

2011

The Legislative Assembly for the  
Australian Capital Territory

Final Government Response to Recommendations in the Burnet Report

“External component of the evaluation of drug policies and services and  
their subsequent effects on prisoners and staff within the Alexander  
Maconochie Centre”

Presented by  
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## Introduction

On 7 April 2011 the Burnet Report entitled *External component of the evaluation of drug policies and services and their subsequent effects on prisoners and staff within the Alexander Maconochie Centre* was tabled in the Legislative Assembly, together with an interim government response. The interim government response was designed to be used as a platform upon which more detailed consultation could be undertaken, before a final government response was settled. Further consultation has taken place and the attached table represents the Final Government Response to the recommendations contained in the Burnet Report.

The Report makes a number of important clinical findings and recommendations that are addressed within the Government Response Table. They include:

- improved access to primary health services and therapeutic programs;
- recommendations relating to detoxification and pharmacotherapy regimes;
- blood borne virus testing and prevention; and
- harm reduction initiatives.

Of particular importance, are the findings and recommendations that relate to coordination of service delivery and governance arrangements. These issues have also arisen in other evaluation reports into the operations of the Alexander Maconochie Centre (AMC), notably the *Knowledge Consulting* Report. It is clear that the Government Response needs to prioritise governance arrangements. Further, within this Response, it is important that the governance arrangements be upgraded to effectively support the Health Directorate to discharge its ongoing responsibilities in relation to health service delivery in the AMC.

There are areas of overlap between the Burnet Report and the *Knowledge Consulting* Report, though the primary focus in Burnet is on health service delivery and in *Knowledge Consulting* the focus covers a broader range of issues that includes, but is not limited to, health service delivery.

Of principal note is the overlap between the two reports on the issues of coordination of care and governance. Each report makes findings and recommendations that relate to these issues. The consistency between the reports in this regard underscores the need to prioritise governance and coordination issues in the Government Response.

To this end, as detailed in the Government Response Table, it is proposed that an operating procedure under s. 14 of the *Corrections Management Act 2007* that enables the Chief Executive of the Justice and Community Safety Directorate (JACSD) to ‘make corrections policies and operating procedures, ...to facilitate the effective and efficient management of correctional services’, be used to establish a high level joint Justice and Community Safety Directorate/ Health Directorate advisory group that would advise the Director-General of the Health Directorate and have responsibility for making recommendations on the implementation of integrated health policies and services in the AMC.

Further, the Health Directorate will work with JACSD to ensure the health-related recommendations are implemented in a co-ordinated manner and to develop a new overarching Consolidated Strategic and Policy Framework for drugs and drug services at the AMC that builds on the existing strengths and overcomes (to the extent feasible) the weaknesses identified in the reports.

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POLICY & GOVERNANCE BURNET RECOMMENDATIONS 1-3	Government Response	Actions and Timelines		Primary Response Agency/s
1. A consolidated strategic and policy framework should be developed specifically for the AMC to provide consistent, coordinated and clear governance and service provision guidance regarding drug-related policy & services.	Agreed	ACT Government agrees that the Health Directorate (HD) and Justice and Community Safety Directorate (JACSD) would develop a consolidated strategic policy framework to provide clear governance regarding drug-related policy and services.	Completed 7 April 2011	<b>Lead Agency: HD</b>  JACSD
		HD and JACSD to draft consolidated strategic policy framework regarding drug-related policy and services.  The framework will be developed within the broader context of the ACT <i>Alcohol, Tobacco and Other Drug Strategy (ATODS) 2010-2014</i> .  The framework will include reviewing the current responsibilities and reporting lines relating to the range of health interventions and programs currently offered in the AMC by the JACS and HDs as well as non-government organisations.	November 2011	
		HD and JACSD to finalise and commence implementation of the consolidated strategic policy framework regarding drug-related policy and services.	February 2012	

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POLICY & GOVERNANCE BURNET RECOMMENDATIONS 1-3	Government Response	Actions and Timelines		Primary Response Agency/s
<p>2. An effective governance structure should be established to support the implementation of integrated drug policy and services, including the provision of overarching leadership to support drug policy &amp; service coordination between Corrective Services, ACT Corrections Health Program &amp; other service providers. Governance and leadership structures should aim to ensure that drug policy and services are complementary &amp; consistent with the principles outlined in the aforementioned strategic and policy framework and the pillars of harm minimisation, and promotes shared objectives &amp; role clarity among service providers &amp; sectors.</p>	<p>Agreed</p>	<p>It is proposed that an operating procedure under s. 14 of the <i>Corrections Management Act</i> 2007 that enables the chief executive of the Justice and Community Services Directorate to ‘make corrections policies and operating procedures, ...to facilitate the effective and efficient management of correctional services’, be used to establish a high level joint JACSD/HD advisory group that would advise the Director General of HD and have responsibility for making recommendations on the implementation of integrated health policies and services in the AMC. The intent of this mechanism is to support the independent and ongoing administrative responsibilities of HD in relation to the AMC. It is consistent with the spirit of the <i>Corrections Management Act</i> 2007 under s. 21 which speaks to the role of the doctor appointed by the Chief Executive responsible for the <i>Public Health Act</i> 1997 in respect to providing health services to detainees.</p> <p>The advisory group will also be tasked with advising on the further implementation of the actions outlined in the response to the Burnet Report that relate to health services. This advisory group will include representation from key non government partner organisations.</p>	<p>31 December 2011</p>	<p><b>Lead Agency: HD</b></p> <p>JACSD</p>

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POLICY & GOVERNANCE BURNET RECOMMENDATIONS 1-3	Government Response	Actions and Timelines		Primary Response Agency/s
3. Review key performance indicators used for this evaluation to better reflect the achievement of quality outcomes rather than activity volumes, if key performance indicators are to be adapted for use in future drug policy or strategy.	Agreed	Refer to Recommendation 1. as performance indicators will be a component of the consolidated strategic policy framework guiding drug-related policies and services.	Draft to be finalised and implementation to commence by February 2012.	<b>Lead Agency: HD</b>  JACSD
		A number of key performance indicators are already in place and a number of clinical indicators have been developed and will be implemented internally during 2011/12 to ensure rigour of collection and reporting.	31 December 2011	HD

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SUPPLY REDUCTION BURNET RECOMMENDATIONS 4-10	Government Response	Actions and Timelines		Primary Response Agency
4. Searching & urinalysis testing should be conducted on a more consistent basis.	Agreed in principle	Searching and urinalysis testing procedures are being reviewed by ACT Corrective Services (ACTCS).	Review completed 31 May 2011  Commence implementation of supported recommendations from the review by July 2011.	JACSD
5. The AMC should review the process by which prisoners are selected for targeted urinalysis due to the lack of any relationship between targeted urinalysis & positive results.	Agreed	Targeting practices and policies will be reviewed by ACTCS where applicable.	Review completed 31 May 2011  Commence implementation of supported recommendations from the review by July 2011.	JACSD

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SUPPLY REDUCTION BURNET RECOMMENDATIONS 4-10	Government Response	Actions and Timelines		Primary Response Agency
6. The AMC should review the process by which cells & areas are selected for searching due to weak relationship between cell & area searching & contraband seizures.	Agreed	Targeting practices and policies will be reviewed by ACTCS where applicable noting that low numbers of seizures can indicate that controls for the introduction of contraband are effective.	Review completed 31 May 2011  Commence implementation of supported recommendations by July 2011.	JACSD
7. Adequate oversight of cell & area searches should occur to ensure that legislative requirements are met regarding the personal belongings of individual prisoners.	Noted	Searching policies and procedures will be reviewed. ACTCS already attempts to ensure that all statutory requirements are adhered to in relation to prisoners' personal belongings.	Review completed 31 May 2011  Commence implementation of supported recommendations from the review by July 2011.	JACSD
8. Individuals returning positive urinalysis results should be referred to case managers so that they can be linked in with appropriate therapeutic responses.	Agreed in principle	Planning is underway to ensure information obtained from urinalysis tests undertaken by ACTCS informs both case management plans developed by JACSD and referrals to drug treatment and support services.	31 December 2011	<b>Lead Agency: JACSD</b>  HD



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SUPPLY REDUCTION BURNET RECOMMENDATIONS 4-10	Government Response	Actions and Timelines		Primary Response Agency
9. Further consultations & advice should be provided to all prisoners in relation to the use of the SOTER machine & the potential for accompanying risks. The quality of the provision of advice should also be strengthened in relation to AMC visitors.	Agreed in principle	ACTCS is currently considering inclusion of additional information in the detainee handbook.	30 June 2011	JACSD
10. Revised protocols for the provision of informed consent for information sharing between ACT Corrections Health Program & Corrective Services regarding urinalysis testing & the presence of prescribed substances in samples should be finalised & implemented.	Agreed	In conjunction with the Human Rights Commissioner, HD developed and implemented a standard operating procedure at the end of 2010 to ensure that information sharing with ACTCS in relation to urinalysis testing is on the basis of informed consent.	Completed	HD

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<b>DEMAND REDUCTION – CASE MANAGEMENT &amp; COUNSELLING</b> <b>BURNET RECOMMENDATIONS 11-13</b>	<b>Response</b>	<b>Actions and Timelines</b>		<b>Primary Response Agency</b>
<p>11. The case management system should be reviewed &amp; redeveloped with an emphasis on a holistic model &amp; the staffing of case management services with suitably qualified individuals.</p>	<p>Agreed in principle</p>	<p>JACSD and HD have commenced work on strengthening the current case management system and working with other ACT Government Directorates and the community sector to more clearly articulate roles, responsibilities and information sharing arrangements. This will align with broader policy initiatives aimed at better health outcomes for children at risk and young people and families. This work may also lead to greater efficiencies which could allow for the augmentation of the current case management systems.</p>	<p>July 2012</p>	<p><b>Lead Agency: JACSD</b></p> <p>HD</p>
<p>12. Generalist individual counselling services of high quality should be made available to all prisoners classifications at the AMC, with access across classifications, gender &amp; incarceration status. Services should include low threshold access opportunities, including drop-in services &amp; regular appointments.</p>	<p>Noted</p>	<p>JACSD and HD have commenced work on strengthening access to counselling services and working with other ACT Government Directorates and the community sector to more clearly articulate roles, responsibilities and information sharing arrangements.</p> <p>This recommendation overlaps with recommendations from the Knowledge Consulting Review. Implementation of this recommendation will be referred for advice from the high level joint JACSD /HD advisory group due to resource implications.</p>	<p>July 2012</p>	<p><b>Lead Agency: JACSD</b></p> <p>HD</p>

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<b>DEMAND REDUCTION – CASE MANAGEMENT &amp; COUNSELLING</b> <b>BURNET RECOMMENDATIONS 11-13</b>	<b>Response</b>	<b>Actions and Timelines</b>		<b>Primary Response Agency</b>
13. Counselling should be made accessible both via case planning processes & through ad hoc prisoner request.	Noted	As per recommendation 12.	July 2012	<b>Lead Agency: JACSD</b>  HD

<b>DEMAND REDUCTION - HEALTHCARE</b> <b>BURNET RECOMMENDATIONS 14-21</b>	<b>Government Response</b>	<b>Actions and Timelines</b>		<b>Primary Response Agency</b>
14. Improved access to primary healthcare services should be provided including reduced delays in responding to requests for assistance. This may require more staffing resources & more hours of service provision.	Agreed in Principle	HD and JACSD will be working to reduce delays associated with prisoners accessing primary health care services including those delays that are the result of health service providers being unable to physically access prisoners.  Consideration will need to be given to the operational requirements of the AMC including ensuring continuity and minimising disruptions.  Implementation of this recommendation will be referred for advice from the high level joint JACSD /HD advisory group due to resource implications.	Dec 2011	HD

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DEMAND REDUCTION - HEALTHCARE BURNET RECOMMENDATIONS 14-21	Government Response	Actions and Timelines		Primary Response Agency
15. An improved prisoner self-referral process should be instigated. Prisoners requesting healthcare during medication rounds should be directed to this self-referral process.	Agreed in principle	HD is currently undertaking work to improve processes to make it easier for prisoner to self-refer to healthcare services.	Sept 2011	Health Directorate

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DEMAND REDUCTION - HEALTHCARE BURNET RECOMMENDATIONS 14-21	Government Response	Actions and Timelines		Primary Response Agency
16.Improved access to mental healthcare services should be provided, with reduced delays in responding to requests for assistance & service provision to all those with mental health needs. Mental health services should be appropriately resourced to respond to high prevalence sub-acute mental health conditions.	Agreed	Work is underway to implement the following changes:  - opportunities for clients to identify mental health services they have had contact with in the community that may be advised of their admission and offered the opportunity to provide support to them whilst in detention. - establishment of a single health record, a joint recovery plan and single discharge plan for clients managed by both Forensic Mental Health and Justice Health.	Dec 2011	HD
		Justice Health Program currently screens and assesses all prisoners for mental health problems both on admission and throughout the period the prisoner remains in the AMC. Justice Health Program actively refers clients with severe mental illnesses to Forensic Mental Health ACT for joint management.		
		Forensic Mental Health provides consultation/ liaison support and joint management with Justice Health in working with clients with moderate mental health problems.		

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DEMAND REDUCTION - HEALTHCARE BURNET RECOMMENDATIONS 14-21	Government Response	Actions and Timelines		Primary Response Agency
17.Current practices with regards to the prescription of benzodiazepines should be reviewed to ensure individual prisoner needs are responded to & to ensure continuity of treatment for those moving from the community to the prison environment.	Agreed in principle	Policies and Standard Operating Procedures (SOPs) for the new Mental Health, Justice Health and Alcohol and Drug Services Division of HD will be reviewed regarding medication (e.g. benzodiazepines, psychotropic medication). These policies and SOPs will build upon work already undertaken by the programs in these areas and improve consistency across these areas.  HD is also in the process of finalising an audit to ensure that processes are compliant with the medication policy.	31 December 2011	HD
18.Clinical record keeping processes should be significantly improved.	Agreed in principle	This is an area of ongoing improvement with regular auditing of files. Work is underway to implement the following changes:  - Justice Health staff are undertaking training in Mental Health Assessment Generation Information Collection (MHAGIC) the Forensic Services record keeping program. The roll out of electronic medical records by HD will also enhance information sharing. - Ensuring current client health information is being provided to ‘all members of the treating team’ in accordance with HD policies and practices. - Implementation of the electronic clinical record by 2012 will also result in improvements. This project is currently underway as part of the eHealth initiatives within HD.	July 2012	HD

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DEMAND REDUCTION - HEALTHCARE BURNET RECOMMENDATIONS 14-21	Government Response	Actions and Timelines		Primary Response Agency
19.Care and discharge planning at ACT Corrections Health Program should occur routinely in collaboration with AMC Case Managers & other service providers where appropriate.	Agreed	As per Recommendations 1, 2 and 3. This is a component of planning and reintegration of prisoners into the community.	December 2011	HD
		Weekly case management meetings occur between Justice Health, Forensic MH and ACTCS staff from the CSU.  HD participates in the ACTCS discharge planning meetings for all sentenced prisoners 4-6 weeks prior to release.		
		Work is underway to ensure clients are given a copy of their health discharge plan prepared by both Forensic MH and Justice Health where relevant.		
20.A follow-up review of care & discharge planning & blood-borne virus testing & vaccination rates should occur in the next six months to determine effectiveness of the nursing team restructure in the ACT Corrections Health Program.	Agreed in part	HD has developed and implemented key performance indicators (KPIs) to monitor progress made in this area during 2011/12.	September 2011	HD
		An additional evaluation of BBV testing and vaccination rates is not supported as ongoing data analysis will be undertaken as part of the BBV KPI collection	NA	
		Also see Recommendation 3 related to KPI development.	June 2012	

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DEMAND REDUCTION - HEALTHCARE BURNET RECOMMENDATIONS 14-21	Government Response	Actions and Timelines		Primary Response Agency
21.A system for consensual post-release monitoring of prisoners should be developed that identifies fatal & non-fatal overdose events, continuation of opioid pharmacotherapy & compliance with case plans & discharge plans.	Noted	<p>HD Alcohol and Drug Program follows up prisoners on opioid maintenance referred to the public clinic for a minimum of three months post discharge from prison to encourage retention on the program. Analysis will continue to explore reasons for who stays on or leaves the program.</p> <p>Implementation of this recommendation will be referred for advice from the high level joint JACSD /HD advisory group due to resource implications.</p>	June 2012	HD



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DEMAND REDUCTION – DETOXIFICATION & PHARMACOTHERPY BURNET RECOMMENDATIONS 22-32	Government Response	Actions and Timelines		Primary Response Agency
22. Counselling & medication support should be provided for detoxification from prescription medications (e.g., methadone, oxycodone).	Noted	All prisoners are assessed within 24 hours of admission to the AMC.  Within the priority clinical triage process, prisoners are able to be assessed and treated by a medical practitioner at the Hume Health Centre within 24 hours of coming into the prison.  Further work is being undertaken regarding opportunities to improve access to counselling services. Implementation of this recommendation will be referred for advice from the high level joint JACSD /HD advisory group due to resource implications.	July 2012	HD
23. Non-medication support for detoxification, particularly counselling services, should be provided to encourage prisoners to move from clinical to non-clinical therapeutic interventions where appropriate.	Noted	Further work is being undertaken regarding opportunities to improve access to counselling services.  As per Recommendation 12, 13 and 22.  Implementation of this recommendation will be referred for advice from the high level joint JACSD /HD advisory group due to resource implications.	July 2012	HD

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DEMAND REDUCTION – DETOXIFICATION & PHARMACOTHERPY BURNET RECOMMENDATIONS 22-32	Government Response	Actions and Timelines		Primary Response Agency
24. The adequacy of detoxification regimes should be reviewed early in treatment to ensure the alleviation of withdrawal symptoms.	Agreed	Medical officers have reviewed the process and a Standard Operating Procedure is in development to document the new process which will allow for 2 days treatment and follow up medical review.	Completed	HD
25. Full detoxification regimes should only be commenced in response to observed signs of withdrawal.	Agreed	Withdrawal scales are being used systematically to assess signs of withdrawal. Clinical management is directed based on assessment.	Completed	HD
		Medical officers have reviewed the process and a Standard Operating Procedure is in development to document the new process which will allow for 2 days treatment and follow up medical review.	Completed	
26. Detoxification regimes should not be provided to those requesting to be inducted on to methadone.	Agreed	<p>A clinical assessment informs whether or not a person is offered the opportunity to be inducted onto methadone.</p> <p>Prisoners are offered symptomatic relief based on the clinical assessment.</p> <p>All prisoners are assessed within 24 hours of admission to the AMC.</p> <p>Within the priority clinical triage process, prisoners are able to be assessed and treated by a medical practitioner at the Hume Health Centre within 24 hours of coming into the prison.</p>	Completed	HD

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DEMAND REDUCTION – DETOXIFICATION & PHARMACOTHERAPY BURNET RECOMMENDATIONS 22-32	Government Response	Actions and Timelines		Primary Response Agency
27. A buprenorphine preparation should be explored for use in detoxification.	Noted	Further consideration is to be given to the use of buprenorphine in the event that a preparation that is less likely to be diverted for illicit use becomes more widely available following approval by the Therapeutic Goods Administration (TGA).	NA	HD
28. Procedures leading to delays in inducting individuals on to opioid pharmacotherapy who were not previously on a program in the community should be removed so that individuals don't wait more than 48 hours after requesting induction before receiving dosing. The practice of opioid detoxification as part of this process should cease as a matter of urgency.	Agreed	<p>A clinical assessment informs whether or not a person is offered the opportunity to be inducted onto methadone. Prisoners are offered symptomatic relief until a clinical assessment is completed.</p> <p>All prisoners are assessed within 24 hours of admission to the AMC.</p> <p>Within the priority clinical triage process, prisoners are able to be assessed and treated by a medical practitioner at the Hume Health Centre within 24 hours of coming into the prison.</p> <p>Medical officers have reviewed the process and a Standard Operating Procedure is in development to document the new process, which will allow for 2 days treatment and follow up medical review.</p>	Partially Completed	HD
29. Regular opportunities for confidential discussions between prisoners & ACT Corrections Health Program staff regarding opioid pharmacotherapy dose adjustments should be facilitated.	Agreed in principle	Discussions between HD and JACSD are underway to commission clinical areas for nurse led clinics in proximity to the Residential areas which are secure and confidential.	31 December 2011	HD

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DEMAND REDUCTION – DETOXIFICATION & PHARMACOTHERAPY BURNET RECOMMENDATIONS 22-32	Government Response	Actions and Timelines	Primary Response Agency
30. A buprenorphine preparation should be made available at the AMC for use as an opioid pharmacotherapy. Appropriate dose supervision will need to accompany any dispensing of buprenorphine.	Noted	As per 27, further consideration is to be given to the use of buprenorphine in the event that a preparation that is less likely to be diverted for illicit use becomes more widely available following approval by the TGA.	NA HD
31. A rapid situational assessment should be undertaken to determine why individuals are not continuing on opioid pharmacotherapy after release & suitable response should be developed to encourage retention to ensure the benefits of opioid pharmacotherapy with regards to reduction in post-release mortality can be realised.	Noted	HD Alcohol and Drug Program follows up prisoners referred to the public clinic for a minimum of three months post discharge from prison to encourage retention on the program. Analysis will continue to explore reasons for who stays on or leaves the program.  Implementation of this recommendation will be referred for advice from the high level joint JACSD /HD advisory group due to resource implications.	Ongoing analysis June 2012 HD
32. Review the pharmacy & medical arrangements utilised for opioid pharmacotherapy to ensure rapid access to induction doses of methadone for clients commencing opioid pharmacotherapy & for dosing changes.	Agreed	A clinical assessment informs whether or not a person is offered the opportunity to be inducted onto methadone. Prisoners are offered symptomatic relief until a clinical assessment is completed.  All prisoners are assessed within 24 hours of admission.  Within the priority clinical triage process, prisoners are able to be assessed and treated by a medical practitioner at the Hume Health Centre within 24 hours of coming into the prison.  A Standard Operating Procedure is in development.	Completed HD

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<b>EDUCATIONAL, EMPLOYMENT AND RECREATIONAL PROGRAMS</b> <b>BURNET RECOMMENDATIONS 33-34</b>	<b>Government Response</b>	<b>Actions and Timelines</b>		<b>Primary Response Agency</b>
33. An adequately equipped gymnasium should be implemented.	Noted	Temporary gymnasium facilities have been provided in the AMC. Any future initiative inclusive of a purpose built facility would need to be referred for advice from the high level joint JACSD /HD advisory group due to resource implications. Funding has been provided in the 2011-12 budget to conduct a feasibility study into AMC accommodation.	June 2012	JACSD
34. Educational and employment programs should be expanded to include the attainment of more vocational qualifications and the incorporation of life skills programs such as cooking and parenting. Better and more creative use of the AMC grounds should occur, for example establishing self-sufficient market gardening to promote healthy eating and vocational training.	Noted	<p>The Government is committed to evaluating and improving usage of currently available resources to ensure programs best meet the needs of the prison community at any given time. It is noted that several of these recommended programs have already commenced.</p> <p>Implementation of this recommendation will be referred for advice from the high level joint JACSD /HD advisory group due to resource implications.</p>	31 Dec 2011	JACSD

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DEMAND REDUCTION – THERAPEUTIC PROGRAMS BURNET RECOMMENDATIONS 35-52	Government Response	Actions and Timelines		Primary Response Agency
35. Therapeutic programs should be reviewed, including an exploration of alternative providers or partner providers with specialist drug & alcohol expertise. An exploration of high non-completion rates should be included in this review so that non-completion rates can be resolved. Specific key performance indicators for the delivery of therapeutic programs should be developed.	Noted	This review will be undertaken in partnership with the relevant alcohol and other drug treatment and support services.  Key performance indicators will be reviewed as part of actions related to Recommendation 3.	June 2012	<b>Lead Agency: JACSD</b>  HD
36. The range of therapeutic programs available should be expanded & models of program provision should be reviewed to ensure equitable access to programs.	Noted	Implementation of this recommendation will be referred for advice from the high level joint JACSD /HD advisory group due to resource implications.	July 2012	<b>Lead Agency: JACSD</b>  HD
		Program models will be reviewed as part of actions related to Recommendation 35.		
37. Therapeutic programs that address anxiety disorders & sleep disorders should be introduced or related content incorporated into existing programs.	Noted	Implementation of this recommendation will be referred for advice from the high level joint JACSD /HD advisory group due to resource implications.	July 2012	<b>Lead Agency: HD</b>  JACSD
		Program models will be reviewed as part of actions related to Recommendation 35.		
38. Alcoholics Anonymous & Narcotics Anonymous or similar self-help programs should be introduced.	Agreed	Alcoholics Anonymous operates in the AMC and Narcotics Anonymous are presently being consulted as to providing their services in the AMC.	Completed	<b>Lead Agency: HD</b>  JACSD

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DEMAND REDUCTION – THERAPEUTIC PROGRAMS BURNET RECOMMENDATIONS 35-52	Government Response	Actions and Timelines		Primary Response Agency
39. Processes should be introduced to ensure that staff that deliver therapeutic programs are appropriately skilled & qualified.	Agreed in principle	Skills and qualifications are a key element of recruitment and placement within ACTCS for all staff delivering programs.	June 2012	Lead Agency: JACSD  HD
		HD will assist in providing input into the content of training programs.	Ongoing	
40. Therapeutic programs should ensure that gender & cultural needs are met.	Agreed in principle	Program models will be reviewed as part of actions related to Recommendation 35.	June 2012	Lead Agency: JACSD  HD
41. The provision of different therapeutic program streams that address licit (e.g., tobacco & alcohol) & illicit (e.g., opioids & amphetamines) substances should be explored.	Agreed in principle	Program models will be reviewed as part of actions related to Recommendation 35.	June 2012	Lead Agency: HD  JACSD
42. Holistic responses to licit & illicit substance issues should be provided by utilising medical (e.g., opioid pharmacotherapy & nicotine replacement therapy) & non-medical support (e.g., counselling, group work) in a coordinated & complementary approach.	Agreed in principle	Holistic responses will be reviewed as part of the actions related to Recommendations 1 – 3 related to Policy and Governance.	31 December 2011	Lead Agency: HD  JACSD
		Additionally, JACSD and HD have commenced work on strengthening the current case management system and working with other ACT Government Directories and the community sector to more clearly articulate roles, responsibilities and information sharing arrangements. This work may lead to greater efficiencies which could allow for the augmentation of the current case management systems.	31 December 2011	

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DEMAND REDUCTION – THERAPEUTIC PROGRAMS BURNET RECOMMENDATIONS 35-52	Government Response	Actions and Timelines		Primary Response Agency
43. Therapeutic programs enrolment processes should consider & be aligned with case planning processes & sentence length. Passive sign-up processes should be removed.	Agreed in principle	Program processes will be reviewed as part of actions related to Recommendation 35.	June 2012	Lead Agency: JACSD  HD
44. Continuous quality improvement of program content should be continued.	Agreed	Both HD and JACSD operate within an environment of Quality Improvement cycles.	Partially Completed	Lead Agency: JACSD  HD
		Program content will be reviewed as part of actions related to Recommendation 35.	June 2012	



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DEMAND REDUCTION – THERAPEUTIC PROGRAMS BURNET RECOMMENDATIONS 35-52	Government Response	Actions and Timelines		Primary Response Agency
45. Smoke free initiatives including making the AMC entirely smokefree & scaling up tobacco cessation programs for prisoners & staff including group work & nicotine replacement therapy should be further explored, via consultation & engagement with relevant stakeholders.	Agreed in principle	<p>HD and JACSD agree with the public health aspects of this recommendation.</p> <p>Consideration will be given to opportunities for expanding smokefree areas in the AMC, there are currently no plans to make the AMC entirely smoke free.</p> <p>A tobacco management as opposed to a prohibition approach is currently taken.</p> <p>ACTCS has considered issues around smoking at both the prisoner and staff level. Cessation possibilities have been and will continue to be explored.</p> <p>Participation in any proposed smokefree initiative will also be dependent on and subject to appropriate resourcing.</p> <p>Work will be undertaken with the Alcohol, Tobacco and Other Drug Association (ATODA) and the Mental Health Community Coalition to explore opportunities for expanding their current Workplace Tobacco Management Project into the prison.</p> <p>Implementation of this recommendation will be referred for advice from the high level joint JACSD /HD advisory group due to resource implications.</p>		<p><b>Lead Agency: HD</b></p> <p>JACSD</p>

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DEMAND REDUCTION – THERAPEUTIC PROGRAMS BURNET RECOMMENDATIONS 35-52	Government Response	Actions and Timelines		Primary Response Agency
46. Solaris TC or external residential rehabilitation should be offered to all prisoner populations.	Noted	Consideration will be given by ACTCS as to whether these options are possible within the current resource base.  The ability to offer the program to a larger proportion of the prison population is affected by the length of prisoner sentences and classifications.  Implementation of this recommendation will be referred for advice from the high level joint JACSD /HD advisory group due to resource implications. It should be noted that the Therapeutic Community is not required for some segments of the prisoner population in relation to rehabilitation services.	June 2012	JACSD
47. The current location of the Solaris TC should be moved to an alternative, secure location within the AMC.	Noted	The option of relocating to another place within the AMC complex will be referred for advice from the high level joint JACSD /HD advisory group due to resource implications. Funding has been provided in the 2011-12 budget to conduct a feasibility study into AMC accommodation.	June 2012	JACSD
48. The application of the partnership service provision model employed at the Solaris TC should be explored for the provision of other programs & services at the AMC.	Agreed in principle	ACTCS is committed to looking for ways to continue to work collaboratively with non-government service providers to improve the quality of all services to detainees.  Program models will be reviewed as part of actions related to Recommendation 35.	June 2012	JACSD

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DEMAND REDUCTION – THERAPEUTIC PROGRAMS BURNET RECOMMENDATIONS 35-52	Government Response	Actions and Timelines		Primary Response Agency
49. Specific strategies to address low literacy among TC participants should be explored.	Agreed in principle	ACTCS is aware of literacy issues and is considering opportunities to address this within the education function.	June 2012	JACSD
50. Case management assistance should be expanded to assist with accessing external residential rehabilitation.	Agreed in principle	ACTCS is committed to and continues to explore methodologies to assist offenders to re-enter the community.	June 2012	JACSD
		JACSD and HD have commenced work on strengthening the current case management system and working with other ACT Government Directorates and the community sector to more clearly articulate roles, responsibilities and information sharing arrangements.	June 2012	JACSD
51. Consideration should be given to funding an external residential rehabilitation program which will accept individuals from the AMC on bail or being released to the facility who are currently receiving opioid pharmacotherapy.	Agreed	HD funds DIRECTIONS ACT to operate a short term Transitional Support Program which caters for people on pharmacotherapies.	Completed	HD
52. Data on participation & completion rates at the current location of the TC should be compared with data on the new site to evaluate the impact of the change on the success of the program in relation to enrolment & completion rates.	Noted	ACTCS will give consideration to providing this data, however this will be subject to any relocation of the TC.	June 2012	JACSD

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HARM REDUCTION – THROUGH CARE AND TRANSITIONAL SUPPORT BURNET RECOMMENDATIONS 53-57	Government Response	Actions and Timelines		Primary Response Agency
53.The definition of through care should be reviewed, with a view to exploring how additional support can be provided during incarceration and in any post-prison period where an individual still requires support, rather than just to the cessation of parole periods. This redefined concept of throughcare should be reflected in prisoner awareness of services and the rehabilitation process.	Agreed in principle	JACSD and HD will continue to work with other ACT Government Directorates and the community sector through the Joint Government/ Community Integration Governance Group (CIGG) Working Group to develop the most effective service model.		<b>Lead Agency: JACSD</b>  HD
54.The importance of through care should be emphasised across all programs and appropriately resourced, with case management and clinical care processes developed to support throughcare.	Noted	JACSD and HD will continue to work with other ACT Government Directorates and the community sector through the Joint Government/ Community Integration Governance Group (CIGG) Working Group to develop the most effective service model. Whilst this is agreed noting immediate opportunities to emphasise the importance of through care, this will need to be further considered in the context of appropriate resourcing.	31 December 2011	<b>Lead Agency: JACSD</b>  HD
55.Funding and capacity for the Inside Out Program should be reviewed to ensure that this program continues and is sustainable and capable of meeting needs of all prisoners.	Noted	The Inside Out Program is currently funded by the Australian Government.	NA	

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<b>HARM REDUCTION – THROUGH-CARE AND TRANSITIONAL SUPPORT BURNET RECOMMENDATIONS 53-57</b>	<b>Government Response</b>	<b>Actions and Timelines</b>		<b>Primary Response Agency</b>
56. A service delivery model and sources of funding specifically for a transitional support service system should be explored.	Agreed in principle	JACSD and HD will continue to work with other ACT Government Directorates and the community sector through the Joint Government/ Community Integration Governance Group (CIGG) Working Group to develop the most effective service model.	December 2011	<b>Lead Agency: JACSD</b> HD
57. Funding for other NGOs to provide culturally sensitive and gender sensitive services to prisoners should be explored.	Agreed in principle	These issues will be pursued under existing arrangements with NGOs and within the Budget context as necessary.	December 2011	<b>Lead Agency: JACSD</b> HD

<b>HARM REDUCTION – BLOOD BORNE VIRUSES, TATTOOING &amp; PIERCING BURNET RECOMMENDATIONS 58-64</b>	<b>Government Response</b>	<b>Actions and Timelines</b>		<b>Primary Response Agency</b>
58. All ACT Corrections Health Program staff should receive accredited training for pre- & post-test counselling for blood-borne virus testing.	Agreed in principle	All Justice Health staff have access to training in this area as part of a one month induction and staff development program. The training is not as yet accredited.	Ongoing	HD
59. Blood-borne virus testing should be routinely offered at admission, three months post-admission & at discharge for all prisoners.	Noted	Prisoners are being routinely offered testing on admission.  Additional resources would be required to implement testing routinely at three months post admission and at discharge.	Partially Completed	HD

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HARM REDUCTION – BLOOD BORNE VIRUSES, TATTOOING & PIERCING BURNET RECOMMENDATIONS 58-64	Government Response	Actions and Timelines		Primary Response Agency
60. An appropriate testing algorithm for HCV should be implemented that includes automatic PCR testing for HCV in response to all positive HCV antibody tests.	Agreed	Since October 2010, HCV algorithm includes PCR testing.	Completed	HD
61. Clinical record keeping in relation to blood-borne virus testing & vaccination should be reviewed as a matter of urgency. Medical records should document clearly whether testing has been offered & consented to at admission, three months & at discharge, the results of tests & subsequent recommendations for future testing &/or clinical care.	Agreed	Records are now kept in the individual Clinical Records related to all aspects of this recommendation.  Testing at three months and pre-release is not routinely undertaken at this stage. See comments Recommendation 59.	Partially Completed	HD
62. Blood-borne virus test results should be provided to prisoners as soon as they become available by trained pre- & post-test counsellors.	Agreed in principle	All prisoners are informed of abnormal test results following review by Medical Officer. Normal test results are available on request. Discussions between HD and JACSD are underway to commission clinical areas for nurse led clinics in proximity to the Residential areas which are secure and confidential.	30 June 2011	HD
		Staff have been undertaking training in the provision of counselling pre and post test as part of the one month induction and staff development program for Justice Health staff	December 2011	
63. HCV treatment should be more routinely offered to all eligible prisoners with clear information on the time periods involved in preparing for treatment.	Agreed	Prisoners are able to access equivalent HCV treatment through TCH clinics as anyone else in the community would.	Completed	HD

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<b>HARM REDUCTION – BLOOD BORNE VIRUSES, TATTOOING &amp; PIERCING</b> <b>BURNET RECOMMENDATIONS 58-64</b>	<b>Government Response</b>	<b>Actions and Timelines</b>		<b>Primary Response Agency</b>
64.A professional tattooing & piercing program at the AMC should be explored.	Agreed in principle	Further consideration of this recommendation will be undertaken. This recommendation is consistent with the recommendation under 12.2 Tattooing of the Knowledge Consulting Report that ‘a safe <b>tattooing</b> facility is considered as one way of limiting the transmission of Hepatitis and HIV.’	31 Dec 2011	JACSD

<b>HARM REDUCTION - BLEACH PROVISION, SAFER USING &amp; OVERDOSE PREVENTION, NEEDLE AND SYRINGE PROGRAMS</b> <b>BURNET RECOMMENDATIONS 65-69</b>	<b>Government Response</b>	<b>Actions and Timelines</b>		<b>Primary Response Agency</b>
65. A system should be developed to ensure that bleach dispensers are always adequately stocked.	Agreed	ACTCS routinely ensures that bleach dispensers are adequately stocked for the required cleaning purposes.	Completed	JACSD
66. Information should be provided to prisoners on how to use bleach to most effectively clean used syringes. The development of this information should take low literacy into consideration.	Agreed in principle	Written information provided will be reviewed to ensure it is meaningful for prisoners.	December 2011	<b>Lead Agency: JACSD</b> HD
67. Funding should be provided to enable the delivery of a comprehensive safer using & overdose prevention peer education program to all prisoners that includes provision of written resources.	Noted	This work builds on work already undertaken by the community sector, and consideration is being given to further initiatives in this area.	NA	<b>Lead Agency: HD</b>  JACSD

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<b>HARM REDUCTION - BLEACH PROVISION, SAFER USING &amp; OVERDOSE PREVENTION, NEEDLE AND SYRINGE PROGRAMS</b> <b>BURNET RECOMMENDATIONS 65-69</b>	<b>Government Response</b>	<b>Actions and Timelines</b>		<b>Primary Response Agency</b>
<p>68. A model for the provision of Naloxone to prisoners at release should be explored, with specific emphasis on training &amp; education provided to prisoners to support the effective use of Naloxone in reducing post-release mortality relating to opioid overdose.</p>	<p>Agreed in Principle</p>	<p>Exploration of the design, development and implementation of a program, to provide Naloxone to at-risk prisoners on release is underway, covering:</p> <ul style="list-style-type: none"> <li>- Designing the program collaboratively with people at risk of opioid overdose, community agencies, relevant clinicians, and a range of areas in the ACT Government.</li> <li>- Monitoring and evaluating the program's implementation.</li> <li>- Evaluating the outcomes of the program for people at risk of Opioid overdose, for alcohol and other drug workers and for the broader community.</li> <li>- An assessment of the program's cost-effectiveness in the prison setting.</li> <li>- An Advisory Group has been established to guide this work. A program plan has been drafted.</li> <li>- Implementation of this recommendation will be referred for advice from the high level joint JACSD /HD advisory group due to resource implications.</li> </ul>	<p>September 2011</p>	<p><b>Lead Agency: HD</b></p> <p>JACSD</p>



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<p>69. A process should be commenced to instigate a trial needle &amp; syringe program at the AMC. This process should involve consultations with all relevant stakeholders to identify feasibility of such a program &amp; appropriate models for its delivery. Consideration should also be given to ensuring that appropriate &amp; reliable data is currently collected &amp; will exist over the duration of the trial to evaluate the effectiveness of an NSP.</p>	<p>Noted</p>	<p>Government will be seeking additional information prior to reaching a final decision in relation to this recommendation. Further information that would inform the decision would include potential models for a NSP, how they would work within the prison setting, barriers to implementation at the AMC and how these barriers could be overcome. The Government has commissioned Michael Moore from the Public Health Association to commence this work.</p>	<p>December 2011</p>	<p>HD</p>