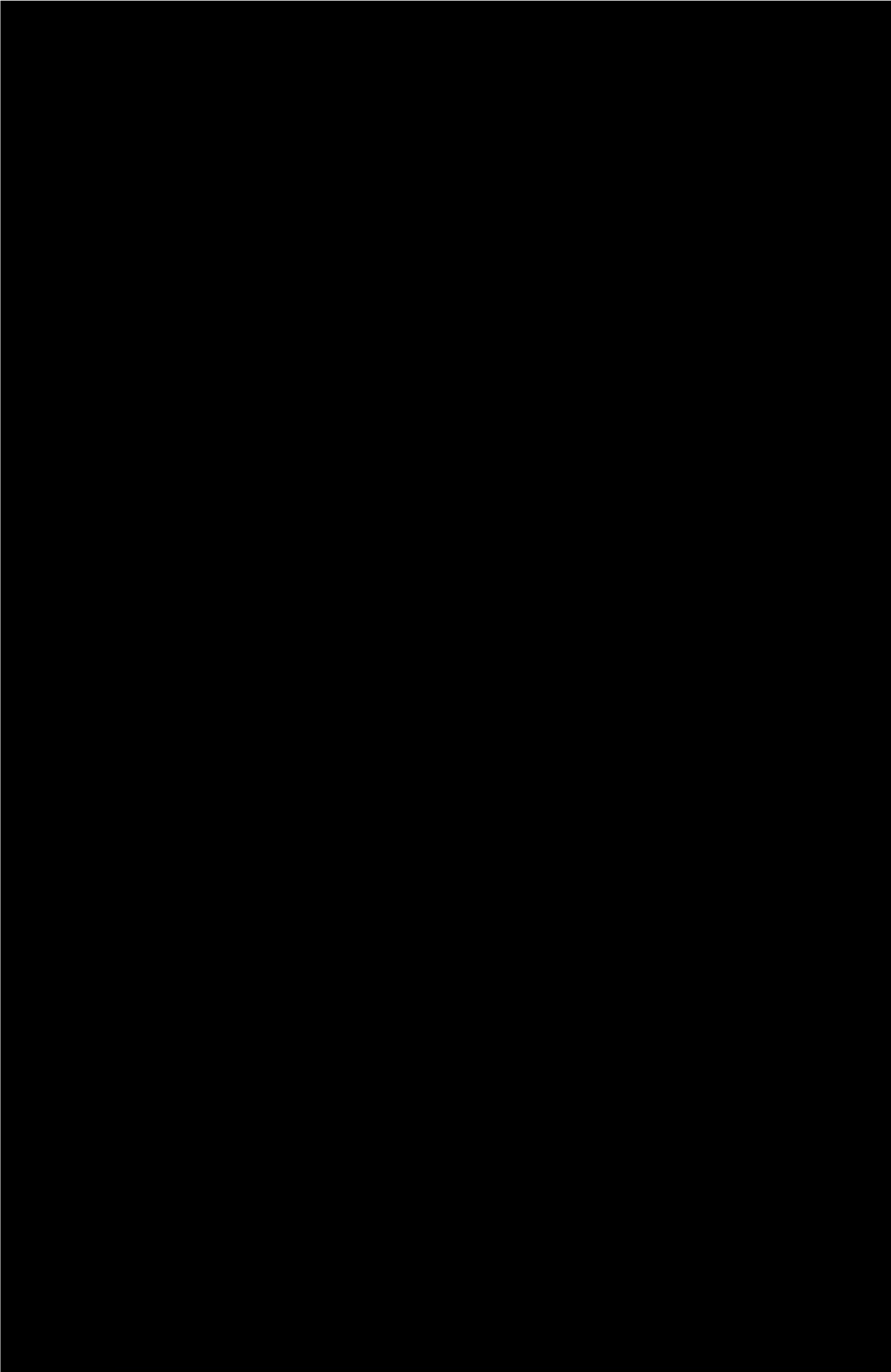


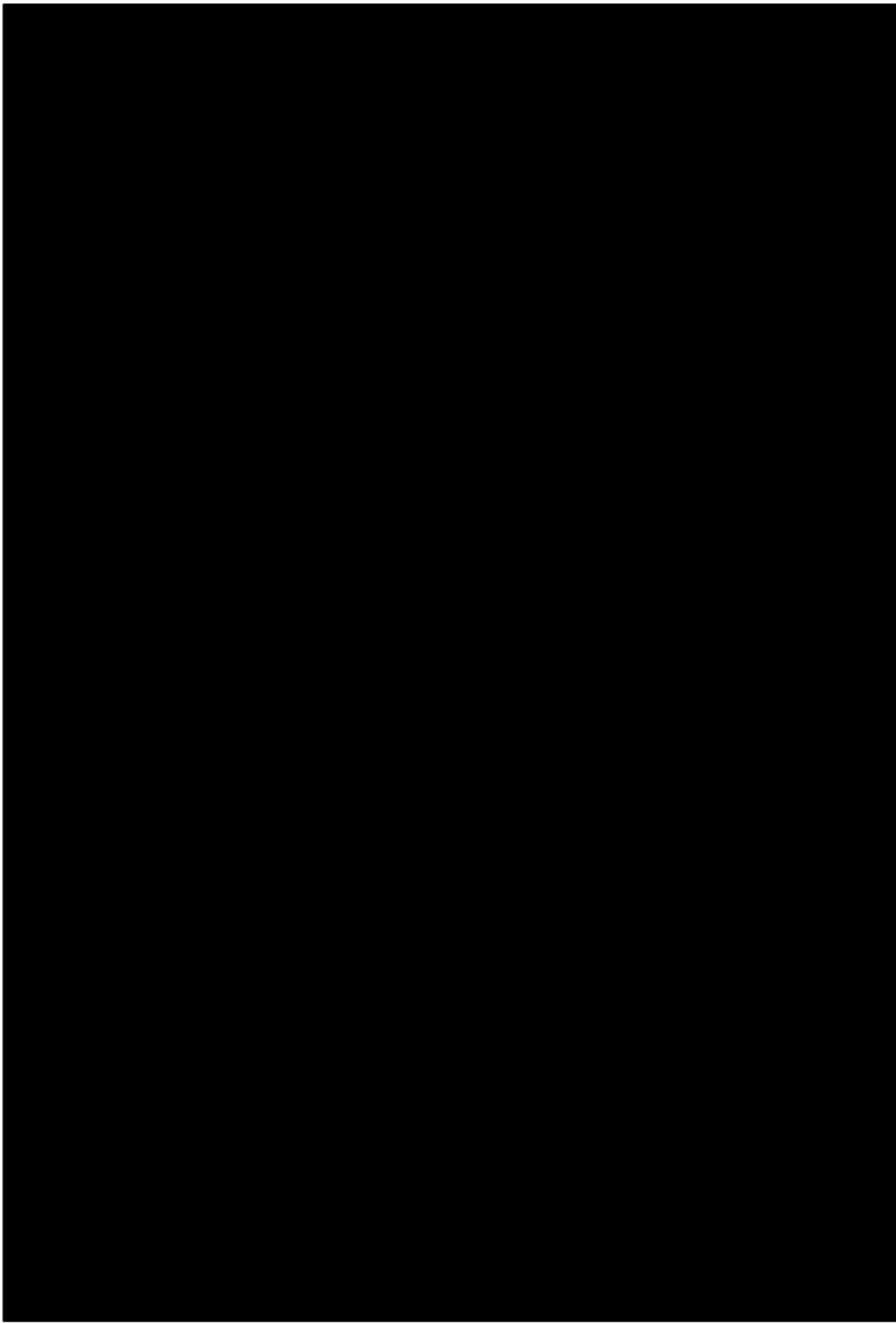


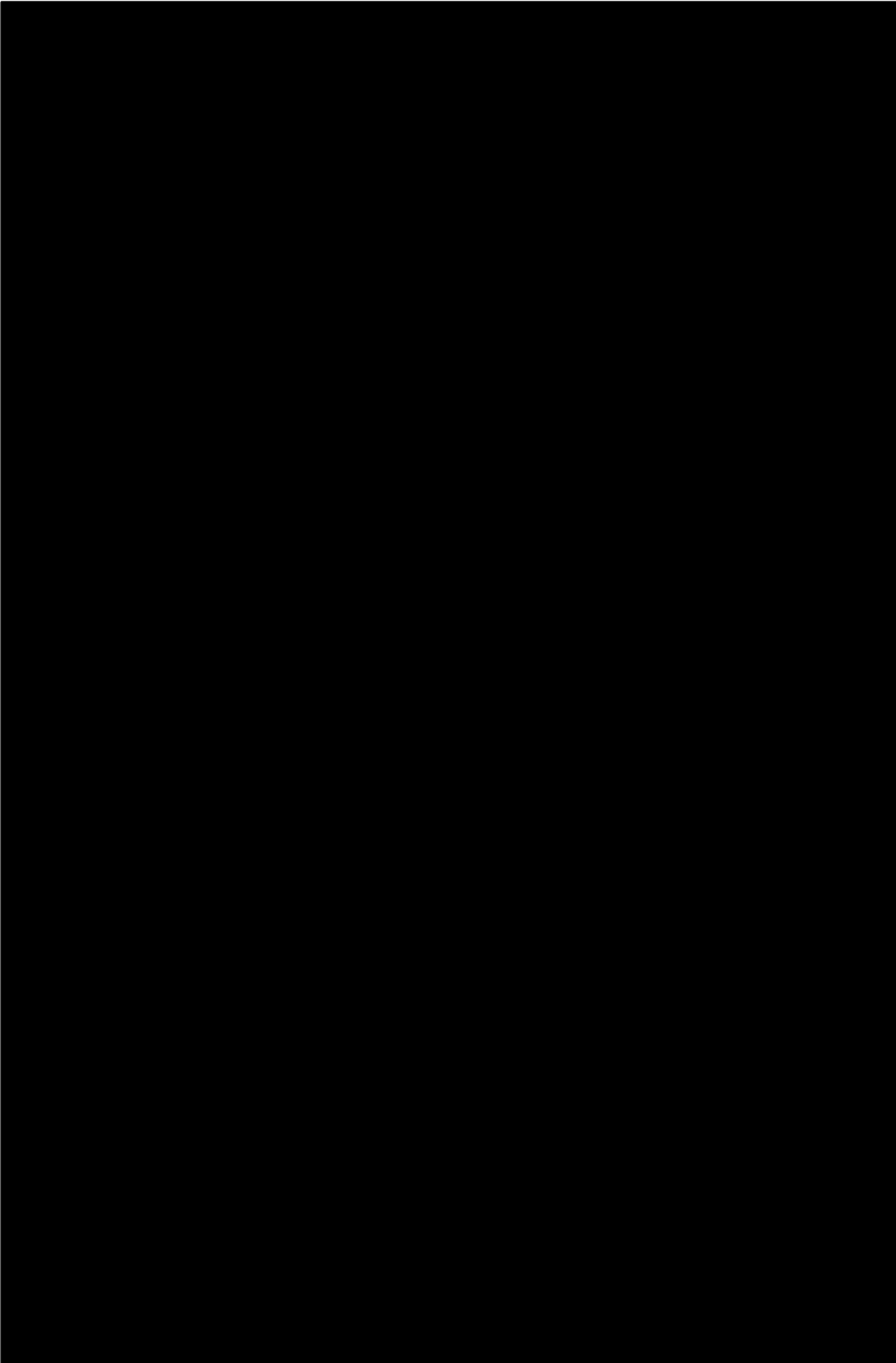




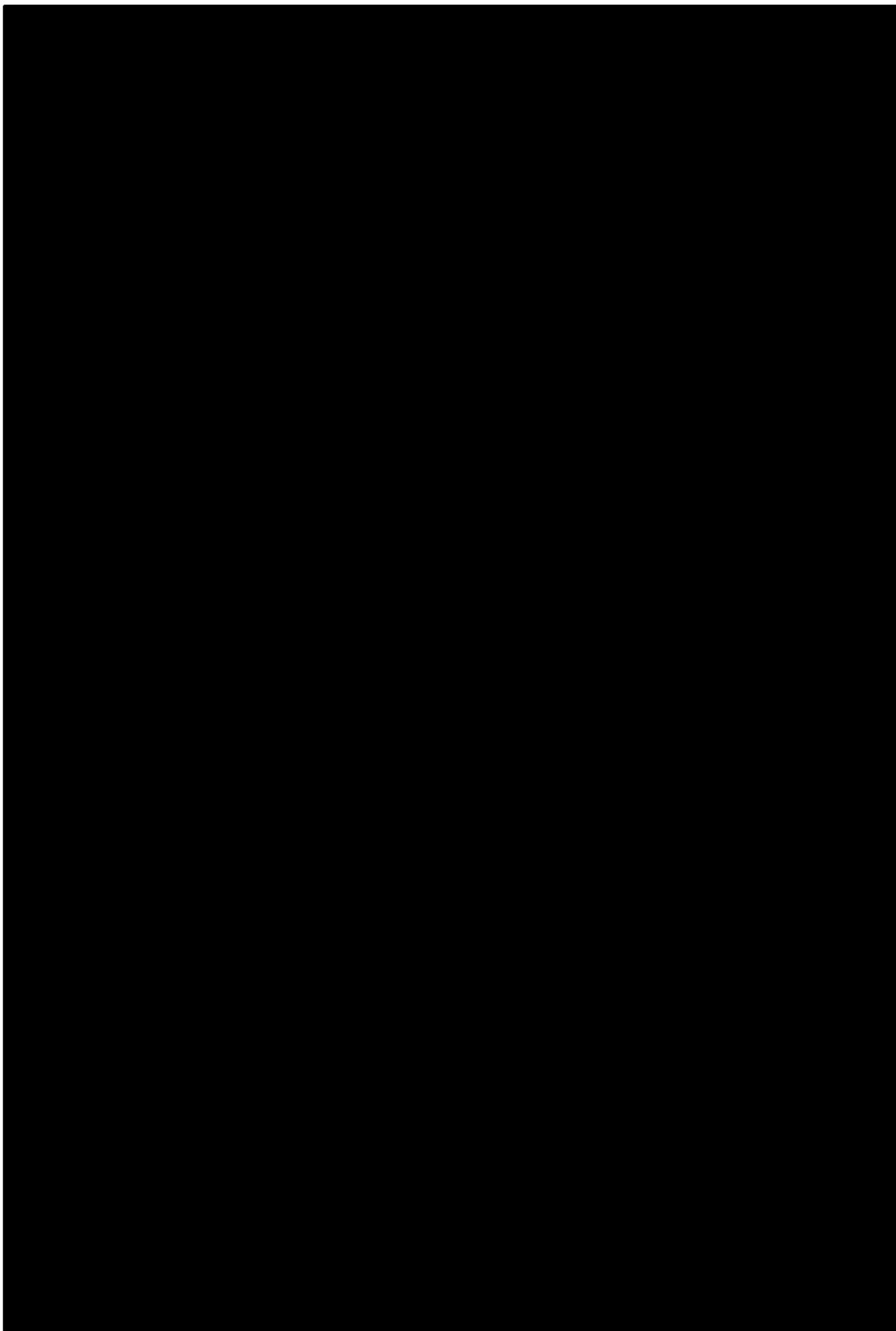


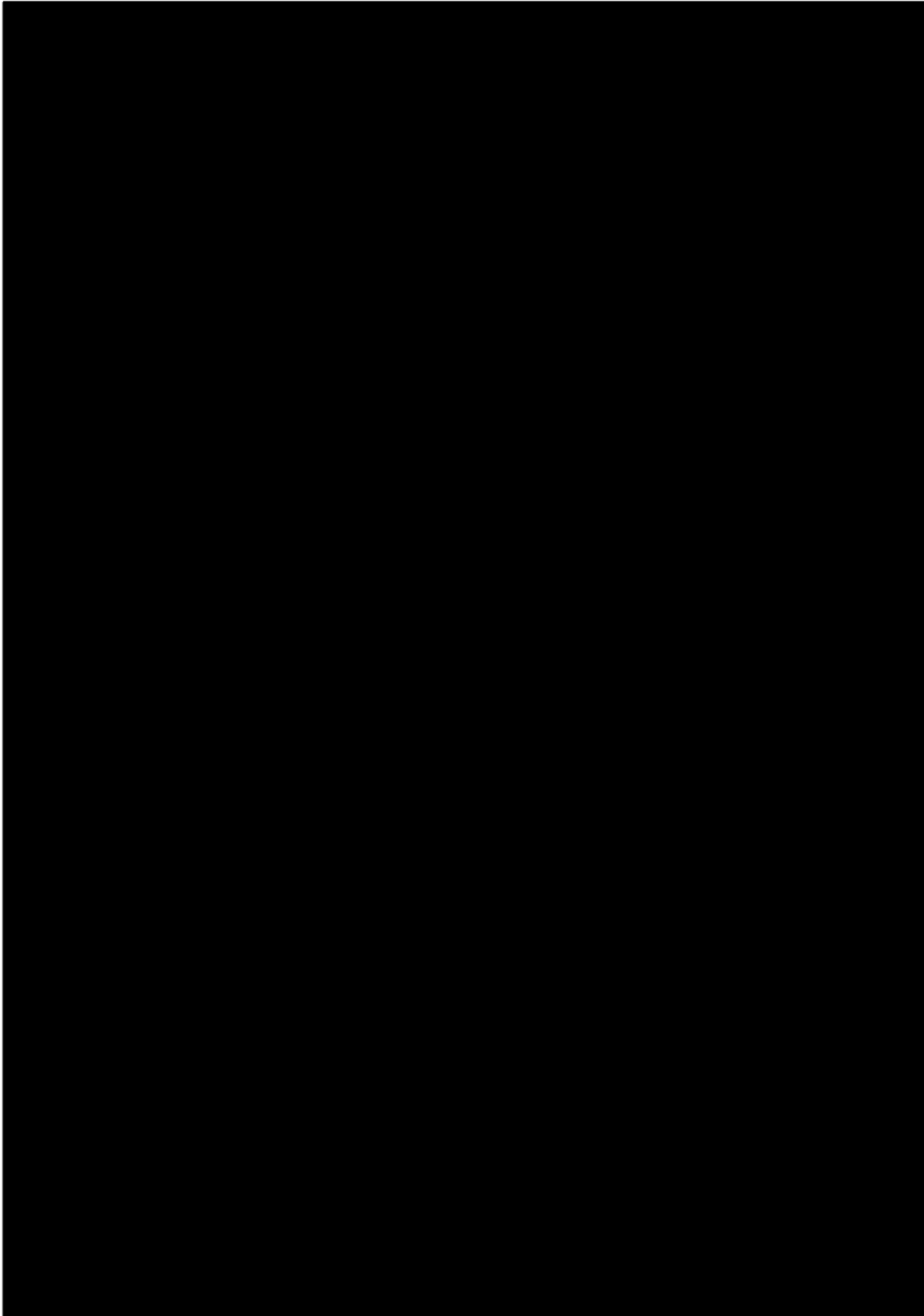




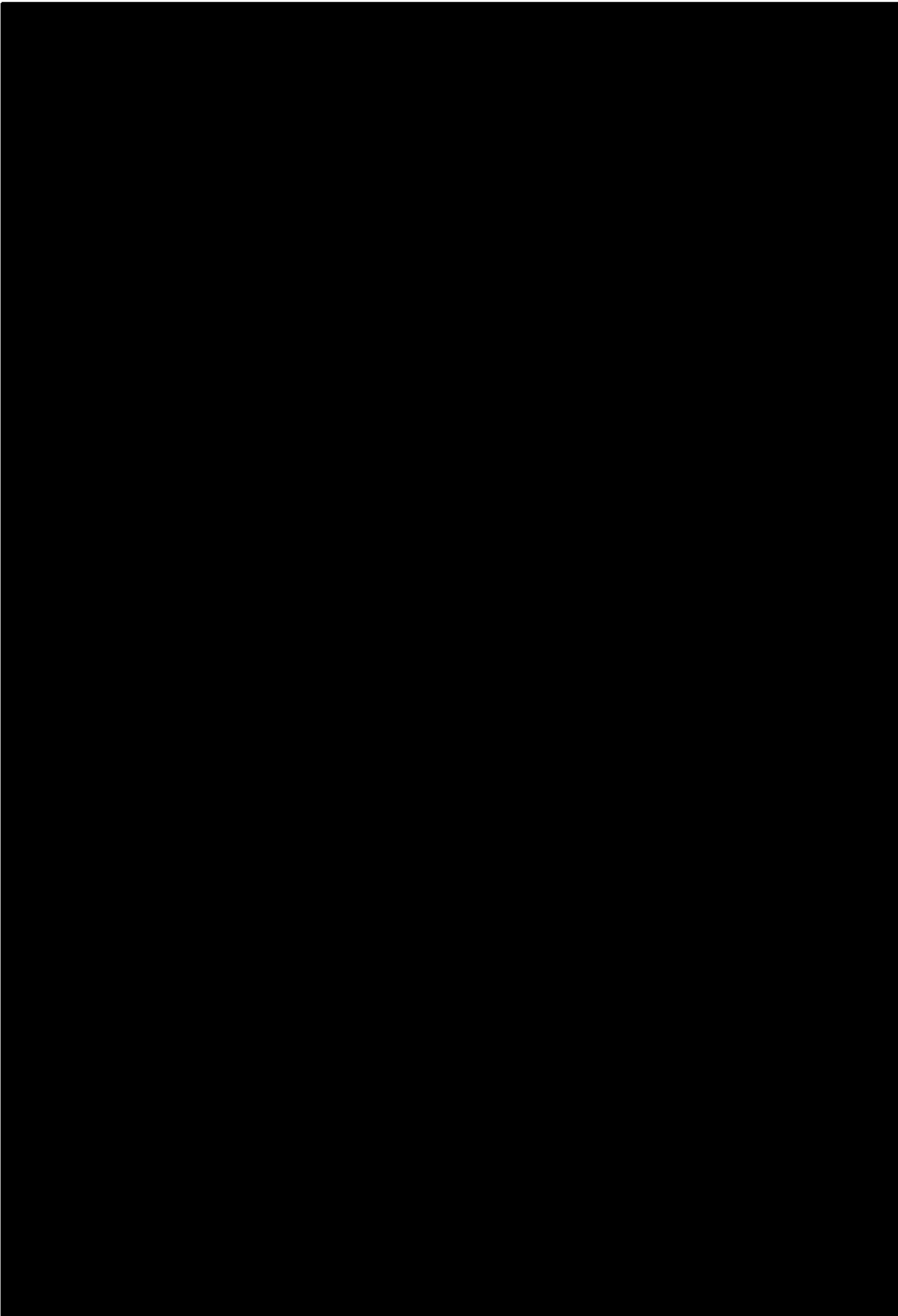


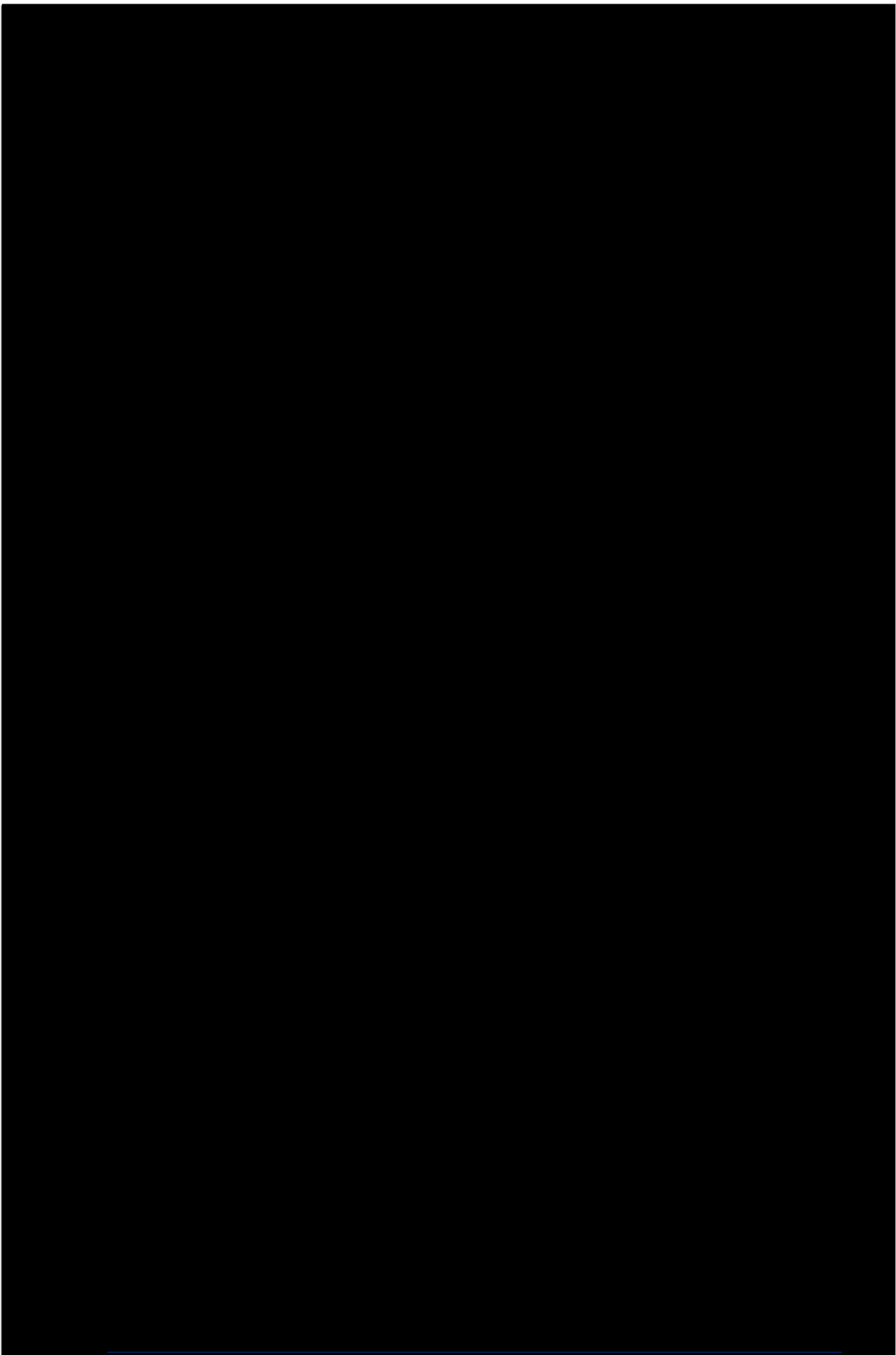
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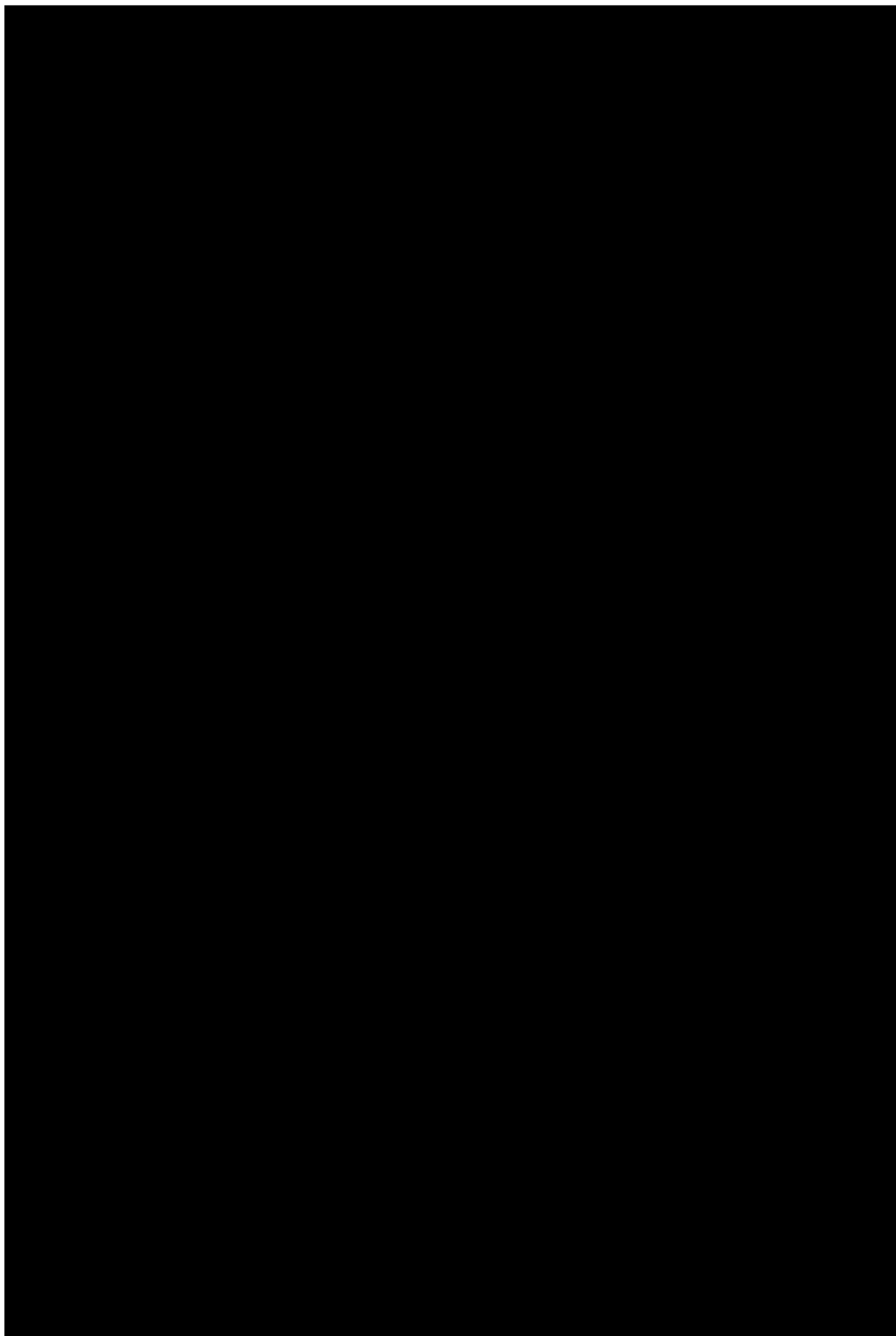




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Meegan Fitzharris MLA

Member for Yerrabi

Minister for Health and Wellbeing
 Minister for Transport and City Services
 Minister for Higher Education, Training and Research

The Hon John McVeigh MP
 Minister for Regional Development, Territories and Local Government
 House of Representatives
 Parliament House
 CANBERRA ACT 2600

Dear Minister McVeigh

The ACT Government has recently received a proposal from the Safety Testing and Advisory Service at Festivals and Events (STA-SAFE) consortium to conduct a pill testing service as part of the Spilt Milk festival scheduled for 17 November 2018 in Commonwealth Park.

You may be aware that STA-SAFE successfully conducted the first Australian trial of a pill testing service at the Groovin the Moo festival at the University of Canberra on 29 April 2018.

ACT Health have been asked to reconvene the cross directorate working group, which considered the Groovin the Moo pill testing trial, to examine this most recent Spilt Milk proposal. The group includes members from ACT Health, ACT Policing, ACT Ambulance Service and the Justice and Community Safety Directorate. This group will consider the public health, legal and social implications of the proposal from an ACT Government perspective.

For pill testing to be conducted at Spilt Milk, the support of all relevant parties, including the event organisers and the National Capital Authority (NCA) as the landowner will be critical. The NCA will be approached in relation to the proposal.

If you would like any further information regarding pill testing, I encourage you to contact Dr Paul Kelly, Chief Health Officer and Chair of the working group. Dr Kelly can be contacted on 02 6205 0883 or via email to paul.kelly@act.gov.au

Yours sincerely

Meegan Fitzharris MLA
 Minister for Health and Wellbeing

AUSTRALIAN CAPITAL TERRITORY LEGISLATIVE ASSEMBLY

London Circuit, Canberra ACT 2601, Australia
 Phone +61 2 6205 0051

GPO Box 1020, Canberra ACT 2601, Australia
 Email fitzharris@act.gov.au



@MeeganFitzMLA



MeeganFitzharrisMLA

Pill testing proposal for the Spilt Milk music festival 2018

Talking Points:

- The ACT Government has received a proposal from the Safety Testing and Advisory Service at Festivals and Events (STA-SAFE) consortium to conduct a pill testing service at the Spilt Milk music festival on 17 November 2018.
- I asked the Chief Health Officer to reconvene the cross-government pill testing working group to consider the public health, legal and social issues relating to the proposal.
- The working group has provided me with advice on this proposal and I can advise that the ACT Government will continue to provide a supportive policy environment for a pill testing service to be provided at the 2018 Spilt Milk music festival.
- Agreement between all relevant parties, the festival promoter, STA-SAFE and the land owner, the National Capital Authority, will be necessary for a pill testing service to proceed at the Spilt Milk music festival.

QUESTION TIME BRIEF

GBC18/554

Portfolio/s Health & Wellbeing

ISSUE: INDEPENDENT REVIEW AND SYSTEMS LEVEL RE-DESIGN OF WITHDRAWAL MANAGEMENT SERVICES (INCLUDING CULTURALLY SPECIFIC DRUG AND ALCOHOL REHABILITATION CENTRE)

Talking points:

- The 2018/19 ACT Budget includes up to \$250,000 one-off funding for 'early planning to expand alcohol and other drug services'.
- ACT Health has already undertaken some work to identify gaps in alcohol and other drug service delivery. This has included a review of withdrawal services in the ACT conducted by 360Edge and a series of stakeholder workshops regarding the proposed ACT Drug and Alcohol Court.
- The Government will continue to draw on the expertise of the specialist alcohol and other drug sector in the ACT and nationally to develop options for future service models for alcohol and drug withdrawal and early intervention, as well as link to the development of the ACT Drug and Alcohol Court.

Key Issues:

- In June 2016, ACT Health commissioned 360Edge, a specialist alcohol and drug clinical consultancy, to conduct a review of withdrawal services in the ACT.
- This review was completed in December 2016 and the 'ACT Alcohol and Other Drug Withdrawal Services Review and Redesign: Final Report' (the Review) was provided to me in March 2018.
- The Review identified that the ACT is the only Australian jurisdiction without a formal medically supervised outpatient withdrawal program.
- The Review recommended that ACT Health should develop a formalised alcohol and other drug outpatient withdrawal program in addition to existing bed-based services.

Cleared as complete and accurate: 12/09/2018
Cleared by: Deputy Director-General Ext:
Information Officer name: Leonie McGregor
Contact Officer name: Emily Harper Ext: 50883
Lead Directorate: Health

TRIM Ref: GBC18/554

QUESTION TIME BRIEF

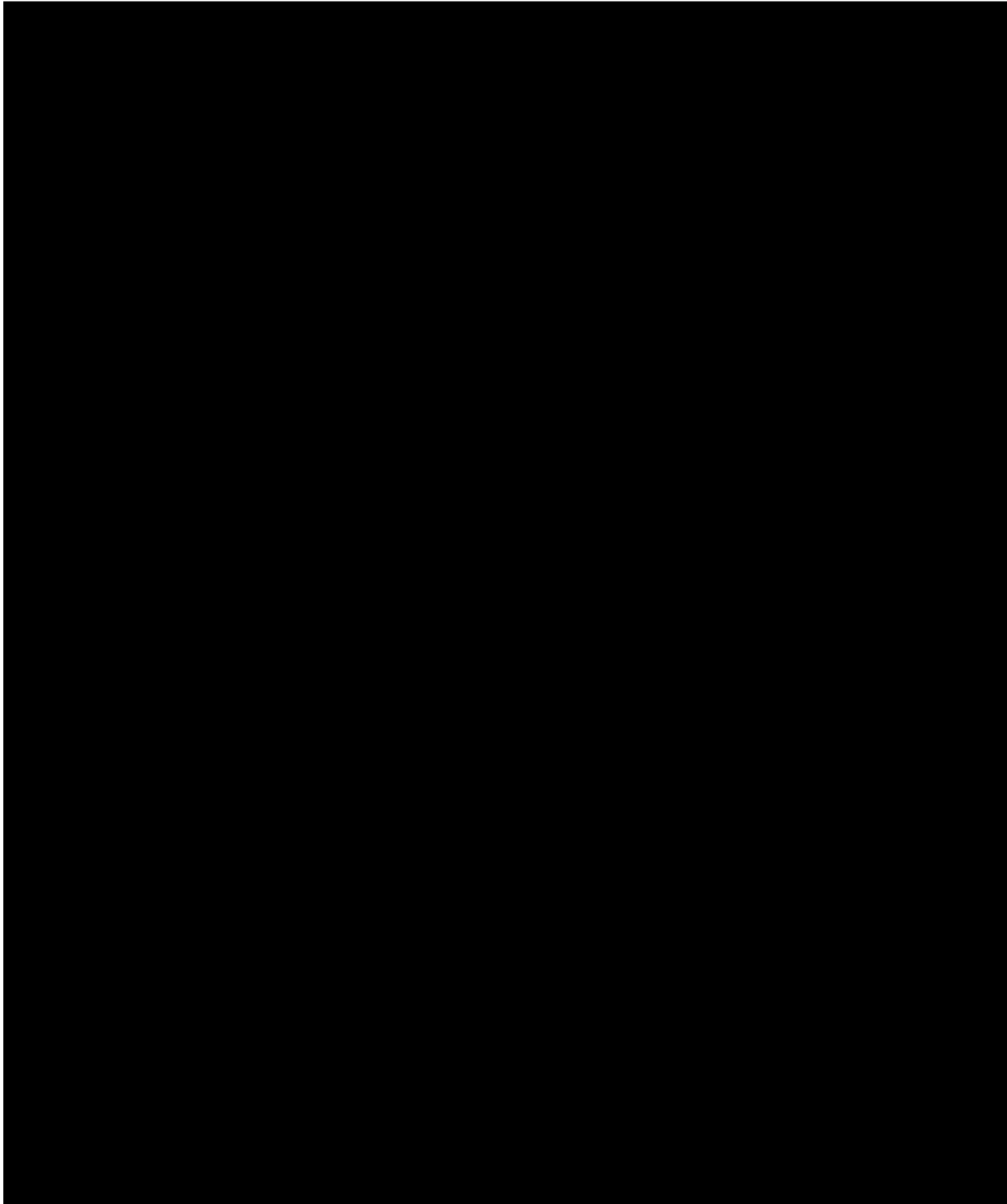
- The Review concluded that alcohol and other drug withdrawal symptoms can in many cases be managed safely and cost-effectively in the community. Bed-based services are more suitable for complex and severe withdrawal, including stepped-up care if symptoms escalate during outpatient care.
- The Review was commissioned to inform internal policy and planning, and as such there is currently no plan to publicly release the Review.

Background Information:

- ACT Health hosted two external workshops on 13 June 2018 and 5 July 2018 with ACT Alcohol and Other Drug (AOD) treatment providers and other key stakeholders including representatives from the Justice and Community Safety Directorate. These workshops were facilitated by Professor Steve Allsop from the National Drug Research Institute at Curtin University. They explored the proposed DAC model and potential impacts on the ACT AOD service system and related costs.

Cleared as complete and accurate: 12/09/2018
Cleared by: Deputy Director-General Ext:
Information Officer name: Leonie McGregor
Contact Officer name: Emily Harper Ext: 50883
Lead Directorate: Health

TRIM Ref: GBC18/554



QUESTION TIME BRIEF

GBC18/554

Portfolio/s: Health & Wellbeing

ISSUE: NGUNNAWAL BUSH HEALING FARM

Talking points:

- The second 14 week day program for the Ngunnawal Bush Healing Farm (NBHF) was completed on 6 September 2018. It commenced with a full complement (12) of clients who began their orientation for the NBHF on 4 June 2018. Clients were sourced from a range of government and non-government programs within the ACT.
- The program includes the following providers:
 - Blacksmithing and toolmaking – Valley Forge Cuppcumbalong;
 - Physical fitness and wellbeing – Thriving Life and Strive Fitness;
 - Music therapy – Johnny Huckle;
 - Cultural walks and talks – ACT Parks and Conservation Aboriginal Rangers ‘Health Country Program’;
 - Horse therapy – Peakgrove Equine Assisted Therapy;
 - Relapse prevention – SMART Recovery;
 - Outdoor education – Outward Bound; and
 - Cartoon therapy – FunnyOz Works.
- NBHF staff have provided a number of opportunities to continue to strengthen links and partnerships with organisations and with members of the Aboriginal and Torres Strait Islander community.

| | | |
|-----------------------------------|--------------------|------------|
| Cleared as complete and accurate: | 11/09/2018 | |
| Cleared by: | Executive Director | Ext: 79143 |
| Information Officer name: | Patrick Henry | |
| Contact Officer name: | Oliver Kickett | Ext: 52672 |
| Lead Directorate: | Health | |

QUESTION TIME BRIEF

Key information:

| Program | Key points about what the Program entails/aims to do |
|---------------------------------------|---|
| Horticulture and bush tucker | This program is not being delivered on this program. The consultant is an Aboriginal man who provides information about bush tucker, bush medicines, the seasons, plants and animals. |
| Blacksmithing and toolmaking | This program is delivered by Tharwa Valley Forge in Tharwa Village. Clients are taught how to make reshape metal into tools such as fire pokers, hammers and other tools. |
| Physical fitness and wellbeing | There are two fitness providers currently on the NBHF program. Scott Williams is from Strive Fitness and provides a training program 1 day per week for men. Zoe Bickerwell is from Thriving Life and provides fitness training for the women. |
| Music therapy | Music Therapy program is delivered by Johnny Huckle, a well-known local identity, who spends two hours on one day each week discussing music issues with clients. The aim of this program is for the clients and Johnny to write the lyrics to a song and record it. |
| Cultural walks and talks | This program is delivered by Aboriginal staff at ACT Parks and Conservation. Clients visit the Namadgi National Park and learn about the Aboriginal culture and history of the park, including ceremonial sites, scar trees, grinding grooves, rock shelters, rock art; and tool and weapons. |
| Horse therapy | This program is delivered by Peakgrove Equine Assisted Therapy located on a small farm near Murrumbateman. By using horses Peakgrove provides tailored programs to meet the needs of clients: <ul style="list-style-type: none"> • develop confidence and leadership skills • to enhance relationship skills • as a joyful family experience • to work with trauma, depression and anxiety • to build heart connections • to build stronger bodies through physical therapy • with special needs clients building connection • as professional development for therapists • to further horsemanship skills for horse owners • to build relationship with a horse leading to positive mounted experiences |
| Relapse prevention | SMART is Self Management and Recovery Training and helps people with problematic behaviours. The program is delivered by staff from the Alcohol and Drug Services. Guided by trained peers, participants come together to help themselves and help themselves using a variety of cognitive behaviour therapy. |

Cleared as complete and accurate: 11/09/2018
 Cleared by: Executive Director Ext: 79143
 Information Officer name: Patrick Henry
 Contact Officer name: Oliver Kickett Ext: 52672
 Lead Directorate: Health

QUESTION TIME BRIEF

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| Leadership and self-empowerment training | <p>This program is not being delivered on the third program. However it is likely the program will be included in the program at the start of 2019. This program will be delivered by the Gundabooka Group, owned and operated by an Aboriginal woman, and will address a range of issues:</p> <ul style="list-style-type: none"> • Cultural and Community Responsibility • Unconscious Bias • Mentoring and Leadership • Grief and Loss • Identity • Goal Setting |
| Outdoor education | <p>This program will be delivered by Outward Bound Australia, specifically for NBHF clients. What they offer is a culturally appropriate outdoor education program. The program is one day visit to the National Base in Tharwa with experience instructors using the facilities on site. OBA ensure Cultural Safety by providing an environment that is spiritually, socially and emotionally safe. The program provides awareness on a range of interpersonal skills:</p> <ul style="list-style-type: none"> • Leadership • Time Management • Empathy • Self-Esteem • Self-Awareness • Compassion etc. |
| Cartoon therapy | <p>This program is delivered by Andrew Hore, a cartoonist who supports the NBHF program by teaching clients how to draw cartoons and illustrations as another form of therapy.</p> |

Cleared as complete and accurate: 11/09/2018
 Cleared by: Executive Director Ext: 79143
 Information Officer name: Patrick Henry
 Contact Officer name: Oliver Kickett Ext: 52672
 Lead Directorate: Health

QUESTION TIME BRIEF

GBC18/554

Portfolio/s: Health & Wellbeing

ISSUE: DRUG STRATEGY ACTION PLAN

Talking points:

- The draft Drug Strategy Action Plan 2018-2021 (the Action Plan) was released for public consultation via the Your Say website on 21 June 2018. Submissions closed on 3 August 2018.
- 49 written submissions were received, including submissions from the ACT alcohol and other drugs sector, peak bodies, Government agencies, non-government organisations, key interest groups and individual members of the public.
- The Action Plan will now be revised and considered by a group of key Government and community stakeholders.
- I have asked that my directorate provide me with a final plan as soon as practicable once key stakeholders have been consulted and I intend to have it finalised this year.
- An expert Advisory Group, including representation from community and consumer organisations, will be established to provide input and advice on implementation of the Action Plan.
- The Advisory Group will also play an important role in identifying emerging drug use patterns and informing future priorities.

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| Cleared as complete and accurate: | 11/09/2018 | |
| Cleared by: | Director | Ext: 52245 |
| Information Officer name: | Emily Harper | |
| Contact Officer name: | Emily Harper | Ext: 52245 |
| Lead Directorate: | Health | |



MINISTERIAL BRIEF

Health Directorate

UNCLASSIFIED

To: Minister for Health and Wellbeing Tracking No.: MIN18/1239
10 AUG 2018

From: Karen Doran, Acting Director-General

Subject: Funding to expand alcohol and other drug services – Program tailored to Aboriginal and Torres Strait Islander Peoples

Critical Date: Not applicable

Critical Reason: Not applicable

- DG .../.../...
- DDG .../.../...

Purpose

To seek your agreement for ACT Health to explore options to deliver a pilot of a culturally sensitive outpatient withdrawal program tailored to Aboriginal and Torres Strait Islander peoples.

Recommendations

That you:

1. Note the information contained in this brief; and

Noted / Please Discuss

2. 

Agreed / Not Agreed / Please Discuss

Meegan Fitzharris MLA  21/8/18

Minister's Office Feedback

UNCLASSIFIED

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Background

1. The 2018/19 Budget includes \$250,000 one-off funding for 'early planning to expand alcohol and other drug services'. The description accompanying this initiative is: 'The Government will draw on the expertise of the specialist alcohol and other drug sector in the ACT and nationally to develop options for future service models for alcohol and drug withdrawal and early intervention to increase service delivery, as well as link to the development of the ACT Drug and Alcohol Court'.
2. ACT Health has already undertaken some work to identify gaps in Alcohol and Other Drug (AOD) service delivery. At recent stakeholder workshops regarding the proposed ACT Drug and Alcohol Court (DAC), it was clearly identified that there is a service gap in the ACT AOD sector for culturally sensitive services for Aboriginal and Torres Strait Islander clients. A number of these clients seek these services interstate, which may be problematic for Aboriginal clients seeking to access the DAC, where jurisdictional boundaries are likely to be a factor in treatment selection.
3. You were provided with a copy of the *ACT Alcohol and Other Drug Withdrawal Services Review and Redesign: Final Report* in March 2018 (see [Attachment A](#)). This review identified that the ACT is the only Australian jurisdiction without a formal medically supervised outpatient withdrawal program. This is widely acknowledged to be a gap in the ACT AOD services sector, both broadly and for the Aboriginal and Torres Strait Islander community.

4.

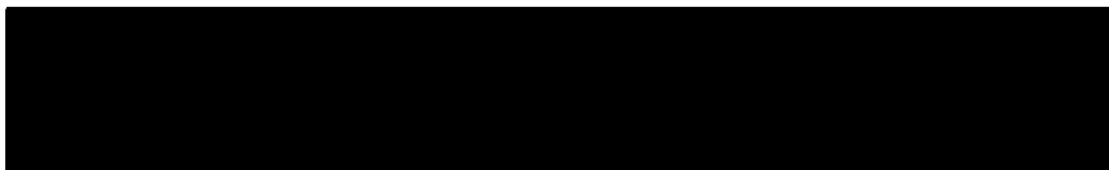
Issues

5. ACT Health have identified options for expanding alcohol and other drug services which would address some of the gaps identified, particularly in relation to withdrawal and the needs of priority populations.
6. It is proposed that an AOD service provider be funded to pilot a culturally sensitive outpatient withdrawal program tailored to Aboriginal and Torres Strait Islander clients in the ACT. This could be done by:
 - a. facilitating a partnership between an organisation experienced with culturally sensitive services, such as Winnunga Nimmityjah Aboriginal Health and Community Services (Winnunga), [REDACTED]
 - b. seeking applications from any AOD treatment provider to develop a pilot for a standalone culturally sensitive outpatient withdrawal program tailored to Aboriginal and Torres Strait Islander clients.
7. The outcomes of this pilot would inform the development of future business cases to ensure sustainable, efficient withdrawal service provision in the future.

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8.



9. A timely decision on the expenditure of these funds would be beneficial, especially if it is to be provided to an NGO, who will require appropriate lead time to plan and develop the relevant service or pilot.

Financial Implications

10. Pending your approval, up to \$250,000 is available to fund a culturally appropriate medically supervised outpatient withdrawal service for Aboriginal and Torres Strait Islander clients from the Budget for the current financial year.
11. There are no additional funding implications arising directly from this Brief.

Consultation

Internal

12. Mental Health, Justice Health and the Alcohol and Drug Service (MHJHADS) and the Strategic Policy Branch have been consulted in the development of this Brief.

Cross Directorate

13. ACT Health has engaged with the Justice and Community Safety Directorate in relation to the DAC and service delivery gaps, however consultation regarding this specific Budget allocation has not occurred.

External

14. ACT Health has engaged with the AOD treatment providers through the recent DAC workshops in relation to service delivery gaps, however consultation regarding this specific Budget allocation has not occurred.

Work Health and Safety

15. It is not anticipated that ACT Health or NGO staff who might be impacted by this expenditure would undertake duties outside their scope of practice. As such a detailed WHS assessment has not been provided.

Benefits/Sensitivities

16. Development of a formal medically supervised outpatient withdrawal service in the ACT would be welcomed by the AOD sector, and fill an important gap in treatments available.
17. Outpatient withdrawal is predicted to be less expensive than residential withdrawal services. It is also a preferred option for many clients.
18. In terms of culturally appropriate services for Aboriginal and Torres Strait Islander clients, there is a perception that the Ngunnawal Bush Healing Farm (NBHF) is not meeting its intended purpose, with planning regulations and clinical advice precluding its use as a clinical treatment space. Some stakeholders within the AOD sector and the Aboriginal and Torres Strait Islander community may argue that this funding should be utilised to increase the range of services available at NBHF. It will therefore be important to continue to reinforce that while the NBHF is an excellent cultural healing

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space, it is not an appropriate facility for clinical service provision.

19. Increasing the medicated withdrawal capacity within the ACT AOD treatment sector may increase demand on the residential and outpatient rehabilitation services, since completion of a formal withdrawal program is a requirement for entry to a large number of rehabilitation programs. It will therefore be important for the pilot to capture information on any unintended flow-on consequences to inform future AOD service planning.

Communications, media and engagement implications

20. Issues impacting the AOD sector generate significant media and stakeholder interest.
21. Pending your agreement to proceed with the development of a medically supervised outpatient withdrawal pilot, a detailed communications strategy will be developed.
22. The draft ACT Drug Strategy Action Plan 2018-2021 (DSAP), includes a commitment to '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'. As we engage with the AOD sector to finalise the DSAP, there will be opportunity for the sector to be further consulted on this issue.

| | | | |
|-----------------|--|--------|-------|
| Signatory Name: | Dr Kerryn Coleman, Acting Chief Health Officer | Phone: | 50883 |
| Action Officer: | Emily Harper, Director Health Improvement Branch | Phone: | 78634 |

Attachments

| Attachment | Title |
|--------------|--|
| Attachment A | Copy of previous Ministerial Brief MIN18/456 – ACT Alcohol and Other Drug Withdrawal Services Review and Redesign – Final Report |

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MINISTERIAL BRIEF

Health Directorate

UNCLASSIFIED

To: Minister for Health and Wellbeing

Tracking No.: GBC18/502

14 AUG 2018

From: Karen Doran, Acting Director-General, Health Directorate

Subject: Determination of Fees and Charges – Tobacco and Other Smoking Products Act 1927

Critical Date: 28 August 2018

Critical Reason: To allow time for notification and invoicing of new fees

- DG .../.../...

Purpose

To seek your agreement to increase the fees from 1 October 2018 under the Tobacco and Other Smoking Products Act 1927 by notification on the Legislation Register.

Recommendations

That you:

1. Agree to proposed fee increases;

Agreed / Not Agreed / Please Discuss

2. Agree to sign the Determination of Fees (Attachment A); and

Agreed / Not Agreed / Please Discuss

3. Agree to the Explanatory Statement (Attachment B).

Agreed / Not Agreed / Please Discuss

Meegan Fitzharris MLA

21/8/18

Minister's Office Feedback

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Background

1. As the Minister for Health and Wellbeing, you have the power to determine fees under *Tobacco and Other Smoking Products Act 1927* by notification on the Legislation Register.

Issues

2. It is proposed to increase the annual fees by 4 per cent in line with ACT Government policy. The ACT Government Fees and Charges Policy and Guidelines state that regulatory fees should be increased by this rate (Attachment C).
3. The fees were last increased on 1 July 2017. This increase was the last major increase following a 2015 decision by the former Minister for Health, Mr Simon Corbell to increase the fees to \$500 plus wage price index (WPI) over three annual increments of \$100 (plus WPI) each (Attachment D).
4. The fees are exempt from GST under section 81-5 of the *A New Tax System (Goods and Services Tax) Act 1999*.

Financial Implications

5. The proposed indexation has already been factored into the Territorial budget.

ConsultationInternal

6. The Health Protection Service has been consulted on the amendments to the Determination of Fees.

Cross Directorate

7. Access Canberra has been consulted.

External

8. Not applicable.

Work Health and Safety

9. Not applicable.

Benefits/Sensitivities

10. Not applicable.

Communications, media and engagement implications

11. The fee increases are unlikely to generate media comment.

Signatory Name: Karen Doran

Phone: 52248

Action Officer: Bianca Johnson

Phone: 52495

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Attachments

| Attachment | Title |
|-------------------|---|
| Attachment A | <i>Tobacco and Other Smoking Products Act 1927</i> Determination of Fees |
| Attachment B | <i>Tobacco and Other Smoking Products Act 1927</i> Explanatory Statement |
| Attachment C | ACT Government Fees and Charges Policy and Guidelines |
| Attachment D | Ministerial Brief - Future Directions consultation outcomes – restricting access to tobacco |

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Australian Capital Territory

Tobacco and Other Smoking Products (Fees) Determination 2018 (No 1)

Disallowable instrument DI2018-

made under the

Tobacco and Other Smoking Products Act 1927, s 70 (Determination of fees)

1. Name of instrument

This instrument is the *Tobacco and Other Smoking Products (Fees) Determination 2018 (No 1)*.

2. Commencement

This instrument commences on 1 October 2018.

3. Determination of fees

The fees specified in Schedule 1, Column 3, are the fees payable to the Territory for the purposes specified in Column 2.

The fees payable for a licence application under section 47 of the *Tobacco and Other Smoking Products Act 1927* are calculated on a pro rata basis and vary depending on the month in which a licence application is made.


4. Payment of fees

A fee listed in Schedule 1 is payable to the Territory by the person specified in Column 4.

The fees are exempt from Goods and Services Tax under Division 81 of *A New Tax System (Goods and Services Tax) Act 1999* (Cth).

5. Revocation

This instrument revokes DI2017-113 Tobacco Fees—Determination 2017 (No 1).


Meegan Fitzharris MLA
Minister for Health and Wellbeing
21 August 2018

SCHEDULE 1

| Column 1 Section | Column 2 Description | Column 3 Fee Payable | Column 4 Payable By |
|---------------------|--|--|--|
| 47 | Application for a wholesale tobacco merchant's licence: (a) If apply from September to November (b) If apply from December to February (c) If apply from March to May (d) If apply from June to August | \$540 per business \$405 per business \$270 per business \$135 per business | Owner of the business to which the application for license relates |
| | Application for a retail tobacconist's licence: (a) If apply from September to November (b) If apply from December to February (c) If apply from March to May (d) If apply from June to August | \$540 per business \$405 per business \$270 per business \$135 per business | Owner or occupier of the premises to which the application for license relates |
| 51 | Renewal of a wholesale tobacco merchant's licence | \$540 per business | Owner of the business to which the renewal of license relates |
| | Renewal of a retail tobacconist's licence | \$540 per premises | Owner or occupier of the premises to which the renewal of license relates |

Australian Capital Territory

Explanatory Statement

Tobacco and Other Smoking Products (Fees) Determination 2018 (No 1)

Disallowable instrument DI2018-

made under the

Tobacco and Other Smoking Products Act 1927, s 70 (Determination of fees)

The *Tobacco and Other Smoking Products Act 1927* provides for the licensing of wholesale tobacco merchants and retail tobacconists.

Section 70 of the *Tobacco and Other Smoking Products Act 1927* provides the Minister with the power to determine fees for the purposes of the Act.

This instrument sets fees for the application and renewal of licences for wholesale tobacco merchants and retail tobacconists.

This instrument comes into effect on 1 October 2018 and increases the annual fees payable by 4% (rounded to the nearest dollar), as set out below:

| Fee payable | Old Fee | New Fee |
|---|----------------|----------------|
| Application for a wholesale tobacco merchant's licence: | | |
| (a) If apply from September to November | \$519 | \$540 |
| (b) If apply from December to February | \$389 | \$405 |
| (c) If apply from March to May | \$260 | \$270 |
| (d) If apply from June to August | \$130 | \$135 |
| Application for a retail tobacconist's licence: | | |
| (a) If apply from September to November | \$519 | \$540 |
| (b) If apply from December to February | \$389 | \$405 |
| (c) If apply from March to May | \$260 | \$270 |
| (d) If apply from June to August | \$130 | \$135 |
| Renewal of a wholesale tobacco merchant's licence | \$519 | \$540 |
| Renewal of a retail tobacconist's licence | \$519 | \$540 |

This instrument revokes and replaces DI2017-113, notified on 30 June 2017.



ACT
Government

Chief Minister, Treasury and
Economic Development

Fees and Charges

Policy and Guidelines

Chief Minister, Treasury and Economic Development Directorate
December 2017

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1. Purpose of the Policy and Guidelines

This guidance paper has been prepared for the information of agencies and aims to:

- a) outline the Government's policy for fees and charges;
- b) define fees and charges;
- c) outline a process to ensure the regular review of existing fees and charges;
- d) explain when and why the ACT Government produces fee and charge determinations/schedules;
- e) outline the approval process to follow in the implementation and determination of new fees and charges; and
- f) establish a consistent and transparent approach when setting fees and charges based on cost recovery principles, unless an alternate pricing decision is undertaken by Government.

2. The Role of Treasury

In addition to producing these guidelines, Treasury's role is to:

- provide agencies with advice and assistance in resolving practical difficulties which may be encountered when undertaking a costing exercise or determining prices for services; and
- provide information about relevant policies.

The guidelines try to accommodate the broad range of issues which can arise, nevertheless there may be occasions where agencies may need to seek further guidance. Agencies are encouraged to discuss issues with Treasury if this is the case.

Ultimately, in developing or modifying fees and charges, agencies need to ensure that all costs are verifiable, justifiable, adequately documented and capable of being confirmed independently. Documentation includes making explicit the purpose of the costing or pricing exercise, the approach used and the assumptions made.

3. Application of the Policy and Guidelines

This policy and guidelines apply to all government directorates and agencies, but does not apply to Territory-Owned Corporations (TOCs).

4. Background

The *Australian Capital Territory (Self Government) Act 1988 (Commonwealth)* gives the Territory the legal ability to raise taxes, fees, fines and charges. The *Legislation Act 2001*, Section 56 (Determination of fees by disallowable instrument) authorises fees to be determined by an Act or other form of statutory instrument.

5. Government Policy and Principles for Fees and Charges

The key policies and principles for fees and charges are:

- a) new fees and charges, outside of current/newly agreed Government policy/legislation can only be introduced after agreement by Cabinet;

- b) fees and charges should reflect the policy intent of Government;
- c) as far as practical, the level of fees and charges should initially reflect:
 - i. the full cost of the provision of services and should be set at the higher of full cost recovery or market price; or
 - ii. revenue targets set by the Government as a means of managing demand for goods and services, or to regulate access to an activity and/or change behaviour, as set out in this paper; or
 - iii. the underlying principles of competitive neutrality or similar practise.
- d) where a subsidy concession is applied, the amount should be transparent and explicitly stated, and utilise the principles outlined in the Government's concessions policy;
- e) all regulatory service fees should be indexed by 4 per cent as decided by the Government in the 2014-15 Budget. This also applies to estimated revenue in all out years;
- f) as far as practical, all other fees and charges should be indexed annually using the Wages Price Index (WPI);
 - i. fees and charges should not be indexed by more than WPI (which is considered a community norm) without the agreement of Cabinet;
- g) as a matter of policy, agency expenditure on services provided by other agencies will still only be indexed by the Consumer Price Index (CPI). In this regard if the majority of the clientele are ACT government agencies, fees should be indexed by CPI;
- h) all changes to actual fees and charges should be reflected in appropriate Ministerial determinations (including indexation);
- i) all changes or variations to the fees and charges policy and/or guidelines should be submitted for Cabinet approval;
- j) fees and charges are to be reviewed by agencies at least every three years to ensure comparability with current business structures, market conditions, other jurisdictions and like services; and
- k) where practical, agency fees and charges should be communicated efficiently and effectively to clients and the general public as set out in section 8.4 of this paper.

6. Definition of Fees and Charges

Fees and charges may be either statutory, or non statutory. A statutory fee or charge is one that has come into effect via a legislative instrument such as:

- an Act;
- a subordinate law;
- a disallowable instrument; or
- a notifiable instrument.

A fee or charge which does not come into effect via a legislative instrument is non statutory.

Defining a Fee - Fees are a compulsory monetary payment with an attached identifiable benefit and are usually associated with the granting of a permit or privilege, or with the regulation of an activity.

They are an instrument of public policy that the Government can use to regulate certain activities. According to Section 55 of the *Legislation Act 2001*, a fee includes a charge or other amount. Whilst a tax is not included in the definition of a fee, it can be argued that an 'other amount' may include a tax and is the reason why some fees include a taxation component.

Defining a Charge - User charges are revenues which are directly related to the sale of goods, or the provision of services to other entities or individuals. User Charges are generated by consumer demand, are market related and/or have a commercial nature. They are non-regulatory in nature, in that they are not a policy instrument that Government uses to regulate an activity.

States and Territories are unable to impose a fee or charge that amounts to an excise (a tax or duty on the sale, manufacture or consumption of an item) as this is a Commonwealth responsibility. In some cases, Commonwealth legislation may render a fee or charge invalid.

Taxes are not considered in this paper, as this is a policy decision of the Government. Nevertheless, definitions of taxes, duties, levies and fines are provided in the glossary for the purpose of differentiating them from fees and charges.

Please note that, due to Government Finance Statistics (GFS) reporting requirements, some fees and charges may be classified for presentational purposes as taxes (e.g. motor vehicle registration). This policy and guidance paper is still applicable to those fees and charges as the change in presentation does not change the relevant nature of the fee or charge.

7. Establishing an Appropriate Fee or Charge

7.1 Benchmark for the model

The system for setting and collecting fees and charges should be in line with commonly accepted public sector management and governance concepts.

- Transparency - an open and transparent process should be used. The methodology used should be recognised and made explicit.
- Efficiency - the revenue collection system must be efficient to ensure that the administrative cost of revenue collection does not exceed the revenue collected.
- Timeliness - regular monitoring of fees and charges regimes to ensure that the current fees and charges remain relevant to Government priorities.

7.2 Benchmark for initial pricing and subsequent review

Fees and charges should reflect the overriding economic or social policy objective. When setting a fee or a charge, consideration should be given to the desired outcome of the fee or charge and the appropriate method applied.

Cost Recovery – Except where the intention of the Government is based on principles of structural adjustment, the setting of fees and charges shall be based on cost recovery. In the case of a supplier providing goods or services in a market with competitors these costs should also include notional charges that apply under the principles of competitive neutrality such as taxes and other statutory charges.

Exemptions or concessions justified on equity grounds or Government policy to regulate activities/behaviour should generally be costed and funded through Community Service Obligations (CSOs).

Structural Adjustments – Fees and charges should be priced in accordance with revenue targets set by the Government, as a means of managing the demand for the goods and services, or to regulate access to an activity or change behaviour. The price does not necessarily represent the cost of administering the fee or charge. These fees and charges should also take into account/consideration similar charges in other jurisdictions.

Once a fee or charge is initially set, it should be reviewed regularly (at least every three years is recommended) to ensure comparability with current business structures, other jurisdictions and like services. In between this review, a fee or charge should be indexed in line with the Wage Price Index (WPI), rather than Consumer Price Index (CPI), as wages are generally a significant component of the cost of providing government services.

7.3 Cost recovery principles

Increasingly, the Government operates on a 'user pay' principle. This means that as far as practical, the cost involved in producing the goods and services are passed onto the consumer. Additionally, agencies that supply goods and services in competition with the private sector are also required to price their goods and services on a competitively neutral basis.

The majority of fees and charges should reasonably reflect the cost of providing services and be transparent in a competitive neutrality context, meaning the inclusion of notional taxes, fees and charges which would have to be paid by a private sector entity.

Agencies need to note that if a fee or charge significantly exceeds notional costs, then it may be considered to amount to a tax, and as such, the agency may lack the necessary legal authority to impose the desired fee or charge. For this reason, agencies need to have reasonably accurate estimates of the actual and notional cost of their services. The costing methodology must also be adequately documented and be capable of verification at a later stage.

An agency should aim to abide by the following cost recovery principles:

- a) fees and charges should reflect an efficient cost structure;
- b) administrative and compliance costs should be kept low;
- c) fees and charges should provide incentives for desirable outcomes (that is, should not be prohibitively high so as to deter compliance);
- d) cost recovery should be linked as close as possible to the actual costs of activities or products; and
- e) over recovery is not appropriate.

As far as practicable, the full cost of the goods and services should be passed on to the customer. Full cost pricing is expected to promote economic efficiency by:

- a) sending important pricing messages to users about the cost of the resources involved;
- b) reducing the call on general taxation revenue; and
- c) improving agency performance through transparency of costs and increased cost consciousness for both agency and users.

The Government can recover the full cost or marginal cost depending on the type of goods and services.

It is worth noting, however, the difference between the cost of a service and the pricing of a service. Pricing is the amount a customer is obliged to pay for a particular service, which may be different to the cost of providing that service.

7.3.1 Full Cost Recovery

The full cost of a product is the value of all resources used or consumed in producing the goods and services (output). The full cost is made up of the following:

- a) Direct costs - Costs that can be directly attributed to an output. They include labour (including salary on-costs) and materials used to deliver products.
- b) Indirect costs - Costs that are not directly attributable to a product or service and are often referred to as overheads. Examples are corporate costs, financial services, records management and information technology.
- c) Capital costs - Relate to depreciation or amortisation and the opportunity cost of capital (calculated on the basis of the current interest rate which is available from Treasury). An effective costing system is required to allocate all direct costs and accurately apportion relevant indirect costs. In addition, an appropriate costing system also enables agencies to identify inefficiencies and make informed pricing decisions. A broad methodology for determining the full cost is presented at **Attachment 1**.
- d) Taxation and/or services and resources received free of charge - Exemptions apply to a number of government agencies from a range of taxes, fees and charges (especially from other Government agencies as the costing process is undertaken on a whole of government basis). Notional taxes, fees and charges should still be calculated and included in the costing process in order the effectively undergo accurate cost allocation. The following are some of the taxes and service charges where exemptions apply to certain government agencies:
 - Land tax;
 - ACT Government rates;
 - Legal services; and
 - Procurement services (for goods and services).

7.3.2 Marginal Cost / Fees and charges less than full cost

There are cases where the fee or charge relates to a function, which is in the nature of a community service or where there has been some direction from the Government to undertake that function. In this case the agency may be instructed to charge less than full cost (that is subsidised), or free of charge (that is fully funded from general Government revenue).

A subsidy may be appropriate where:

- benefits for the good or service accrue to the wider community as well as to direct users, as is the case with public goods like roads and bridges. In that case, it would be inequitable for some identified users to meet the total cost of the services when non-identified users also benefit;
- users cannot be readily identified;
- services are provided specifically to disadvantaged groups who do not have the capacity to pay; and
- the Government has a longer-term policy objective of encouraging or supporting an activity or a specific group of people.

Agencies can also charge the marginal cost, which is the cost of producing another unit of a product or service. This is generally the case where a product or service is predominantly provided for a core user and additional capacity is available to supply secondary or one-off users.

Marginal cost pricing will often be appropriate for setting charges for services provided in off peak periods for those services with pronounced peaks and troughs in demand.

7.3.3 Competitive Neutrality Principles

Agencies should be aware of competitive neutrality principles which refer to the elimination of competitive advantages or disadvantages that arise solely through an entity's public ownership status. Competitive neutrality promotes efficiency in the production of goods and services and allocation of resources between public and private businesses.

Under the ACT's competitive neutrality policy all Government business entities that compete directly or potentially against the private sector in the provision of goods and services in the open market are required to fully attribute costs on the same basis as private firms. As a minimum this requires that the entity produce a set of accounts each year reflecting attributable costs.

Subject to cost benefit analysis, significant business entities may also be required to pay taxes (or tax equivalents), pay fees and comply with private sector regulations. Application of competitive neutrality requirements needs to be clearly documented and those documents will be subject to scrutiny in the event of a competitive neutrality complaint.

| ACT Government Business Entities Subject to Competitive Neutrality | | |
|--|---------------------------------------|---------------------------------|
| Icon Water Limited | Icon Distribution Investments Limited | Icon Retail Investments Limited |
| ACTION | ACT Pathology | ACT Property Group |
| Yarralumla Nursery | Public Cemeteries Authority | Capital Linen Service |
| CIT Solutions Pty Limited | Cultural Facilities Corporation | Territory Venues and Events |
| Land Development Agency | | |

- Affected Government business entities may include entities within a parent Directorate (such as, Property Group or ACT Pathology in Health) or separate commercial entities (such as Icon Water).
- ACT significant business entities subject to tax and tax equivalents are prescribed in regulations under the *Taxation (Government Business Enterprises) Act 2003*.

More information on competitive neutrality can be found at:

- competitive neutrality complaints (www.icrc.act.gov.au); and
- Australian Government (<http://archive.treasury.gov.au/contentitem.asp?NavId=014&ContentID=275>).

7.3.4 Minimise cross subsidisation

Notwithstanding approved Government subsidies for services, the services provided to one client or group of clients should not be subsidised by fees and charges paid by others. Cross subsidies are generally sub-optimal because of their adverse impact on efficiency in resource use and consumption.

Where the provision of a goods or service is to be subsidised, the full cost of providing the service should still be determined and the level of subsidy identified.

Examples of where it may be appropriate for Government to subsidise activities are outlined below. In this situation, the difference between the costs of provision of the service and the revenue raised needs to be recognised:

- where the level of demand for a particular goods or service is less than acceptable at unsubsidised cost recovery levels;
- where it is considered desirable that certain products be supplied to all users at a uniform or affordable price regardless of the cost of provision;
- where welfare objectives are met by a requirement to provide price concessions to users considered to be disadvantaged (for example, pensioner discounts) – See Concessions below;
- where there is a requirement to provide industry assistance (for example, infrastructure may be provided on regional development grounds at prices below commercial rates);
- agencies may be required to purchase specific goods and services (thus limiting the commercial freedom to select the cheapest supplier); and
- agencies may be required to abide by environmental, consumer, cultural, heritage or similar policies beyond those which generally apply.

7.4 Structural Adjustment

Government objectives are often able to be achieved by applying a structural adjustment method in the setting of prices. Either one or a combination of the following principles can be applied in order to achieve government goals and objectives:

- Controlling consumer behaviour (i.e. restricting demand) is necessary to meet objectives especially when resources are scarce (such as potable water), or when a market requires regulation (such as liquor) or licensing (such as industry or trade based occupation licensing).
- Revenue targets are also used to structure fees and charges and are set in order to effectively provide Government services. The collection of revenue is diversified in order to avoid targeting one group of individuals. Revenue targets are set based on the expected income of diversified revenue and the funding required to provide the desired output (Government services).

Agencies should also take into account similar practice in other jurisdictions. The ACT Government levies fees and charges that are similar to other state jurisdictions. Fees should be set in a manner that they achieve parity of cost, remain competitive, and/or avoid distortion of public behaviour. The ACT is uniquely sized and situated and is therefore under increased pressure to achieve parity with other jurisdictions, particularly that of New South Wales.

7.5 Concessions applicable to fees and charges

When establishing a fee or charge, it is also important to consider whether it is appropriate to allow concessions under a prescribed set of circumstances.

The ACT Concessions Policy is underpinned by four principles which are intended to lead the way for a more equitable and accessible system of concessions. These are:

- equity (concessions are targeted to those with the greatest needs);
- effectiveness (concessions assist with access to essential services considered fundamental to a reasonable quality of life);
- accessibility (information about concessions is accessible to all low income individuals and households in the ACT); and
- transparency (concessions are regularly monitored, reviewed and reported).

Agencies should consider these principles when developing concessions. The provision of concessions requires the final approval of Cabinet. The policy on concessions is located at:

<http://apps.treasury.act.gov.au/files/concession-scheme/concession-scheme>.

7.6 Introducing new fees and charges

Any request for a new set of fees or charges should be brought forward to the Budget Committee of Cabinet as part of the annual budget process, through the provision of a Recurrent Initiative Proposal. The endorsement of Government is required before introducing a new set of fees or charges.

A new fee or charge relates to a scenario where new fees and charges are being applied to a new service or activity provided by government, or where new fees or charges are being applied to an existing service or activity provided by government where none have been applied before (outside of existing Government policy).

A new fee or charge does not include for example, a new charge which may be imposed by an agency within an existing suite of charges, such as charging for a new type of consumable where there is currently an agreed existing policy of charging clients for the full cost of consumables.

Before setting a new fee or charge, an agency should consider the following issues:

- a) is there appropriate legal authority to charge the respective fee or charge (that is relevant legislation, ministerial determination)?
- b) are there appropriate costing systems and policies to support fee or charge setting decisions?
- c) is there a process to regularly review fees and charges and justify subsequent adjustments?

- d) are fees and charges based on achieving full cost recovery? If not, upon what basis are they set?

7.7 Regulatory impact statement

When a new regulatory fee or charge is made by a subordinate law or a disallowable instrument, and is likely to impose appreciable costs on the community or part of the community, a Regulatory impact statement (RIS) may be required. A RIS prepared according to Chapter 5 of the *Legislation Act 2001* should be tabled along with the subordinate law or disallowable instrument.

When a subordinate law or disallowable instrument amends an existing fee or charge in line with Government policy, a RIS is not required. Section 36 of the Act provides more examples of where a RIS is not required.

Copies of RIS statements made under Chapter 5 of the *Legislation Act 2001* can be accessed from: <http://www.legislation.act.gov.au/ri/default.asp>.

7.8 Reviewing existing fees and charges

8.3.1 Review of cost recovery estimates (or basis for determining original price)

Agencies should review the appropriateness of the price on a regular basis (every three years is recommended). The tri-annual review should ensure comparability with current business structures, other jurisdictions and like services. Appropriate documentation supporting the calculations should be maintained. More regular reviews may be required, for example, after a major policy shift of Government.

8.3.2 Indexation

It is Government policy that fees and charges are adjusted by WPI each year as it is a far better reflection of the cost of Government service delivery than the CPI. The relevant Minister will need to endorse the increase annually. Treasury will provide agencies with the appropriate estimates for WPI each year. This will be forwarded by Treasury in the lead up to the Budget or Budget Review.

It is recognised that in some circumstances, WPI may not be an appropriate index to adjust fees or charges, for example, where the cost of an activity is not related to wages. In this event agencies may seek their minister's or the Government's approval for a justified alternative rate.

As a matter of policy, agency expenditure on services provided by other agencies will still only be indexed by CPI. In this regard if the majority of the clientele is an ACT government agency then fees should be indexed by CPI.

8.3.3 Increase greater than WPI

Where an agency seeks to increase fees or charges by more than WPI, the agency will need to put forward a Revenue Initiative Proposal as part of the initiative budget process. The Government will decide on the merit of each proposal.

8.3.4 Variation of fees and charges

Minor variations to fees and charges should be approved through Ministerial determinations, a minor variation should be considered to be one that is within current indexation levels. Approval for major variations (such as changing pricing policy or costing methodology) however, should be sought through Cabinet approval.

8.3.5 Rounding

For the purpose of calculating various fees and charges, items should be rounded to the nearest cent. This rounding provision applies only to the calculation of the fee or charge, and not necessarily to the amount collected. Where fees and charges are collected in cash, standard cash collection rounding to the nearest five cents should apply.

In situations where rounding will result in difficulties in collection, such as in the case of parking metres, increases can be rounded to the nearest convenient amount (i.e. the agency can defer the indexation increase in the particular years that result in collection difficulties, and increase the price by more than WPI in the following year.)

7.9 Communicating fee or charge changes

Each agency is responsible for arranging Ministerial determinations, gazettal notices, fee and charge schedules and implementation of any changes to fees and charges including advising clients. This should be done prior to the end of each financial year.

Once changes to existing fees and charges or new fees and charges are approved, they are published on the ACT Government Legislation Register, as a Disallowable Instrument to provide full disclosure to the public. These can be accessed under <http://www.legislation.act.gov.au/notify.asp>.

A disallowable instrument must be presented to the Legislative Assembly no later than 6 sitting days after its notification day. The determination of fees and charges can be disallowed if notice of a motion to disallow the instrument is given in the Legislative Assembly not later than 6 sitting days after the day it is presented to the Assembly. The fee or charge determination commences on the day provided in the instrument.

Where practical, the act or state of incurring (and/or basis of deriving) the liability to fees or charges can be displayed or notified up-front to avoid unintentional occurrence of liability due to public ignorance.

It is recommended that every effort is made to inform clients and the general public of current fees and charges. There are two main forms of effective communication that are recommended:

- a) A 'Fees and Charges' publication is made available in hard copy or downloadable from the internet. The Planning and Land fees and charges booklet is a primary example of what is recommended and can be found at the link below.

http://www.planning.act.gov.au/data/assets/pdf_file/0009/892332/2016-17-Fees-and-charges-Planning.pdf

- b) A link is made visible or easily accessible on the agencies website and may also include a link to any relevant legislation where applicable. A primary example provided by Territory and Municipal Services (TAMS) can be viewed at the link below.

[http://www.tccs.act.gov.au/about-us/fees and charges](http://www.tccs.act.gov.au/about-us/fees-and-charges)

8. Fees and Charges under the GST Division 81 Exemptions

The goods and services tax (GST) applies to payments of Australian taxes, fees and charges, except those that are excluded from the GST as per Division 81 in *A New Tax System (Goods and Services Tax) Act 1999 (Cth) (GST Act)*.

Before July 2011, Division 81 treated a tax, fee or charge as consideration for a deemed supply and the tax, fee or charge was subject to GST unless it was listed on a Treasurer's determination as specifically exempt from GST. The last Treasurer's determination was *A New Tax System (Goods and Services Tax) (Exempt Taxes, Fees and Charges) (Determination 2011 (No. 1))*. A copy of the determination including Part 8, which pertains to the Australian Capital Territory, is available at: <http://www.comlaw.gov.au/Details/F2010L03352>

8.1 Changes to Division 81

It is now each agency's responsibility to determine the correct GST treatment of taxes, fees and charges. The process of a biennial determination has now ceased.

The law was amended with effect from 1 July 2011 to enable government agencies to self-assess the GST treatment of taxes, fees or charges. At the same time, GST regulations were introduced to make certain fees or charges consideration for a supply and not exempt from GST.

The operation of the Treasurer's determination was extended until 30 June 2012 to enable government agencies to transition to the new system.

Additional GST regulations were introduced with effect from 1 July 2012 to make certain fees or charges either not exempt (i.e. consideration for a supply) or exempt (i.e. not consideration for a supply).

The operation of the Treasurer's determination was further extended for fees and charges (not taxes) until 30 June 2013.

From 1 July 2013, ATO Practice Statement PSLA 2013/2(GA) provides that if a government agency classifies their fees or charges as exempt in accordance with the Treasurer's determination then the ATO will not change that treatment retrospectively. If a fee or charge that was classified as exempt is subsequently found not to be exempt then the treatment need only be changed prospectively and not retrospectively. However fees or charges regarded as being consideration for a supply under the 'not exempt' GST regulations are not eligible for this treatment. This Practice Statement is available at:

<http://law.ato.gov.au/atolaw/view.htm?docid=%22PSR%2FGA20132%2FNAT%2FATO%2F00001%22>

8.2 Exempt under the GST Act

Under subsection 81-5(1) of the GST Act the payment of an Australian tax is exempt from GST.

Under subsection 81-10(4) of the GST Act, GST is not payable for government charges if they are for providing, retaining or amending a *permission* (e.g. a permit for a restaurant allowing patrons to occupy and be served on the footpath, an *exemption* (e.g. an exemption from registration under the Maritime Safety Authority Act 1990), an authority (e.g. an authority to provide an identification plate on a road trailer) or a licence (e.g. a licence for the practice of a profession).

Under subsection 81-10(5) of the GST Act, GST is not payable for government charges for the provision of information or charges related to record keeping, including copies of official documents, searches and extracts from registers and FOI requests.

8.3 Not Exempt under the GST Regulations

The following fees or charges are not exempt from GST under the GST regulations:

- parking in a metered parking space;
- a toll for driving a motor vehicle on a road;
- hiring, using or entry to a facility, except for a national park;
- using a waste disposal facility;
- pre-lodgement advice relating to a permission, exemption, authority or licence under an Australian law that is not compulsory;
- provision of information by an Australian government agency if it is of a non-regulatory nature;
- a supply by an Australian government agency, if the supply may also be made by a supplier that is not an Australian government agency; and
- any other supply of a non-regulatory nature.

8.4 Exempt under the GST Regulations

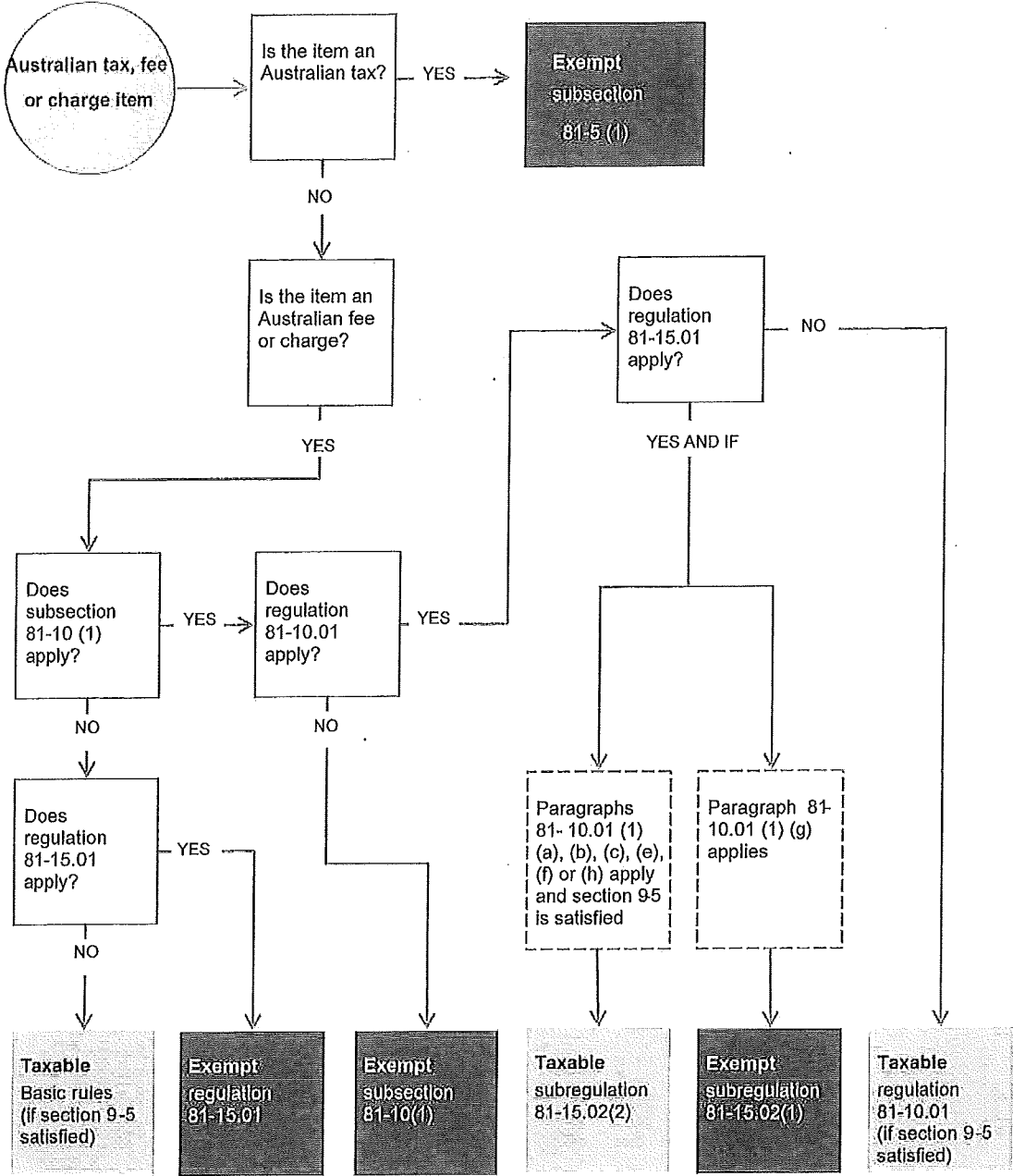
The following fees or charges are exempt under the GST regulations:

- kerbside collection of waste or the supply, exchange or removal of bins or crates used with kerbside collection of waste;
- royalties for natural resources;
- charges imposed on an industry to finance regulatory or other activities of government connected with the industry;
- compensation an Australian government agency for costs incurred in undertaking regulatory activities;
- charges imposed by a court, tribunal, commission of inquiry or Sheriff's office;
- a supply of a regulatory nature made by an Australian government agency; and
- entry to a national park.

As noted above, from 1 July 2013, under the administrative treatment in PSLA 2013/2(GA), most fees and charges listed in the Treasurer's determination can be treated as exempt.

8.5 Diagram of the law and regulations

This diagram shows how Division 81 of the A New Tax System (Goods and Services Tax) Act 1999 and regulations 81-10.01, 81-15.01 and 81-15.02 of the A New Tax System (Goods and Services Tax) Regulations 1999 determines whether a supply by a government agency is subject to GST.



8.6 New Fees and Charges

Where the GST status of new fees and charges is not readily identifiable from the legislation, or by using the Tax office guidance material, agencies should consider applying for a Private Binding Ruling from the Tax Office. This will need to be done in sufficient time to allow for the Tax Office to provide a ruling (the Tax Office aims to provide a private binding ruling within 28 days of receiving information).

Alternatively agencies can seek advice from professional tax advisers.

Examples:

- Levies are NOT subject to GST as they are compulsory imposts for which no supply is provided in return.
- Fees and charges levied on specific industries (including licences and permit fees) and used to finance particular regulatory or other activities in the government sector are NOT subject to GST.
- Application Fees, license, permits and certifications that are required by government prior to undertaking an occupation are NOT subject to GST
- Regulatory charges imposed to undertake an activity are NOT subject to GST.
- Fees and User charges imposed in return for supplies ARE subject to GST as they include consideration in return for supply of goods and/or services, exempt where the fee or charge relates to recording, copying, modifying, receiving, processing, searching or allowing access to information.

8.7 Further information

- The Australian Taxation Office (ATO) has a website dedicated to Division 81 at: www.ato.gov.au/division81.

8.8 ACT contacts

For all technical queries on Division 81 please contact the ATO directly, as Treasury is unable (under the law) to provide legal or tax advice to agencies. Prior to contacting the ATO, agencies should discuss their query with Shared Services Finance Taxation Team in the first instance.

For general GST policy concerns please contact the Federal Financial Relations Unit, Economic and Financial Group, Treasury.

9. Complaint Handling Systems

Agencies are required to provide an independent, fair and accessible mechanism for resolving complaints. In the first instance, the individual should raise his/her concern with the responsible government authority. If the issue is not resolved satisfactorily, the individual can use any of the complaints handling mechanisms listed below.

- a) The ACT Government feedback form allows citizens to provide feedback about any ACT government service, the form can be accessed via <https://www.accesscanberra.act.gov.au/app/ask>.
- b) The ACT Civil and Administrative Tribunal (ACAT) is an independent body that can review a large number of decisions made by ACT Government ministers, officials and statutory authorities. An application for review of decision, sometimes referred to as an appeal, is made by lodging a written application, further information is available at <http://www.acat.act.gov.au/>.
- c) The ACT Planning and Land Authority general customer service feedback and technical feedback on planning and land policies, further information is available at <http://www.actpla.act.gov.au/feedback/form>.
- d) The ACT Office of Fair Trading assists and protects the community through the administration of fair trading legislation and the registration and compliance of businesses in specific industries. The main object of the Office is to provide information to consumers to make them informed and confident when making purchases. Further information is available at <https://www.accesscanberra.act.gov.au/app/ask>.
- e) To provide feedback on the standard of community health, mental health and the public hospitals. The specific feedback form can be accessed via <http://www.health.act.gov.au/about-us/feedback>.
- f) The ACT Human Rights Commission promotes the human rights and welfare of people living in the ACT and provides an independent, fair and accessible one-stop shop for complaints of unlawful discrimination, and complaints regarding health services, services for older people, disability services and services for children and young people. Currently, there are three Commissioners comprising of the:
 - Human Rights & Discrimination Commissioner;
 - Health Services Commissioner, and Disability & Community Services Commissioner; and
 - Children & Young People Commissioner<http://www.hrc.act.gov.au/>.
- g) If you have a complaint about the way the ACT Government is managing the environment, you can raise the issues with the ACT Commissioner for the Environment using the steps listed on this page. <http://www.environmentcommissioner.act.gov.au>.
- h) The ACT Ombudsman considers and investigates complaints from people who believe they have been treated unfairly or unreasonably by an ACT Government directorate or agency. This Ombudsman's website provides information on how

to resolve complaints, including an online complaints form which can be accessed at <http://www.ombudsman.act.gov.au> .

- i) The Energy and Water Consumer Council is established to facilitate the resolution of complaints, determine unresolved complaints under the *Utilities Act 2000*, to ensure, so far as practicable, that utility services continue to be provided to persons suffering financial hardship and to protect the rights of customers and consumers under the Act.
- j) Where the complaint is related to competition with the private sector, the company can request the Independent Competition and Regulatory Commission to investigate the matter. Further information is available at <http://www.icrc.act.gov.au> .

10. Recommendations for the Efficient Management of Fees and Charges

For the efficient management of fees and charges, it is suggested that agencies:

- a) develop and maintain an agency specific manual for costing fees and charges, using these guidelines as a basis;
- b) apply appropriate costing systems or processes to identify the cost of providing goods and services for fees and charges;
- c) ensure that fees and charges are a reasonable reflection of costs, taking into account competitive neutrality and Government policy objectives;
- d) be proactive and use initiative to ensure that complaints and associated issues are minimised;
- e) nominate an initial central contact point to address issues with fee and charge related queries, or provide direction to the most suitable contact point;
- f) review existing legislation to ensure agencies are fully aware of all statutory fees and charges for which they are responsible;
- g) work towards consolidating all fees and charges into a single schedule (as in ACT Planning and Land Authority) or a single determination (as in Justice and Community Safety). A copy of a recent determination can be accessed from <http://www.legislation.act.gov.au/dj>;
- h) review the structure of existing fees and charges with a view to reducing the number of fee points to promote compliance with regulation and efficiency in collection; and
- i) monitoring appropriate supporting documentation to verify the approach to the efficient, effective, transparent and equitable setting of fees and charges.

Appendix 1 - Glossary

| Term | Description |
|------------------------------|---|
| Activity Based Costing | A costing approach that determines the costs of the various activities required to produce a product or service. |
| Avoidable/ Marginal costs | Those costs that would be avoided if a good or service were not produced. |
| Charge | User charges are revenues which are directly related to the sale of goods, or the provision of services to other entities or individuals. User Charges are generated by consumer demand, are market related and have a commercial nature. They are non-regulatory in nature, in that they are not a policy instrument that Government uses to regulate an activity. |
| Competitive Neutrality | The elimination of competitive advantages or disadvantages that arise solely through the ownership status of the entity. |
| Cost Drivers | Cost Drivers are those activities, events or factors that trigger, or have a strong correlation to, the cost being allocated |
| Depreciation | The portion of the cost or value of an asset that is assigned to expenses by an entity. Depreciation recognises that assets generally have a limited life and that the declining life span of an asset is an expense to an entity. |
| Determination | The legal document used to allow for the charging of fees and charges. |
| Direct Costs | A cost that can be traced to a product or service in an economically feasible manner. |
| Disallowable Instrument | A disallowable instrument must be notified, and presented to the Legislative Assembly, under the <i>Legislation Act 2001</i> . |
| Duties | Include charges on the transfer or agreement to transfer dutiable property such as land, Crown Leases, commercial leases, marketable securities, and motor vehicle registrations. These may also be known as fees. |
| Fees | Fees are a compulsory monetary payment with an attached identifiable benefit and are usually associated with the granting of a permit or privilege, or with the regulation of an activity |
| Fines | Payment for civil and criminal penalties imposed on law offenders, but exclude penalties imposed by tax authorities that are treated as part of taxation policy. |
| Full Cost | The total value of all the resources used in the production of an output. |
| Indirect Costs | A cost that cannot be traced to a product or service in an economically feasible manner. |
| Levies | Include compulsory contributions made to support the general activities of government, relating to regulatory, compensatory, developmental, reconstructive, or like scheme, levied upon particular industries, sectors or activities. These may also be known as fees. |
| Opportunity Cost | The benefit forgone by investing in an asset rather than an alternative investment or project. |
| Overheads | The fixed and variable costs of an organisation which are not directly attributable to a particular product or service. |
| Taxes | Include compulsory contributions made to support the general activities of government, levied on persons, property, income, commodities and transactions. |

Appendix 2 - Abbreviations

| Term | Description |
|-------------|------------------------------|
| ABC | Activity Based Costing |
| CPI | Consumer Price Index |
| CSO | Community Service Obligation |
| ICB | Initiative Concept Brief |
| RIS | Regulatory Impact Statement |
| SGA | Self Government Act |
| TOC | Territory Owned Corporation |
| WPI | Wage Price Index |

Appendix 3 - References

ACT Auditor-General's Office Performance Audit Report "Collection of Fees and Fines" No. 3, June 2007.

NSW Treasury, 'Guidelines for Pricing of User Charges', TPP 01-2, June 2001.

NSW Treasury, 'Policy Statement on the Application of Competitive Neutrality Policy and Guidelines Paper', TPP 02-1, Jan 2002.

NSW Treasury, 'Service Costing in General Government Sector Agencies', TRP 02-4, July 2002.

Tasmania Department of Treasury and Finance, 'Costing fees and charges' Guidelines for use by agencies, December 2006.

Western Australia Department of Treasury, "Costing and Pricing Government Services" Guidelines for use by agencies, Fifth Edition, April 2007.

Victorian Department of Treasury and Finance, 'Cost Recovery Guidelines' May 2010.

Queensland Government 'Principles for Fees and Charges' April 2011.

Attachment 1 - Broad methodology for full Cost pricing

The full cost of an output is represented by the aggregation of direct, indirect and capital costs. The main steps to work out the full cost are as follows:

Step 1: Specify all goods and services (outputs) produced by the agency

The total number of units of each product or service should be estimated. This can range from outputs that are relatively easy to define (such as number of development applications) to services that are of a more abstract nature (such as policy advice and administration of regulations).

Step 2: Identify all costs to the agency

All expenses incurred in the production process including both direct and indirect/overhead expenses must be recognised. Cost of services and resources free of charge should also be determined and added to the total costs, recognising the total cost to Government.

Step 3: Assign direct costs

Direct costs are those which are directly traceable to the production of a specific output. Depending on the nature of the output, direct costs can include salaries and wages, travel, materials, consultancy costs and motor vehicle expenses.

Treasury has a model for working out the average salary, salary on-cost, and administrative related on-cost. Agencies can use this model where it is relevant to their particular situation. This paper and the model (Salary and On Cost Model) can be provided to agencies by officers from the Finance and Budget Division website. Many different methods of assigning direct costs to outputs are available. Some of the methods commonly used are listed below.

Direct Monitoring – this involves the measurement of resources used in the delivery of service on an ongoing basis. For example, salary and wages costs can be traced to individual outputs through the use of timesheets. Similarly, motor vehicle costs can be traced using a logbook. This approach provides the most accurate service costing information but can also be expensive to set up and maintain.

Sampling – this involves sampling the use of resources over a period of time. For example, employees could maintain timesheets for a sample period. The proportion of time spent on each output by each employee can then be used to trace costs to outputs on an ongoing basis. This approach is cheaper than direct monitoring but only works when the use of resources in the sample period reflects the use of resources on an ongoing basis.

Estimation by management – costs are allocated to outputs based on the judgement of management. This is the cheapest method but also clearly the most subjective.

Step 4: Allocate indirect costs

Indirect costs are costs which contribute to producing an output but, unlike direct costs, are not incurred exclusively for one output. Indirect costs include overheads and corporate support functions such as human resources, ICT, financial and administrative services.

Under traditional cost allocation methods 'Cost Drivers' are used as the basis for allocating indirect costs to outputs.

Cost Drivers are those activities, events or factors that trigger, or have a strong correlation to, the cost being allocated. For example, a cost driver for the allocation of rental and cleaning costs to a range of outputs could be the ratio of floor space occupied by each work group to the total floor space. It is critical for each agency to identify the cost drivers associated with the production of each output.

An alternative method increasingly used now is the Activity Based Costing (ABC) model. ABC provides a detailed and accurate method of determining the actual attribution of costs in an indirect cost pool. It closely examines the activities undertaken within an agency, determines what drives or causes the activities to be used in the production process, cost each activity and then allocates costs on the basis of the resource consumption of each activity.

Although more accurate, it should be noted that ABC systems are more expensive and complex to establish and maintain and require a better understanding of processes and cost behaviour than for traditional costing methods. Generally, this method is only cost effective where:

- a significant proportion of total production costs are overhead costs;
- there is a diverse range of outputs which vary both in the volume produced and their complexity; and
- sophisticated IT systems are already in place.

Step 5: Allocate capital (associated) costs

This involves the determination of an appropriate:

- depreciation charge for non-current physical asset used in the production process; and
- opportunity cost of the benefit forgone by not investing the cash in an alternative investment.

The depreciation charge and opportunity cost is then allocated to each good and service in much the same way as indirect costs are allocated.

Step 6: Add the direct, indirect and capital costs

Add the direct, indirect and capital costs together to calculate the full production cost for each output. Dividing the full cost by the number of outputs produced gives the average or unit cost.

Note that it is the responsibility of each agency to adopt a methodology that reflects as accurately as possible the circumstances in which their goods or services are provided.

QUESTION TIME BRIEF

GBC18/408

Portfolio/s: Health & Wellbeing

ISSUE: DRUG STRATEGY ACTION PLAN

Talking points:

- The draft Drug Strategy Action Plan 2018-2021 (the Action Plan) was released for public consultation via the Your Say website on 21 June 2018. Submissions closed on 3 August 2018.
- 48 written submissions were received, including submissions from the ACT alcohol and other drugs sector, peak bodies, Government agencies, non-government organisations, key interest groups and individual members of the public.
- The Action Plan will now be revised and considered by a group of key Government and community stakeholders.
- The Action Plan will be finalised in late 2018.
- An expert Advisory Group, including representation from community and consumer organisations, will be established to provide input and advice on implementation of the Action Plan.
- The Advisory Group will also play an important role in identifying emerging drug use patterns and informing future priorities.

| | | |
|-----------------------------------|--------------|------------|
| Cleared as complete and accurate: | 20/08/2018 | |
| Cleared by: | Director | Ext: 52245 |
| Information Officer name: | Emily Harper | |
| Contact Officer name: | Emily Harper | Ext: 52245 |
| Lead Directorate: | Health | |



Australian Institute of Health and Welfare Reports

MEDIA IMPLICATIONS SUMMARY

For: Minister for Health and Wellbeing

| | |
|--|---|
| Subject | Alcohol, tobacco and other drugs online compendium |
| Date for Release: | Tuesday, 14 August 2018 |
| What is the Report about? | <p>This online compendium report is intended to be a general reference for contemporary data on alcohol, tobacco and other drugs in Australia.</p> <p>The report consolidates the most recently available information on alcohol, tobacco and other drug use, including key trends in the availability, consumption, harms and treatment for vulnerable populations. The report also highlights a range of health, social and economic impacts of alcohol, tobacco and other drug use.</p> <p>The data presented in this report is sourced from a range of different data collections from several agencies and organisations, including the:</p> <ul style="list-style-type: none"> • Australian Institute of Health and Welfare • Australian Bureau of Statistics • Australian Criminal Intelligence Commission • Australian Institute of Criminology • National Drug and Alcohol Research Centre <p>Data sources include a range of methodologies such as:</p> <ul style="list-style-type: none"> • General population surveys (e.g. National Drug Household Survey) • Surveys of sentinel populations (e.g. Illicit Drug Reporting System and the Australian Needle and Syringe Program survey) • Population consumption data (National Wastewater and Apparent Alcohol Consumption) • Administrative data (e.g. Criminal courts data) <p>Information is presented in interactive dash boards with links provided to more detailed information. An extensive range of supplementary data tables have also been included.</p> |
| Is there any ACT funding (or Programs) in this area/subject? | <p>YES: <input checked="" type="checkbox"/> NO <input type="checkbox"/></p> <p>ACT Health invests over \$20 million in drug treatment and support services in the ACT.</p> <p>ACT publicly funded government and non-government drug treatment services offer a wide range of drug treatment and support services for people with problematic drug use. Assistance is also provided to support the family and friends of the people who use drugs.</p> |



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| | |
|---|--|
| | <p>ACT publicly funded government and non-government drug treatment and support services contribute data for the annual Alcohol and Other Drug Treatment Services National Minimum Data Set (AODTS NMDS), which is managed by the Australian Institute of Health and Welfare (AIHW).</p> <p>The AODTS NMDS presents information about the drug treatment service agencies, the people they treat, and the treatment provided. Publicly funded treatment services agencies includes those that are also funded by the Primary Health Networks through Commonwealth government funds.</p> <p>ACT Health's Alcohol and Drug Services (Mental Health, Justice Health and Alcohol and Drug Services) also contributes data to the National Opioid Statistics Annual Data (NOPSAD) collection, which is also managed by the AIHW.</p> <p>The NOPSAD collection provides information on a snapshot day mid-year on clients receiving opioid pharmacotherapy treatment, the doctors prescribing opioid pharmacotherapy drugs, and the dosing points (e.g. pharmacies) that clients attend to receive their treatment.</p> <p>The ACT has participated in many of the other collections that have been used as data sources for this report. This includes for example:</p> <ul style="list-style-type: none"> • Australian Needle and Syringe Program survey - this survey functions as a strategic early warning system designed to monitor blood borne viral infections and associated risk behaviour among people who inject drugs. • National Wastewater Drug Monitoring Program - wastewater analysis is applied to measure and interpret drug use within the Australian population, particularly methamphetamine. • National Drug Strategy Household Survey - data on alcohol, tobacco and other drug use in Australia • Young Australians Alcohol Reporting System - this survey looks into the risky drinking patterns of adolescents aged 14-19 years. • Australian Secondary School Students' use of tobacco, alcohol and over-the-counter and illicit substances – this looks at lifetime and current use of substances and related behaviours of 12-17 year olds. |
| Is there any ACT specific data in the Report? | YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| Is Media Interest likely? | YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> This report will not be accompanied by an AIHW media release. |
| What are the key positive elements contained in the Report? | This is the first time data sources across multiple collections have been consolidated in the one place. Data will be updated once a year when more recent data becomes available. |



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| | <p>A more complete story of current and emerging trends is provided by consolidating data into one report.</p> <p>Latest findings presented:</p> <ul style="list-style-type: none"> • The proportion of Aboriginal and Torres Strait Islander people smoking has declined significantly |
| <p>What are the negative elements contained in the Report?</p> | <p>The consumption of alcohol, tobacco and other drugs is a major cause of preventable disease and illness in Australia.</p> <p>Latest findings presented:</p> <ul style="list-style-type: none"> • Tobacco smoking is the leading cause of preventable death in Australia • Over the past 50 years, levels of apparent consumption of different alcohol beverages changed substantially • Cannabis is the most widely used illicit drug in Australia • The non-medical use of pharmaceutical drug is an increasing public health problem in Australia • There is a strong link between problematic alcohol or other drug use and experiences of homelessness • Self-reported levels of psychological distress are increasing among recent users of tobacco and illicit drugs • People who inject drugs experience considerable poorer health outcomes than other drug users |
| <p>Response:</p> <ul style="list-style-type: none"> • The ACT publicly funded government and non-government drug treatment services offer a wide range of drug treatment and support services for people with problematic drug use. Assistance is also provided to support the family and friends of the people who use drugs. • ACT Health invests over \$20 million in drug treatment and support services in the ACT. • This investment includes funding for Gugan Gulwan Youth Aboriginal Corporation (Gugan) and Winnunga Nimmityjah Aboriginal Health and Community Service (Winnunga) to deliver AOD treatment services. • In scope ACT drug treatment services continue to participate in national collections for which data is presented in this online report. | |

| Subject | National trends presented via interactive dash boards |
|---------|---|
| Tobacco | <ul style="list-style-type: none"> • Tobacco is the leading cause of cancer in Australia with 22% of attributable burden • Daily smoking has declined since 1991 |
| Alcohol | <ul style="list-style-type: none"> • The consumption of beer per capita has decreased and wine has increased • 14+ lifetime and single occasion (monthly drinking) has declined since 2010 • Alcohol was the most common principal drug of concern for which clients sought treatment in 2016-17 |



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| | |
|-------------|---|
| Drugs | <ul style="list-style-type: none"> • Cannabis was the most commonly used illicit drug in 2016 • Deaths involving methamphetamine were 4 times higher in 2016 than 1999 • Deaths where benzodiazepines or other opioids were present have increased since 2016 • Less than 1% of the general population in 2016 reported the recent use of synthetic cannabinoids • Treatment where heroin was the principal drug of concern has declined over the past 10 years |
| Populations | <ul style="list-style-type: none"> • Indigenous tobacco and risky alcohol use has declined since 2016 • Nearly 1 in 10 clients reporting to specialist homelessness services reported problematic alcohol and drug use between 2012-13 and 2016-17 • Recent use of any illicit drug has increased among people aged 10-59 and 60+ • An increasing proportion of people aged 12-17 and 18-24 are reporting alcohol abstinence • People from culturally and linguistically diverse backgrounds are more likely to abstain from alcohol and drug use compared to English speakers in 2016 • One third of police detainees reported alcohol and drug use contributed to their offending • Illicit drug use was more common among homosexuals than heterosexuals in 2016 • Methamphetamine was the most common drug injected among people who inject drugs in 2016 • Higher psychological distress in monthly and annual drug-users than in non-users |



Australian Institute of Health and Welfare Reports

MEDIA TALKING POINTS (if required)

The ACT Government welcomes the first instalment of this online compendium which houses the latest data and trends for alcohol, tobacco and other drugs.

Where health agencies can get access to this information quickly and easily does help towards developing meaningful and useful policies in this challenging area for health and social policy.

The national findings are a wake-up call to not only governments but the broader public as well, as we all have a role to play in preventive health.

From an ACT perspective, the recent Chief Health Officer's 2018 report (based on 2016 data) on alcohol, tobacco and other drugs, shows similar trends in some areas but better outcomes in others, for example:

- The ACT continues to have the lowest smoking rate in Australia.
- Tobacco smoking rates in the ACT have fallen significantly over the past two decades.
- However, smoking remains a leading health risk, contributing to 5.4% of the total burden of disease in the ACT.
- The daily smoking rate of people aged 14 years and over has more than halved in nearly 20 years with rates at 22.5% in 1998 down to 9.5% in 2016.
- The vast majority of Canberrans were classified as current drinkers in 2016, nearly 80%.
- Fewer than 3.6% of people aged 14 years and older reported they drank alcohol daily.
- More than 40% stated they drank weekly.
- 35.8% drank alcohol less than weekly.
- In the ACT, illicit drug use contributes to 2.2% of the total burden of disease and injury.
- In 2016, 12.9% of Canberrans aged over 14 reported illicit drug use of any drug in the previous year – the lowest figure across the country.
- Cannabis was the most widely used illicit drug in the ACT.
- However, tobacco and alcohol cause more poor health and early death.
- ACT Health invests over \$20 million in drug treatment and support services in the ACT and there are a number of non-government funded services.
- There are also programs to support the family and friends of people who use drugs.
- The \$20 million investment includes funding for Gugan Gulwan Youth Aboriginal Corporation (Gugan) and Winnunga Nimmityjah Aboriginal Health and Community Service (Winnunga) to deliver AOD treatment services.
- In scope ACT drug treatment services continue to participate in national collections for which data is presented in this online report.



Australian Institute of Health and Welfare Reports

Recommendation

That you note the information contained in this summary.

Noted / Please Discuss

Meegan Fitzharris MLA.....*M Fitzharris*.....

18/8/18

| | | | |
|-----------------|------------------------------------|--------|-------|
| Signatory Name: | Emily Harper | Phone: | 52245 |
| Title: | Director Health Improvement Branch | | |
| Action Officer: | Jennifer Taleski | Phone: | 50932 |

GBC18/408

Portfolio/s: Health & Wellbeing

ISSUE: NGUNNAWAL BUSH HEALING FARM

Talking points:

- The second program for the Ngunnawal Bush Healing Farm (NBHF) has commenced, with a full complement (12) of clients who began their orientation for the NBHF on 4 June 2018. Clients have been sourced from a range of programs within the ACT and NBHF staff are working closely with key stakeholders.
- NBHF staff have provided a number of opportunities to continue to strengthen links and partnerships with organisations and with members of the Aboriginal and Torres Strait Islander community.
- This has included a number of school visits as well as service visits from government agencies and non-government organisation partners, including Gugan Gulwan Youth Aboriginal Corporation.
- Programs included are:
 - Nutritional and food preparation;
 - Horticulture and bush tucker;
 - Blacksmithing and toolmaking;
 - Physical fitness and wellbeing;
 - Music therapy;
 - Cultural walks and talks;
 - Horse therapy;
 - Relapse prevention;
 - Leadership and self-empowerment training;
 - Outdoor education; and
 - Cartoon therapy.

| | | |
|-----------------------------------|--------------------|------------|
| Cleared as complete and accurate: | 09/08/2018 | |
| Cleared by: | Executive Director | Ext: 79143 |
| Information Officer name: | Patrick Henry | |
| Contact Officer name: | Oliver Kickett | Ext: 52672 |
| Lead Directorate: | Health | |

QUESTION TIME BRIEF

Key information:

| Program | Key points about what the Program entails/aims to do |
|---|---|
| Nutritional and food preparation | This program is delivered by Oz Harvest and teaches clients about healthing eating, nutrition and preventing food waste |
| Horticulture and bush tucker | This program is not being delivered on this program. The consultant is an Aboriginal man who provides information about bush tucker, bush medicines, the seasons, plants and animals. |
| Blacksmithing and toolmaking | This program is delivered by Tharwa Valley Forge in Tharwa Village. Clients are taught how to make reshape metal into tools such as fire pokers, hammers and other tools. |
| Physical fitness and wellbeing | There are two fitness providers currently on the NBHF program. Scott Williams is from Strive Fitness and provides a training program 1 day per week for men. Zoe Bickerwell is from Thriving Life and provides fitness training for the women. |
| Music therapy | Music Therapy program is delivered by Johnny Huckle, a well-known local identity, who spends two hours on one day each week discussing music issues with clients. The aim of this program is for the clients and Johnny to write the lyrics to a song and record it. |
| Cultural walks and talks | This program is delivered by Aboriginal staff at ACT Parks and Conservation. Clients visit the Namadgi National Park and learn about the Aboriginal culture and history of the park, including ceremonial sites, scar trees, grinding grooves, rock shelters, rock art; and tool and weapons. |
| Horse therapy | This program is delivered by Peakgrove Equine Assisted Therapy located on a small farm near Murrumbateman. By using horses Peakgrove provides tailored programs to meet the needs of clients: <ul style="list-style-type: none"> • develop confidence and leadership skills • to enhance relationship skills • as a joyful family experience • to work with trauma, depression and anxiety • to build heart connections • to build stronger bodies through physical therapy • with special needs clients building connection • as professional development for therapists • to further horsemanship skills for horse owners • to build relationship with a horse leading to positive mounted experiences |
| Relapse prevention | SMART is Self Management and Recovery Training and helps people with problematic behaviours. The program is delivered by staff from the Alcohol and Drug Services. Guided by trained peers, participants come together to help themselves and help themselves using a variety of cognitive behaviour therapy. |

Cleared as complete and accurate: 09/08/2018
 Cleared by: Executive Director Ext: 79143
 Information Officer name: Patrick Henry
 Contact Officer name: Oliver Kickett Ext: 52672
 Lead Directorate: Health

QUESTION TIME BRIEF

| | |
|---|---|
| Leadership and self-empowerment training | <p>This program is not being delivered on the second program. However it is likely the program will be included in the next program. It is delivered by an the Gundabooka Group, owned and operated by an Aboriginal woman, and address a range of issues:</p> <ul style="list-style-type: none"> • Cultural and Community Responsibility • Unconscious Bias • Mentoring and Leadership • Grief and Loss • Identity • Goal Setting |
| Outdoor education | <p>This program will be delivered by Outward Bound Australia, specifically for NBHF clients. What they offer is a culturally appropriate outdoor education program. The program is one day visit to the National Base in Tharwa with experience instructors using the facilities on site.</p> <p>OBA ensure Cultural Safety by providing an environment that is spiritually, socially and emotionally safe. The program provides awareness on a range of interpersonal skills:</p> <ul style="list-style-type: none"> • Leadership • Time Management • Empathy • Self-Esteem • Self-Awareness • Compassion etc. |
| Cartoon therapy | <p>This program is delivered by Andrew Hore, a cartoonist who supports the NBHF program by teaching clients how to draw cartoons and illustrations as another form of therapy.</p> |

Cleared as complete and accurate: 09/08/2018
 Cleared by: Executive Director Ext: 79143
 Information Officer name: Patrick Henry
 Contact Officer name: Oliver Kickett Ext: 52672
 Lead Directorate: Health



MINISTERIAL BRIEF

Health Directorate

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| | | |
|-------------------------|--|---|
| To: | Minister for Health and Wellbeing | Tracking No.: MIN 18/901 26 JUL 2018 |
| From: | Michael De'Ath, Interim Director-General | |
| Subject: | Funding Request – Family Drug Support | |
| Critical Date: | Not applicable | |
| Critical Reason: | Not applicable | |

- DG .../.../...

Purpose

To seek your signature on a response letter to [REDACTED] of Family Drug Support (FDS) following a request for funding to provide face-to-face support to families dealing with alcohol and other drug (AOD) issues in the ACT.

Recommendations

That you:

1. Note the information contained in this brief;

Noted / Please Discuss

2. Note that no budget is currently available to fund the request from Family Drug Support; and

Noted / Please Discuss

3. Sign the response letter to [REDACTED] OAM at Attachment D.

Signed / Not Signed / Please DiscussMeegan Fitzharris MLA *MF* 3/8/2018

Minister's Office Feedback

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Background

1. Family Drug Support (FDS) is a national organisation dedicated to providing support to families affected by alcohol and other drug (AOD) problems.
2. FDS has submitted a funding request (Attachments A, B and C) for \$510,000 over three years (including GST) to introduce its face-to-face support services in the ACT region for families affected by problematic alcohol and drug use.
3. The proposed components of the service are: coping skills courses and education sessions for families; support groups for families; support to AOD service providers to improve work with families; training sessions for volunteers and ongoing support; bereavement counselling.
4. FDS also provides face-to-face services, which are dependent on state and territory government funding. New South Wales, Queensland and South Australia currently fund face-to-face services, but the ACT Government does not.
5. The ACT Government did provide funding to the FDS in the late 1990s early 2000s. FDS indicates that at that time there were 25 trained volunteers in the ACT, but this has now fallen to five volunteers.
6. [REDACTED] met with ACT Health officers and ministerial staff earlier this year.

Issues

7. ACT Health has reviewed the proposal and spoken to FDS in detail about the costings. Family Drug Support has offered to reduce the total costs to approximately \$470,000 over three years.
8. While ACT Health recognises that support for families affected by alcohol and drug issues is an important part of AOD treatment, more work is required to identify the best way to provide this support.
9. No budget is currently available to fund the proposal, however there are some potential avenues for FDS to obtain funding for their proposal and these are outlined in the letter to [REDACTED] for your signature at Attachment D.

Financial Implications

10. Funding was requested of \$510,000 (including GST) over three years (approx. \$170,000 including GST per annum). The requested amount was reduced to \$470,000 after discussions with FDS.
11. No funding is available to support the proposal at this time.

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ConsultationInternal

12. The funding proposal was discussed with the Division of Mental Health, Justice Health and Alcohol and Drug Services, who concede that there may be gaps in providing support to families for drug and alcohol issues but suggest that there may be alternative ways to address the gap.

Cross Directorate

13. Not applicable

External

14. Family Drug Support has indicated that it has discussed the proposal with Alcohol, Tobacco and Other Drug Association ACT (ATODA), and that ATODA is supportive.

Benefits/Sensitivities

15. During recent stakeholder consultation on the draft ACT Drug Strategy Action Plan, ACT Health received feedback that there is scope to improve support and engagement of families affected by AOD use in the ACT.
16. More generally, ACT Health is committed to delivering person and family-centred, safe and effective care.

Media Implications

17. There are no media implications associated with this proposal.

Signatory Name: Kerryn Coleman, Acting Chief Health Officer, Population Health Protection and Prevention Phone: 71781

Action Officer: Emily Harper, Executive Director, Health Improvement Branch Phone: 50883

Attachments

| Attachment | Title |
|--------------|--|
| Attachment A | Covering letter from [REDACTED] Family Drug Support |
| Attachment B | Funding Proposal: Australian Capital Territory Family Drug Support Service |
| Attachment C | Letters of support for the funding proposal. |
| Attachment D | Letter of response to [REDACTED] Family Drug Support. |

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Family Drug Support

"Supporting families since 1997"

5th April 2018

Meegan Fitzharris MP
ACT Health Minsister

Dear Meegan Fitzharris,

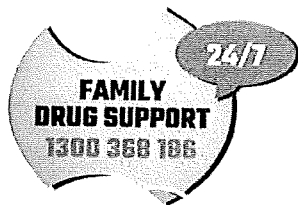
It was a pleasure to recently meet and discuss a range of alcohol and other drug use issues affecting families in the ACT with your staff and departmental officials. As a result of these discussions, please find attached an FDS funding proposal for an Australian Capital Territory FDS Service, along with supporting documents of 4 reference letters and a publication.

Thank you for considering our submission and FDS looks forward to hearing from you soon.

Kind Regards



Family Drug Support



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FUNDING PROPOSAL Australian Capital Territory FDS Service

Proposal

Family Drug Support (FDS) is Australia's only national organisation providing support to families dealing with alcohol and other drug (AOD) issues. Currently, FDS provides a number of direct services in NSW, Queensland and other jurisdictions and is proposing the establishment of a dedicated Australian Capital Territory (ACT) based FDS service. As detailed in this proposal, there is a long standing and continual demand for FDS services in the ACT that is currently unable to be provided in some capacities. An ACT FDS service will deliver a number of direct services to families in need and provide an important part of the comprehensive AOD response by the ACT Government.

History

FDS has successfully implemented AOD services to families and communities across Australia and the QLD, SA and NSW states have provided access to ongoing funding programs. This supportive financing has enabled FDS to provide much community benefit to these regions as FDS is able to effectively co-ordinate and manage FDS services. Accordingly, FDS highly recommends funding in order to establish a dedicated and funded FDS Project Officer in the ACT region. Recruiting a trained FDS Project Officer would ensure on-going AOD support services to the ACT region as this would allow FDS to enable the support of volunteers and co-ordinate its services and programs to families and the community. The proposed service for the ACT region is a new service that will provide direct face to face family therapy and counselling for families dealing with problematic AOD use by a family member.

Funding is required on a recurrent basis or for a length of a minimum of 3 years for the proposal to succeed at an operational level. Establishing FDS services in the ACT region is not possible with limited funding over a short time frame as FDS services and capabilities are limited when solely reliant on head office and volunteers without a supportive and directive FDS Project Officer that is resourced to establish and maintain service delivery. The FDS models of support, education and counselling have been developed in consultation with both families and people who use drugs. This consultation has occurred over many years and continues to drive the evolution of FDS programs and their delivery to affected families. FDS is also a member of many peak bodies, as well as being actively involved in both the AOD and family sectors to ensure it is engaged with service delivery stakeholders.

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FDS had an on-going connection with ACT Health for over 20 years. At the time Kate Carnell was Chief Minister and Michael Moore was Health Minister, ACT Health provided a contribution to family support services provided by FDS. This involved volunteer training programs in Canberra as well as 3 x Stepping Stones courses per annum. For a large amount of this time, ACT Health employed a specialist family worker – Bruce Munro and referred people regularly to our support groups and Stepping Stones courses. Since Bruce has no longer been employed in Canberra the number of referrals together with the sponsorship funding has diminished. This proposal aims to reinvigorate the possibility of establishing our services in the ACT. We have continued to provide telephone support to families in the ACT who are struggling with AOD issues. At times, our volunteer force in the ACT was approximately 25 trained volunteers. FDS currently have only 5 volunteers in the ACT and believe that if this proposal is accepted FDS will be able to quickly build up the ACT volunteer group. The telephone statistics for FDS indicate that the average number of ACT callers over the past 7 years is in excess of 660 per annum.

FDS Organisation

FDS is a service that was established on a client centred model of work. This is an approach that continues today and will always be at the heart of FDS services. Family Drug Support is a specialist AOD service with a proven track record in effectively providing the specialist support and other services required by families who are affected by alcohol and drug misuse.

Addressing AOD misuse can have a very positive impact on family life, the health and safety of communities and the engagement of these families in community life. A critical feature of the AOD problems often raised by communities is the devastating impact drug use is having on families and community safety in the community. The delivery of services for people affected by AOD use is fundamental as is the delivery of services to help families deal with the issue. Supporting these families will have a strong influence on the current and future behaviour of others. This can include an earlier approach to treatment as families understand and cope better with a family members' problematic alcohol and/or other drug use. Accordingly, there is little doubt that addressing family drug and alcohol problems will lead to many positive outcomes across the ACT region.

FDS has proven itself to be the most effective service in assisting families experiencing the related problems from alcohol and other drug misuse. This new service would allow families in the ACT region to access a specialist service that cannot be provided effectively by professionals not appropriately trained to work with families and engaged in the broader alcohol and other drug sector. FDS is committed to providing evidence based services to our clients, and accordingly, FDS has strong links with research institutions such as the National Drug and Alcohol Research Centre as part of this commitment. FDS can also provide evidence that providing family specific services and support will result in improved family relationships, community support and provide indirect support for the drug user.

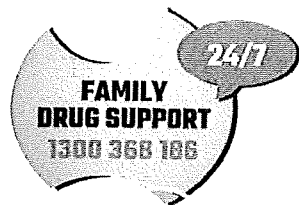
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FDS Model

FDS is a service that was established on a client centred framework that meets the changing needs of our clients. This approach continues today and will always be at the heart of FDS services. The primary focus of our services is to help and support the family members that we are working with, however, we also intimately understand that families undertake a journey which requires flexibility and adaptation of our assistance to meet their changing needs. At times, particularly at the initial engagement, families require intensive support and assistance and over time tend to require ongoing support of a different context. We advise that FDS receives over 40,000 calls each year to its national toll-free support phone line and provides education and information sessions to families across the country on a regular basis. In addition, FDS has a network of more than 140 volunteers who are passionate about assisting families faced with problematic alcohol and other drug use.

The interpersonal involvement and work with families provide FDS with an invaluable insight into the issues and needs of families dealing with a family member (or members) that have problematic AOD use. The information they provide informs developments and additions to the FDS suite of services and programs and always ensures the relevance and effectiveness of our services.

Cultural Diversity and Inclusion

FDS engages and provides services to people from a wide range of backgrounds, cultures, locations, socio-economic statuses, and with a wide range of mental, physical and behavioural issues. As the only national AOD family service FDS is experienced in delivering services and support to a mix of families with varying degrees of complexities. Our services are accessed by people with high needs and often in areas where there are few if any services available for their specific needs. Our outreach model to families and after hours availability ensures the highest level of access possible for families regardless of their location or conditions. FDS is also committed to providing culturally safe programs and regularly engages and liaises with LGBTI and CALD organisations to improve its reach and access to these communities. FDS recognises that families can take on many arrangements and are a part of all cultures. FDS has many Indigenous, CALD, LGBTI, rural, regional, urban and disabled community members as volunteers and as recipients of FDS services. In short, FDS welcomes all people and families from any race, religion, sexual preference or culture, we provide a non-discriminatory and inclusive service.

Collaboration/Coordination with Health Service Providers

As a service provider, FDS works with a number of disciplines in the health and welfare sectors to ensure it is equipped with new knowledge and information in this important area of alcohol and other drug services. Accordingly, FDS is committed to also working in collaboration with a number of services in the ACT region, and in particular alcohol and other drug services. The FDS model of family counselling and therapy will provide important referral and liaison services for the broader human services sector, but with a particular emphasis on primary health and other health care service providers. As described earlier, the FDS model is also founded on a commitment to work

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with other health and welfare service providers involved with the family to ensure the family is receiving consistent advice and assistance for positive outcomes.

It should be noted that many broader human services and health practitioners often have clients with alcohol and other drug problems but limited opportunities to engage specialist alcohol and other drug family assistance and support for their clients. If the FDS proposal is successful, it will provide a real opportunity for continued care across and with a range of service providers, which will ensure greater collaboration and co-ordination.

FDS Services and Programs

Our mission is to assist families throughout Australia to deal with drug issues in a way that strengthens relationships and achieves positive outcomes. We aim to assist in any way possible to empower families to cope with the realisation of their situation and better cope as a family. FDS is also driven by its principle of delivering services for families that are evidence based, reduce harm, and are inclusiveness, non-discriminatory and non-judgemental.

Bereavement Services

Supporting people through bereavement has always been a priority at Family Drug support. FDS continues to provide limited bereavement counselling to families.

Stepping Stones

Stepping Stones is Family Drug Support's flagship and award winning program for families and friends of dependent and problematic alcohol and drug users. The course is scheduled for 2 weekends consisting of 4 full days. It is a psycho-educational and experiential presentation that aims to make family members more resilient and better able to cope. By increasing coping skills and self-awareness, the relationships with the user and family members and relationships between family members are strengthened. Stepping Stones is an academic publication in conjunction with UNSW and Argyle Research. The Journal Entry is titled 'Coping with Problematic Drug Use in the Family: An Evaluation of the Stepping Stones Program'. Stepping Stones has been awarded Gold Level by the Institute of Group Leaders, a Network of Alcohol and other Drugs Agencies (NADA) Award finalist for Excellence in Research and Evaluation and an Australian National Council on Drugs (ANCD) Award winner for Excellence in Prevention & Community Education.

FDS would expect to provide a minimum of 2 courses per annum.

Stepping Forward

Stepping Forward delivers useful information and support and will appeal to a wider audience. The emphasis is on straight forward language, reality based information and useful interaction. There are currently 3 x 2 hour sessions on offer. Sessions can be presented alone or as part of a series. Each session is designed to provide participants with something of value without having to

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attend all sessions. There are three sessions offered include the modules 'Stages of Change & Balancing Pole', 'Alcohol and Other Drug Information' and 'Effective Communication'.

FDS would expect to provide regular sessions on a bi-monthly basis across the ACT region.

Support Groups

Support groups continue to provide a mainstay of ongoing support to family members. These groups are run on a weekly or fortnightly basis by trained facilitators. Referrals of family members come from the FDS support phone line, through AOD treatment services or through the Stepping Forward and Stepping Stones programs and word of mouth.

FDS would expect to establish a fortnightly group at a minimum of one location in the ACT region.

Bridging the Divide (BtD)

The BtD team continues to work closely with a wide range of drug and alcohol, educational and community services agencies to promote awareness about the impacts on families of problematic drug use, family inclusivity and the services that FDS provides to support families. Broadening the scope of the BtD work has been really important in reaching more families as most people with problematic drug use are not in treatment.

This service will be offered to AOD treatment services across the ACT region.

National Telephone Line

FDS operates a 24/7 telephone support line for families anywhere in Australia affected by problematic AOD misuse. Over 30,000 calls are received each year.

Volunteering

Volunteer training and public speaking engagements are also provided.

FDS would expect a minimum of 2 volunteer training sessions and 1 support group facilitator training per annum. FDS would also provide regular information and education updates for the ACT volunteers.

Engaging with Families

This service aims to increase families coping skills and communication through workshops that explore how to engage within families to establish a better understanding of the situations and experiences in relation to problematic use of alcohol and other drugs (AOD) in the family unit. The workshop focuses on understanding and identifying what individual triggers, assumptions and biases are existent. There is evidence that where family support is provided, better outcomes are achieved as the family is a key resource in harm avoidance and treatment effectiveness strategies. The workshop assists in defining the family unit and the different types of how people access support and defines members' perceptions, experiences, challenges and fears. The workshop



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identifies what are the needs of families in their unique circumstances, what are their expectations and the stages of change and life balance within the family unit.

FDS would aim to deliver a minimum of 1 workshop per annum in the ACT region.

Awards

[REDACTED] has received many national and international awards and accolades including:-

- 2016 NSW Government Outstanding Contribution Award
- 2009 Finalist NSW Senior Australia of the Year
- 2008 Prime Minister Award for Outstanding Contribution in the Drug and Alcohol Field
- 2006 Australian Humanitarian Association – Humanitarian of the Year
- 2005 Order of Australia Medal
- 2004 International Harm Reduction Association – National Rolleston Award
- 2001 Overall Individual Award for Contribution to the Field of Alcohol and Drugs

Compliance

FDS agrees to comply and participate with all current ACT policies and processes for the AOD services we provide. FDS has maintained accreditation since the year 2000 with the Australian Council on Healthcare Standards (ACHS) and all our programs and support information are carefully researched to ensure they are evidence based. Annual reports, regular reviews and evaluations of services are completed to keep on track with appropriate and high quality service delivery. Completion of these reports and reviews enables us to improve our services continuously. FDS is currently accredited as a result of the latest 3-year review that was recently completed by ACHS. This accreditation gives confidence to both funders and clients that the standards and operational procedures and policies under which FDS operates are of the highest standard.

Membership

FDS is a current member of Alcohol Tobacco and Other Drug Association ACT (ATODA), Network of Alcohol and other Drugs Agencies (NADA), South Australian Network of Drug and Alcohol Services (SANDAS), Queensland Network of Alcohol and Other Drug Agencies (QNADA), Alcohol & Drug Foundation (ADF), Mental Health Coordinating Council (MHCC), NSW Council of Social Services (NCOSS), Australian Council of Social Services (ACOSS) and ACT Council of Social Services (ACTCOSS)

Start-up Process and Management

To attract a substantial client base, FDS will actively seek referrals from a range of service providers and practitioners in the ACT region. FDS will also promote its services through local media outlets and relevant family networks to ensure families not engaged with any other service providers are also aware of the opportunity to access its services. FDS staff will also actively participate in inter-agency networks to ensure all relevant services are aware of the services FDS

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provides in the ACT region. FDS will employ an assessment procedure for every family or person requesting FDS services or are referred to our service. This is to ensure the appropriateness of the FDS service for that client and if not, to ascertain whether a more appropriate service would be accessible and available.

As a service provider, FDS works with a number of disciplines in the health and welfare sectors to ensure it is aware of new knowledge and information in this important area of work. Accordingly, FDS is committed to also working in collaboration with a number of services in the ACT region, and in particular AOD services. In regard to supporting service integration, FDS adopts a case management approach to our counselling and therapy work with families, which encourages communication and co-ordination in the work being undertaken with families and individual members.

Achieving Health and Well-Being Outcomes

FDS aims to continue providing families with the information, knowledge and skills required to help manage AOD use in the family. Increased understanding often provides less stress, better mental health and greater likelihood of earlier entry into treatment for the family member with the AOD use problem. The FDS counselling and family therapy service will increase the overall level of individual and family health and well-being, which over time will also increase the overall level of health and well-being across the wider community.

To measure these outcomes, FDS will collect baseline data at a client and family level with a view to collecting data at set intervals on the changes in health and well-being of our clients.

The target groups for the ACT region includes:

- Families experiencing AOD problems
- Families with members that recently completed or are participating in treatment programs

Some of the outcomes FDS would expect include:

- Families experiencing AOD problems having access to counselling and support services within the ACT region
- Effective engagement with program target group across the ACT region
- Reduced health and social problems for families utilising the ACT region
- Improved health and social outcomes of families utilising the ACT region
- Reduction in the alcohol and other drug related harms



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Budget

The funding for a specialist FDS Project Officer to deliver AOD services to families and communities across the ACT region is based on a recognised salary of \$115,000 per annum (excluding on costs). It is estimated that the FDS Project Officer will be required to work at 0.8FTE rate and require some dedicated resourced to operate effectively. The position may be housed within an existing service to minimise rent and other office costs. The FDS Project Officer will be responsible to FDS Head Office and will operate under FDS insurances.

Annual Budget – Year One

| Budget Line Item | Value (\$ ex GST) | GST Component | Value (\$ inc GST) |
|--|-------------------|-----------------|--------------------|
| Salaries & Wages & On Costs (11%) | \$102,120 | \$10,212 | \$112,332 |
| Office Costs | \$6,000 | \$600 | \$6,600 |
| Travel & Accommodation | \$7,000 | \$700 | \$7,700 |
| IT Expenses incl Laptop, Printer & Projector | \$5,000 | \$500 | \$5,500 |
| Postage, Printing, Stationery & Resources | \$2,000 | \$200 | \$2,200 |
| Phone Expenses | \$2,000 | \$200 | \$2,200 |
| Head Office Administration/HR | \$10,000 | \$1,000 | \$5,500 |
| Meetings & Events incl Venue Hire | \$6,000 | \$600 | \$6,600 |
| Motor Vehicle | \$12,000 | \$1,200 | \$12,100 |
| Insurances | \$3,000 | \$300 | \$1,100 |
| TOTAL | \$155,120 | \$15,512 | \$170,632 |

FDS will contribute the amount of \$5,120 ex GST in-kind to the Year One budget which brings the budget request to \$150,000 (ex GST)

Included below are the 2nd & 3rd year budgets which have factored in an annual CPI rate of 03%

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Annual Budget – Year Two

| Budget Line Item | Value (\$ ex GST) | GST Component | Value (\$ inc GST) |
|--|--------------------|--------------------|---------------------|
| Salaries & Wages & On Costs (11%) | \$105,183.6 | \$10,518.36 | \$115,701.96 |
| Office Costs | \$6,180 | \$618 | \$6,798 |
| Travel & Accommodation | \$7,210 | \$721 | \$7,931 |
| IT Expenses incl Laptop, Printer & Projector | \$5,150 | \$515 | \$5,665 |
| Postage, Printing, Stationery & Resources | \$2,060 | \$206 | \$2,266 |
| Phone Expenses | \$2,060 | \$206 | \$2,266 |
| Head Office Administration/HR | \$10,300 | \$1,030 | \$11,330 |
| Meetings & Events incl Venue Hire | \$6,180 | \$618 | \$6,798 |
| Motor Vehicle | \$12,360 | \$1,236 | \$13,596 |
| Insurances | \$3,090 | \$309 | \$3,399 |
| TOTAL | \$159,773.6 | \$15,977.36 | \$175,750.96 |

FDS will contribute the amount of \$5,273.60 ex GST in-kind to the Year Two budget

Annual Budget – Year Three

| Budget Line Item | Value (\$ ex GST) | GST Component | Value (\$ inc GST) |
|--|---------------------|--------------------|---------------------|
| Salaries & Wages & On Costs (11%) | \$108,339.11 | \$10,833.91 | \$119,173.02 |
| Office Costs | \$6,365.4 | \$636.54 | \$7,001.94 |
| Travel & Accommodation | \$7,426.3 | \$742.63 | \$8,168.93 |
| IT Expenses incl Laptop, Printer & Projector | \$5,304.5 | \$530.45 | \$5,834.95 |
| Postage, Printing, Stationery & Resources | \$2,121.8 | \$212.18 | \$2,333.98 |
| Phone Expenses | \$2,121.8 | \$212.18 | \$2,333.98 |
| Head Office Administration/HR | \$10,609 | \$1,060.9 | \$11,669.9 |
| Meetings & Events incl Venue Hire | \$6,365.4 | \$636.54 | \$7,001.94 |
| Motor Vehicle | \$12,730.8 | \$1,273.08 | \$14,003.88 |
| Insurances | \$3,182.7 | \$318.27 | \$3,500.97 |
| TOTAL | \$164,566.81 | \$16,456.68 | \$181,023.49 |

FDS will contribute the amount of \$5,431.81 ex GST in-kind to the Year Three budget

Total budget request to be provided over 3 years is a rounded amount of \$510,000 (inc GST).

This amount excludes the FDS in-kind contribution of \$17,407.98 (incl GST)

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Coping with problematic drug use in the family: An evaluation of the Stepping Stones program

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Abstract

Introduction and Aims. Problematic substance use by an individual is often highly destructive to their family, creating emotional turmoil and destroying healthy family functioning. The aim of this study was to evaluate the impact of participation in the Stepping Stones family support program on the coping capacity of family members affected by another's substance use. **Design and Methods.** A pre and post study of the Stepping Stones intervention for families was conducted, involving 108 participants recruited from March 2013 to March 2014. **Results.** Significant improvement in coping across all domains was observed post course and at follow up on both outcome measures (Coping Questionnaire and the Family Drug Support Questionnaire). Improvements for participants were either increased or sustained at 3 months follow up. Participants recorded high satisfaction ratings. **Discussion and Conclusions.** The findings from this study demonstrate that participation in the Stepping Stones program assists family members to cope better with problematic substance use of a family member, as indicated by reductions in negative coping strategies, such as over-engagement, making excuses for the drug user or hopelessly tolerating the problem, and improvements in positive coping strategies such as self-care and engagement with their own activities and interests. [Gethin A, Trimmingham T, Chang T, Farrell M, Ross J. Coping with problematic drug use in the family: An evaluation of the Stepping Stones program. *Drug Alcohol Rev* 2015;***•••••]

Key words: program evaluation, family, drug use, social support.

Introduction and aims

Problematic drug or alcohol use places a great strain on families, and family members typically experience disruption, chronic stress, excessive worry and poor psychological adjustment [1–3]. In the initial stages, denial of the problem by family members is common. Then, once the problem is recognised, families tend to experience guilt, shame, anger, grief and isolation [4,5]; these emotions make coping difficult [6].

Chronic substance misuse can make family members fear both for own well-being and safety and for that of the substance user [7]. Withdrawn and secretive behaviour are common in the person using, as are aggression, intimidation and criminal activities [1,2,5]; substance misuse also places the individual at substantially

increased risk of accidents, injury, physical and mental illness and premature death [8].

Parents of adult substance misusers report profound loss and disappointment at the destruction of their children's careers and families [2,9]; some parents end up raising their grandchildren, while others lose all contact. Siblings report feelings of anger, isolation and neglect, as the families' energies focus on the drug user [9]. Physical and mental health problems in family members are common, with chronic stress identified as the likely underlying causal mechanism [6,10].

Providing information and emotional and practical support has been shown to improve family well-being and coping [11,12]. Despite the need for family support there are few options available, and limited studies of the efficacy of these existing interventions [13,14].

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Ways of coping with another's substance misuse

When confronted with problematic drug or alcohol use, families try to cope using a range of typical strategies including 'denial and aggression to helplessness and total involvement' [15]. Orford and colleagues identified a range of mostly negative family coping strategies, which they classified as: 'engaged', 'tolerant' and 'withdrawal' [16–18]. These strategies are generally negative as they are stressful, emotionally draining, and unlikely to have any positive impact.

Engaged coping refers to high involvement with the drug user, for example, constantly expressing disapproval, or continually pleading with them to seek treatment. Tolerant coping may be 'active' where, for example, excuses are made for the drug user, or 'inactive', such as when a person feels hopeless and that there is nothing they can do to change things. The latter, inactive tolerant coping, is particularly associated with greater strain [19,20], worse psychological functioning [21] and poorer health outcomes [17]. Withdrawal coping involves both negative and positive strategies, being potentially negative, for example, when there is a preoccupation with avoiding or keeping out of the way of the drug user, or positive, for example, where a person shifts their focus to their own activities.

Reflective of the strategies used by family members, Copello *et al.* [12] identified three types of supportive interventions for affected families. These include interventions that aim to engage the substance user with treatment, those that work with the family and substance user together, and those that focus on the needs of the family member in their own right [12]. The third type of intervention, where the family is central, is the least available. Indeed, nearly all drug-related treatment is aimed at helping the substance user [22].

The impact of drug use on families remains a hidden problem, as the dearth of family focused interventions suggests. Reviews of interventions aimed at helping family members have found that family support results in more positive coping strategies, and improved psychological functioning [10,12].

Stepping Stones, the focus of the current study, is directed solely at the needs of families. This approach is advantageous as it is an explicit recognition of the specific needs of family members and the adverse impact on them of the substance problem. It is also advantageous, in that it is not contingent on the cooperation of the substance user, and can be obtained even when the substance user is antagonistic, estranged, in residential treatment, in prison or deceased.

The Stepping Stones program

The content of Stepping Stones was originally developed by Tony Trimmingham, the CEO and founder of Family Drug Support (FDS), a national charity and provider of support services to families affected by problematic substance use. Trimmingham started this work in 1997 following the trauma of his own son's addiction to heroin and death from an overdose. At this time, there were virtually no support services for families struggling with the impact of drug use. Originally a couples therapist, Trimmingham observed that people coping with substance use in the family go through the same stages as those recovering from marriage breakdown, moving from denial, emotional turmoil, trying to control the situation, and chaos, then through to hope and recovery [5]. He collaborated with two drug and alcohol colleagues Claudia Houarou and Jon Rose to develop the 'stages of change' model. This model originally appeared in the FDS resource 'A Guide to Coping' in 1998 [23], and was subsequently developed by Trimmingham into the Stepping Stones model.

Stepping Stones is primarily designed for people who have been dealing with another's chronic long-term addiction; around 90% of participants are parents of adult children, with an average age around 50, of which approximately two-thirds are mothers. Partners, siblings, adult children, grandparents and friends comprise the balance. Recently there has been an increase in participation by partners of newly retired men, where retirement is accompanied by substantially increased alcohol or marijuana use.

Stepping Stones combines information sessions, participant sharing, experiential learning and group work. It aims to support the development of effective coping, and a more hopeful and enjoyable life regardless of the substance user's actions. Participants identify the stage they are at, and share their expertise, experiences and emotional responses. This process helps them to understand the typical stages families experience, and that their feelings are normal.

The question of why people become addicted to drugs is explored, and the facilitator explains the realities of addiction, treatment and relapse. Issues of responsibility for the substance user are then critically examined, and the group discusses the usual approaches families take: hardline (including threats and ultimatums) or over-responsible (including obsessing, rescuing and protecting) approaches. The ineffectiveness and self-destructiveness of these approaches are examined, and a more empowering, and effective model of responsibility is developed. Participants are helped to develop skills of letting go, setting firm boundaries, and clear communication.

Effective coping and support strategies are discussed. An important concept is that of 'the balance pole': the activities and relationships that help a person maintain their own identity and cope with a difficult situation. As this 'pole' is typically 'dropped' when families focus on the drug problem [24], participants identify what has sustained them in the past, and are encouraged to reconnect and re-engage with activities and relationships.

Learning resources include the program workbook [24] and the Family Drug Support program Questionnaire (FDSQ). The workbook contains the information provided by the course leader, activities and exercises; participants take the workbook to support knowledge and skill consolidation. The FDSQ is completed at the start and end of the program. Participants are mailed their pre and post scores along with comments from the facilitator to show how they have improved and areas where additional focus might be helpful.

Stepping Stones has run 140 times between 2001 and 2014, involving over 1400 family members as participants. The program duration is 27 h, most usually over two weekends, or alternatively, as 9 weekly 3 h sessions.

The aim of this study was to evaluate the impact of participation in the Stepping Stones workshop on family member coping strategies and negative emotions.

Method

Participants and recruitment

The study was conducted between March 2013 and March 2014. Participants registering for a Stepping Stones 'two-weekend' workshop were invited to participate in the study. The 10 workshops were conducted in New South Wales, Queensland and Victoria. Of the 111 people registered in the workshops, 108 agreed to participate in the evaluation.

Outcome measures

The main outcome measures used to assess family member coping were the Coping Questionnaire (CQ) [18], and the FDSQ. In addition, the Client Satisfaction Questionnaire (CSQ-8) [25] was used as a client satisfaction measure.

The study involved pre-testing participants on the CQ and re-testing at 3 months follow up to assess changes on measures of coping; the FDSQ was administered at the start of the Stepping Stones program, and at the end of the program, and at 3 month follow up. The FDSQ was also administered to a group of 48

participants when registering for the course. This group had at least 6 weeks to wait before being able to attend a course; all went on to complete the program and evaluation study. The CSQ-8 was administered immediately post course.

The Coping Questionnaire

This questionnaire asks family members about their responses to their relative's drug or alcohol consumption, and asks 30 specific questions about their coping actions over the previous 3 months [18]. Coping actions relate to the three scales of Engaged, Tolerant and Withdrawal coping. For each question, respondents are given four options as to how often they acted particular ways in the 3 months: 'no', 'once or twice', 'sometimes' and 'often', with responses scored at 0, 1, 2 and 3, respectively.

Scores can range between 0 and 90, and a lower overall score, and lower scores on the Engaged and Tolerant subscales generally indicate fewer symptoms (such as feeling anxious or frightened), less negative coping (e.g. cleaning up after the drug user, secrecy) and fewer negative incidents in the family [16,17]. The Withdrawal subscale is more complex as it includes items of positive coping, such as pursuing one's own interests; thus this subscale tends to increase as coping improves.

Support for the validity of the CQ has been provided from a number of sources. Consistent means and standard deviations have been observed across populations undertaking the CQ [18], and higher negative coping scores have been correlated with poorer health outcomes, also across a range of settings [11,17]. Evidence for the discriminant validity for the CQ subscales has been provided in that differences in subscales vary in expected directions, for example by subcultural group (i.e. wives in some cultural groups show higher tolerant-inactive coping), relationship to drug user (parents show less withdrawal or tolerant coping), or by degree of the family member's addiction. The CQ measure has also demonstrated sensitivity to change following interventions to help families cope more effectively [6,20], and has good internal reliability ($\alpha = 0.85$) [18].

The Family Drug Support program Questionnaire

The FDSQ is designed to measure changes in coping across seven domains (anger, boundary, control, denial, family, self-esteem and trust). It includes 28 statements with four survey items relating to each domain. Scoring is on a 5-point scale from 'usually' through to 'never'; and a score of between 4 and 20 is given for each domain, with an overall coping score calculated

between 28 and 140. Examples of statements in the FDSQ include: 'I often hide the drug user's activities from family and friends'; 'I feel like unloading my anger on the drug user'; 'I need to take responsibility for the drug user as they are not capable of managing day-to-day affairs and drug treatment'; 'My personal space is respected by the drug user.'

Low domain scores indicate that a person is struggling with particular issues (e.g. feeling constantly angry, or hiding the problem); higher scores indicate more positive coping. An overall low score suggests negative coping across several domains, whereas a high overall score, that a person is coping more positively. The FDSQ has good internal reliability ($\alpha = 0.82$).

The FDSQ differs from the CQ in a number of respects, apart from the scoring direction and the number and nature of subscales. It includes for example, questions about a person's self-esteem and about how angry a person is feeling, neither of which are in the CQ. Even so, at baseline, there was a moderate negative correlation between scores on the FDSQ and CQ, $r = -0.42$, $P < 0.0001$. There was also a correlation between the two most similar subscales ('Tolerant' from the CQ and combined 'Boundary' and 'Family' from the FDSQ) $r = -0.49$, $P < 0.0001$. The other subscale correlations were small or non-significant.

The CSQ

This questionnaire is an 8-item scale designed to measure and assess client satisfaction with health and human services. Scores range from 8 to 32, with higher score indicating higher satisfaction. The CSQ-8 is documented to have excellent reliability and internal consistency ($\alpha = 0.92$) [25].

Procedure

The research was undertaken by Gethin, an independent evaluator (Argyle Research). The CQ was self-administered at the start of Stepping Stones along with information and consent forms, and then at 3 months follow up via a mailed survey. Participants completed the FDSQ at the start and end of the program, and at 3 months follow up; registering participants who had at least 6 weeks to wait prior to the program also completed the FDSQ at registration. Participants completed the CSQ 8 immediately post course.

All surveys were pre-coded, with each participant given a unique code to ensure confidentiality. Completed surveys were de-identified and returned to the independent evaluator for data entry and analysis.

Data analysis

Data were analysed using the statistical package IBM SPSS, V21 Grad Pack. Changes in mean scores across time were significance tested using the paired samples *t*-test; effect sizes were assessed using Cohen's *d* [26].

Response rates

On the primary outcome measure, the CQ, 96 participants completed the survey, with 70 responses at follow up, giving a 73% response rate. The FDSQ was completed by 108 participants, pre and post course, with 73 responses at follow up, giving a response rate of 67%. The FDSQ was also completed by 49 of the 108 participants at registration (all of whom had a least a 6 week wait to undertake a Stepping Stones workshop).

Participants followed up at 3 months were compared with those lost to follow up, in terms of gender, relationship to the drug user and baseline CQ and FDSQ scores. No significant differences were found between the groups.

Ethics

All relevant ethical safeguards were met in relation to this study, and the research was approved by the Human Research Ethics Committee of the University of New South Wales.

Results

Sample characteristics

There were 108 participants in the study, primarily parents (94%), most of whom were mothers (74% of course participants were women). The remainder of participants included partners, siblings and one friend. Some participants were in more than one category (Table 1).

Table 1. Participant characteristics

| | <i>n</i> = 108 | % |
|---------------------------|----------------|----|
| Gender | | |
| Female | 79 | 73 |
| Male | 29 | 27 |
| Relationship to drug user | | |
| Parents | 101 | 94 |
| Siblings | 5 | 5 |
| Partner | 3 | 3 |
| Friend | 1 | 1 |

Some participants were in more than one category (e.g. if there was more than one drug user in the family).

Around half the participants had a substance using relative who still lived at home, with one-third of drug users living in their own place; the remainder lived in a variety of situations with 6% in rehabilitation at the time of the study (Table 2).

Although data about drug use was not formally collected, course leaders reported that alcohol and marijuana were the most common drugs of concern, affecting around two-thirds of families. Methamphetamine (ice) was the next most common, with around 20% of families affected.

Coping

The CQ, which asks about coping actions over the previous 3 months, showed a significant reduction in negative coping actions at follow up. Participants also showed improvements in coping on the FDSQ immediately after completing Stepping Stones, with further

improvements observed at follow up. All improvements were significant ($P < 0.0001$) (Table 3).

Scores on the two CQ coping subscales that measure negative coping (engaged coping, tolerant coping) showed significant decreases from pre course to 3 month follow up (Table 4), while the withdrawal coping subscale, which also measures positive coping, showed a significant increase.

In terms of effect size (Cohen's d), changes in scores on the CQ between pre course and 3 month follow up were in the 'moderate' category. For the FDSQ, there were additional significant small improvements in questionnaire scores from immediate post course to 3 month follow up (Table 3).

Participants on the course waiting list showed no change in coping scores on the FDSQ between registering for the course ($n = 49$, $M = 59.26$, standard deviation (SD) = 15.4) and commencing the course 6–12 weeks later ($n = 49$, $M = 57.55$, $SD = 15.1$, not significant).

The mean satisfaction score given by participants ($n = 101$) on the CSQ-8 was 30.24.

Table 2. Residential location of the drug user

| | $n = 108$ | % |
|-------------------|-----------|----|
| At home | 54 | 50 |
| With other parent | 4 | 4 |
| Own place | 37 | 34 |
| Street/unknown | 3 | 3 |
| Rehabilitation | 7 | 6 |
| Not stated | 3 | 3 |

Discussion

This study found that participation in the Stepping Stones program led to a reduction in negative coping and an increase in positive coping. After completing Stepping Stones participants were less likely to be overly engaged with the drug user, or to be hopelessly tolerating the problem; they were more likely to have actively withdrawn and be pursuing their own interests.

Table 3. Comparison of waitlist, pre-post intervention and follow-up coping scores on FDSQ and CQ*

| | Pre course | | Post course | | 3 month follow up | |
|-----------|-----------------------------|-----------------------------|-------------|-----|----------------------------|---------|
| | Score | | Score | P | Score | P |
| CQ (SD) | 34.70 (13.91) ($n = 96$) | — | — | — | 27.36 (13.17) ($n = 70$) | <0.0001 |
| FDSQ (SD) | 56.93 (14.23) ($n = 108$) | 69.73 (12.65) ($n = 108$) | <0.0001 | | 75.15 (13.23) ($n = 73$) | <0.0001 |
| | | | | | | d |
| | | | | | | 0.54 |
| | | | | | | 0.42 |

*Improved coping is indicated by decreasing scores on the CQ and increasing scores on the FDSQ. CQ, Coping Questionnaire; FDSQ, Family Drug Support program questionnaire; SD, standard deviation.

Table 4. Comparison of Coping Questionnaire subscales pre course and at follow up (P values)

| | Pre ($n = 70$) Mean (SD) | Follow up ($n = 70$) Mean (SD) | P |
|-------------------|-------------------------------|-------------------------------------|--------|
| Engaged coping | 13.77 (8.99) | 9.69 (8.24) | 0.0059 |
| Tolerant coping | 9.57 (5.36) | 6.56 (4.14) | 0.0003 |
| Withdrawal coping | 12.76 (4.32) | 13.87 (3.99) | 0.040 |

SD, standard deviation.

In terms of specific behaviour changes, these results reflect over-engagement, such as pleading with the substance user to stop or constantly monitoring activities. They also reflect improved personal boundaries, such as being less likely to lend the drug user money or make excuses for them. Denial behaviours were also reduced, such as hiding the substance misuse from friends. Participants were more likely to be focusing on doing what they enjoyed rather than the substance problem.

Emotionally, participants were less likely to report feeling hopeless, frightened, or angry, and more likely to report positive feelings of self-worth, and that they were dealing with anger and stress more effectively.

The study also shows that the improvements in coping and well-being were sustained and continued to increase moderately over time. This suggests that Stepping Stones helps people get on with their own lives, and cease being stuck in angry or hopeless feelings, denial or obsessive focus on the substance problem.

These findings support those of the existing literature that family focused interventions effectively improve coping and well-being in the family members of problematic substance users [11,13,20]. The findings extend the literature given the sparseness of intervention effectiveness studies. In the Australian context, this is only the second study of a family intervention using a validated outcome measure, and the first study of an intervention designed for families affected by long-term substance misuse (rather than parents of teenagers [13]).

Stepping Stones is an intervention that is highly acceptable to participants, with very low course dropout and high-quality ratings. The mean CSQ-8 score for Stepping Stones (30.2) is similar to that found for other types of support programs [27], for example, an outreach mental health service ($M = 29.6$) [28], and an Australian cannabis helpline ($M = 28.2$) [29].

It has been estimated that the misuse of alcohol and drugs costs Australian society is over \$23 billion a year, of which an unknown proportion is 'intangible social costs' [22]. Part of this intangible cost burden is that borne by families, and includes the costs of family breakdown and health problems for family members. Thus, having effective family support interventions is an important step in beginning to reduce secondary harms and costs.

The strengths of this study included the use of two measures to assess changes in participant coping, and the use of data from those waiting at least 6 weeks to undertake the course. This study design means that the findings of change in coping are more likely to be valid: the CQ has previously been validated across a range of settings [12]; changes were observed on both measures, and no changes in coping were observed in waiting participants.

The limitations of the study included the use of the unvalidated FDSQ, self-report measures, and the self-completion of follow-up questionnaires that potentially reduced the follow-up rate.

Conclusion

This evaluation of the Stepping Stones course indicates that the course is likely to help family members to cope more effectively with long-term substance misuse in the family, and that improvements in coping and well-being are likely to be sustained over time. This is an important indication, given the depth and volume of secondary harms caused by problematic drug use in Australia and the current lack of evidence based interventions for Australian families. Stepping Stones appears to be an effective intervention and provides a much needed family support referral for health professionals, counselling services and drug treatment services.

Acknowledgements

We acknowledge the invaluable assistance of clinical psychologist, Tony Merritt (MAPS) in the initial development of the FDSQ. This study was funded by a grant from the NSW Mental Health and Drug and Alcohol Office, \$40 000. Family Drug Support has received some small grants for its operations from the Community Benefit Funding Programs, which distributes revenue from gaming taxes to community organisations.

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Supporting information

Additional Supporting Information may be found in the online version of this article at the publisher's website:

- Appendix S1.** Adjustment to Drugs Questionnaire.
Appendix S2. Sources of additional information about the Stepping Stones programme.



Family Drug Support
 PO BOX 7363
 LEURA NSW 2780

19 March 2018

RE: Reference Letter for Family Drug Support

To Whom It May Concern,

Odyssey House NSW and Family Drug Support have prospered a close working relationship for over 15 years. This includes Odyssey House providing premises for family groups run by Family Drug Support and cross referrals. We foresee this affiliation continuing well into the future.

Until Family Drug Support was formed in 1997, there was no support for families experiencing problematic drug or alcohol use in Australia, apart from the traditional 12 step programs. Family Drug Support's services have assisted many families and communities in coping better with alcohol and drug misuse by providing much needed support services, information and empathy.

Odyssey House and Family Drug Support staff have worked together in many community forums to provide information to families, people with a substance misuse problem and other service providers about our services. These presentations have highlighted the importance of the partnership between our organisations to provide support and better outcomes for both the person with substance misuse problems and their family.

Yours sincerely,



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Emeritus Professor Ian W Webster AO
Post Office Box 69
Lindfield, NSW, 2070
Thursday, 15 March 2018

Family Drug Support
PO Box 7363
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To whom it may concern,

Support for Family Drug Support

I have greatly admired Family Drug Support (FDS) since its establishment in 1997 by Mr. Tony Trimmingham.

Significantly, 1997 was the year in which the suicide rates in young Australians peaked and I was involved in national suicide prevention strategies. The loss experienced, and the grief, felt when a family member dies from an overdose has much in common with the emotional turmoil when a young person takes their own life.

I have attended some remarkable memorial services organised by FDS.

I vividly recall one service at the Uniting Church in Ashfield. The church hall was packed with family groups. I watched them look around cautiously to see people like themselves - bereaved by the loss of son, a daughter or other family member from a drug overdose. They were not alone. There were people just like them who had had this happen to them. They too were dealing with the unanswered questions and tragedy. There was no shame in here.

There were police officers in the back rows. As the Reverend Bill Crews and a Catholic priest conducted the service, everyone came forward - police officers, parents and children – together, to light a candle in memory of someone who had died from a drug overdose.

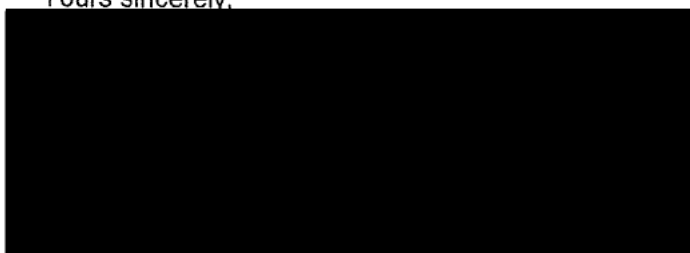
To me, these memorial services around Australia are emblematic of the humanity and care which characterise the organisation's outreach to troubled families.

As a physician, I provide health care for people with alcohol and drug problems and for homeless people. In the course of this work I have often needed to find an organisation to support and help parents dealing with addiction in the family. There are none, other than FDS, to whom could readily refer, and to know that they are willing and capable of appropriate and trustworthy support to families in trouble.


At another level, at national and state forums on drug and alcohol problems, FDS has so often been present to bring front-line and family experience to bear on drug and mental health policies. An invaluable contribution, widely appreciated and again, humanising.

I started this letter by expressing my admiration for FDS; it has my strongest support and will continue to do so, well into the future.

Yours sincerely,



Consultant Physician and Professor of Public Health and Community Medicine



The Salvation Army
Australia Eastern Territory



Family Drug Support
PO BOX 7363
LEURA NSW 2780

15 March 2018

RE: REFERENCE LETTER FOR FAMILY DRUG SUPPORT

To Whom It May Concern,

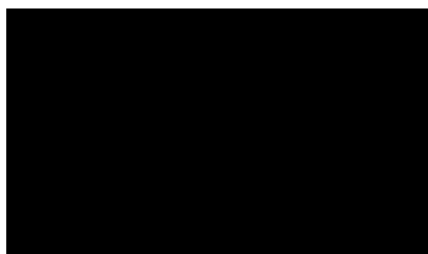
The Salvation Army Recovery Services and Family Drug Support have always prospered a close working relationship for ten years, which includes cross referrals and we foresee this affiliation continuing well into the future.

Until Family Drug Support was formed in 1997, there was no support for families experiencing problematic drug or alcohol use in Australia, apart from the traditional 12 step programs. Family Drug Support's services have assisted many families and communities in coping better with alcohol and drug misuse by providing much needed support services, information and empathy.

The collaborative nature of Family Drug Support as an organisation and at the staff level has ensured that the families of people that engage with our alcohol and drugs service are also provided with timely and relevant support for their needs and to enable them to better support their family when they re-join the family after treatment.

Family Drug Support provides a vital and valuable service to the community and families that also has benefits for those in treatment.

Yours sincerely



Recovery Services
The Salvation Army

The Salvation Army - Social Program Department
Recovery Services
261 - 265 Chalmers St, Redfern NSW, 2016
(P.O. Box A435, Sydney South, NSW, 1235)
T (02) 9466 3577

salvos.org.au/recovery



15.3.18

To Whom It May Concern,

The Wayside Chapel and Family Drug Support have always prospered a close working relationship for well over twenty years, which includes cross referrals and we foresee this affiliation continuing well into the future. I've personally worked with the CEO of FDS for fifteen years.

Until Family Drug Support was formed in 1997, there was no support for families experiencing problematic drug or alcohol use in Australia, apart from the traditional 12 step programs. Family Drug Support's services have assisted many families and communities in coping better with alcohol and drug misuse by providing much needed support services, information and empathy.

The organisation has been a steady voice calling for policy to better serve people who struggle with addiction and their families. We owe a debt of thanks to this group as their work has saved many lives and made the unbearable, bearable for many hundreds of families who've parted with loved ones as a consequence of addiction.

Yours sincerely,



PATRON:
His Excellency General The Honourable
David Hurley AS DSC (Ret'd)
Governor of NSW

Pastor/CEO:
Rev Graham Long

CALL: 95819100
ABN : 88 125 771 587
ABN: 77 406 918 553 (Donations)

EMAIL: mail@thewaysidechapel.com
www.waysidechapel.org.au

Wayside Chapel Kings Cross:
29 Hughes Street Kings Cross NSW 2011
Wayside Chapel Bondi Beach:
77 & 95 Roscoe Street, Bondi Beach NSW 2026

PO Box 66 Potts Point NSW 1335

- 6 AUG 2018



Meegan Fitzharris MLA

Member for Yerrabi

Minister for Health and Wellbeing
 Minister for Transport and City Services
 Minister for Higher Education, Training and Research



Family Drug Support
 PO Box 7363
 LEURA NSW 2780

Dear 

Thank you for your letter of 5 April 2018 (received on 5 June 2018) seeking funding to provide in-person Family Drug Support Services in the ACT. I apologise for the delay in responding.

ACT Health is committed to delivering safe, effective person and family-centred care, and recognises that support for families affected by alcohol and drugs is a key part of this care.

Expanding Family Drug Support Services in the ACT could indeed enhance support for families with alcohol and other drug problems. Unfortunately funding is not available at this time to implement your proposed program.

However, I do urge you to explore other opportunities to fund your proposal. The ACT Government offers a range of grants which are detailed on the website, www.grants.act.gov.au This page includes links to grants offered by ACT Health through the ACT Health Promotion Grants Program. Additionally, community organisations can apply directly for funding via the annual budget consultation process. Submissions for the 2019-2020 financial year have not yet opened, but details of last year's process are at <https://www.budgetconsultation.act.gov.au/input-received>

Thank you again for your correspondence on this important issue. I commend you on the work of your organisation in supporting families dealing with this difficult issue.

Yours sincerely

Meegan Fitzharris MLA
 Minister for Health and Wellbeing

3/8/2018

AUSTRALIAN CAPITAL TERRITORY LEGISLATIVE ASSEMBLY

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MeeganFitzharrisMLA



MINISTERIAL BRIEF

Health Directorate

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To: Acting Minister for Health and Wellbeing Tracking No.: MIN18/651

From: Michael De'Ath, Interim Director-General, ACT Health

CC: Minister for Planning and Land Management
 Minister for Aboriginal and Torres Strait Islander Affairs
 Head of Service
 Director-General, Justice and Community Safety Directorate
 Director-General, Environment, Planning and Sustainable Development Directorate
 Director-General, Community Services Directorate
 Deputy Director-General, Policy and Cabinet, Chief Minister, Treasury and Economic Development Directorate

Subject: Ngunnawal Bush Healing Farm - Program intent and history

Critical Date: 17 July 2018

Critical Reason: To brief you ahead of a meeting with Directors-General and Ministers concerning the Ngunnawal Bush Healing Farm scheduled for 17 July 2018

- DG .../.../...

Recommendations

That you:

1. Note the information contained in this brief and attachments; and

Noted / Please Discuss

2. Agree to provide a copy of the brief and attachments to the Ministers and ACT Government Executives identified above under CC.

Agreed / Not Agreed / Please Discuss

Shane Rattenbury MLA

16, 7, 18

Minister's Office Feedback

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Background

1. The United Ngunnawal Elders Council (UNEC) have promoted the concept of the Ngunnawal Bush Healing Farm (NBHF) since 2002. As a result, the concept was identified by the local community for inclusion in the 2005 Council of Australian Governments (COAG) coordinated care trial for the ACT.
2. In November 2007, the ACT Government committed financial resources to the establishment of the service, including recurrent funding. In June 2008, the Commonwealth Government committed an additional \$1 million in funding towards the initiative.
3. In August 2008, the ACT Government purchased "Miowera", Block 241 Paddy's River Road, on the private market as the location of the NBHF.
4. Construction of the facility commenced in 2015, and the NBHF facility was formally handed over to ACT Health in December 2016.
5. The Minister for Health and Wellbeing officially opened the NBHF on 4 September 2017. The launch date coincided with Aunty Agnes Shea's 86th birthday. Client intake also formally commenced on this day.
6. Programs commenced at the NBHF on 14 November 2017.
7. A timeline of development of NBHF can be found at Attachment A.

Issues

8. The NBHF represents a new type of service for the ACT founded on services which reconnect Aboriginal and Torres Strait Islander people to land and culture, using participation in land management activities and programs, with the aim of assisting them to better respond to life challenges.
9. The NBHF service model is based on that of a Therapeutic Community, in which people voluntarily choose to enter an abstinence-based residential community for personal growth and rehabilitation. However, the service model has been adapted to reflect the cultural requirements of the ACT Aboriginal and Torres Strait Islander population.

Intent of the NBHF

10. There has been community speculation as to the original intent of the NBHF, however, the documented record is quite clear as to purposes and services of the NBHF as they have developed over time.
11. As noted above, the UNEC, motivated by the impact alcohol and drug addiction was having on their community, came together to promote the concept of healing and the NBHF. As a result UNEC developed the concept of the *Living Web*.

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12. The *Living Web* concept is an approach developed to address a range of cultural, social and economic issues which adversely affect the ACTs Aboriginal and Torres Strait Islander community, in partnership with a 'web' of supports services.
13. The *Living Web* has similarity to a range of outcomes frameworks which have been developed across ACT Government over time.
14. This model for the NBHF aligns with the *Living Web* concept developed by the UNEC to address a range of factors impacting on the health and wellbeing of Aboriginal and Torres Islander People.
15. The first phase of a Model of Care (MOC) was developed in 2010 which focused on an approach known as a Therapeutic Community. In this first phase it was noted: *The NBHF will be a holistic service, implementing culturally appropriate alcohol and other drug prevention and education programs.*
16. The *Therapeutic Community* MOC was further developed with stage two of the model. This second phase, developed in 2012 noted: *"The service model is based on that of a Therapeutic Community (TC), in which people voluntarily choose to enter abstinence based residential community for personal growth and rehabilitation, however it has been adapted to reflect the cultural requirements of the ACT Aboriginal and Torres Strait Islander population."*
17. In addition the model also noted: *"The NBHF is not an Alcohol and Other Drug (AOD) detoxification facility, a medical or clinical facility, or an aged care/respite facility."*
18. The MOC for the NBHF was used to inform both the physical design of the facility and for a Request for Proposal (RFP) for a service provider. A copy of this MOC is at Attachment B.
19. The Health Planning Unit Brief notes: *"The focus of the service will be a model of best practice for residential rehabilitation type services, targeted for clients, their families and the community. The program will include a strong focus on case management and equip clients with life skills (parenting, relationships), vocational education and training and ancillary programs that assist clients and their families develop personal and familial strategies for relapse prevention and management. To further ensure that abstinence is sustained, the community will be educated about their role in sustaining rehabilitation outcomes for their families and friends who have undergone rehabilitation."*
20. The RFP issued by ACT Health in 2015 notes: *The NBHF will be an eight-bed Aboriginal and Torres Strait Islander alcohol and other drug (AOD) holistic evidence-based residential rehabilitation service that will include a combination of programs that will focus on mind, body and spirit and actively engage the individual and significant others.*

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21. Section 4 of the RFP also created specific service exclusions, such as:
- a) Retrospective activities;
 - b) Acute health care or detoxification services;
 - c) Activities undertaken by political organisations; and
 - d) Activities that subsidise commercial activities.
22. In addition to the above sources on the purpose of the NBHF, another key indicator of its original intent and purpose was the submission provided by Ngunnawal Elder and NBHF Advisory Board Co-Chair, Ms Roslyn Brown, to a hearing of the ACT Civil and Administrative Tribunal (ACAT) in March 2014.
23. ACAT was hearing an appeal by local land holders on the approval of the Development Application (DA) for the farm. Ms Brown provided a submission on behalf of the NBHF Advisory board on the intent and purpose of the NBHF.
24. In this submission Ms Brown stated: *"a holistic centre in rural ACT to work with our youth, especially those 18-25 years old, away from the temptations of the city ... it will not be a place to detoxify or provide medical treatment for drug and alcohol addiction ... we will be working towards healing the mind, body and soul and opening a new world view for our youth ... there will be a strong focus on Aboriginal spirituality, culture and principles through recreational pursuits."*
25. Following the ACAT determination, in October 2014 the Minister for Planning, Mick Gentleman MLA, used his call in powers to approve the development. In justifying his decision the Minister stated:

"The farm will not be a place for medical treatment or to detoxify. Rather, it will be a place free of drugs and alcohol, with a strong focus on Aboriginal spirituality and culture. It will include a strong focus on agriculture and connection to the land."

26. In June 2017, the Minister for Health and Wellbeing confirmed this intent in a statement to the Legislative Assembly. The Minister stated:

The model seeks to understand the unique spiritual, physical, cultural, social, emotional and economic needs of people accessing the service. This is a fundamental shift in thinking in how to address alcohol and drug problems amongst Aboriginal and Torres Strait Islander peoples. Indeed, it has been noted in other contexts that this community-based healing approach is in contrast to the western approach to medicine which is focused on an individual and their disease.

We are not seeking to create a new form of alcohol and drug treatment. It is not and will not be an alternative to treatment. Rather, it is an additional step in a journey which seeks to cement a person's recovery from addiction and to provide them with the power to make new and more positive choices in their lives.

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