



Mr Andrew Barr MLA  
ACT Treasurer  
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## Submission to the ACT Budget Consultation 2020 – 2021:

### The specialist alcohol and other drug service system is in funding and infrastructure crisis

Dear Mr Barr,

We have a crisis on our hands - and we want to help you solve it.

The specialist alcohol and other drug service system is experiencing a funding and infrastructure crisis as a result of chronic and historical underfunding.

This is concerning not only because it compromises the ability for Canberrans to access timely and quality alcohol and other drug services, but also because the ACT Government has several flagship priorities and initiatives that are *dependent* upon a viable, sustainable and accessible specialist alcohol and other drug service system including:

- ACT Drug and Alcohol Sentencing List (formerly known as the adult ACT Drug and Alcohol Court)
- ACT Policing's new community policing model
- Reducing Recidivism by 25% by 2025
- Safer Families Initiative.

None of these important priorities and initiatives will be able to be fully implemented if the specialist alcohol and other drug service system cannot accept more clients and match these clients to the right type and amount of drug treatment/s and services. The system is full and cannot meet current demand, let alone future demand. *Already between 600-700 people access specialist alcohol and other drug services a day in the ACT.*

Furthermore, existing problems in the publicly-funded specialist alcohol and other drug services system (e.g. not enough treatment to meet demand, funding and infrastructure crisis, inappropriate service costing) could be unintentionally perpetuated through the implementation of new initiatives such as the ACT Drug and Alcohol Sentencing List if the drug treatment required for the successful implementation of new initiatives is not fully funded. This includes funding for infrastructure as well as service delivery.

The viability and sustainability of a high quality specialist alcohol and other drug service system is an essential component of the ACT's publicly funded health system. Below we outline the multiple strategies that are required to stop cuts, prevent cost-shifting, increase investment, and improve processes, transparency and decision-making to ensure that Canberrans can access the drug treatment they need.

## Drug treatment works, but the ACT service system is full

According to the World Health Organization, substance use disorders are the most stigmatised health condition in the world. It is estimated that people can wait up to 18 years before accessing treatment<sup>1</sup> often because we stigmatise and criminalise people who use drugs, and this drives them away from help.

Despite the fact that substance use disorders are widespread in the ACT, Australia and globally, only a small percentage of people ever receive treatment.

People want to access specialist alcohol, tobacco and other drug services but they often can't access these services because the specialist alcohol and other drug service system in the ACT is full ('*at capacity*')—that is, there aren't enough services in enough places to meet demand.

This fact has been raised repeatedly for a number of years in different forums and submissions by ATODA and service providers, and through government-commissioned work, including in the context of the ACT Drug and Alcohol Sentencing List. This is because there have been substantial increases in treatment episodes delivered by the service system over the past five years, which raises critical questions about how to ensure the new Drug and Alcohol Sentencing List participants' needs can be appropriately met<sup>2</sup> while also ensuring that people not involved in the criminal justice system can access the treatment they need.

Many specialist alcohol and other drug programs have substantial and unacceptable waiting times or contact lists, particularly residential rehabilitation, day programs and residential withdrawal. It is concerning that the services with the longest waiting periods are those that work with people with the greatest severity and complexity of alcohol, tobacco and other drug and other issues.

## Treatment and harm reduction in the ACT delivers positive outcomes and high levels of satisfaction

The ACT Government's investment in specialist alcohol and other drug services has repeatedly demonstrated positive outcomes. By way of example, those service users who are able to gain access to an ACT based alcohol and other drug service report reduced levels of substance use (86%), improved general health (79%), improved mental health (78%) and reduced experience of AOD related harm including reduced involvement in crime (91%) and improved knowledge and prevention of blood borne virus transmission (85%).<sup>3</sup> Service users have high levels of satisfaction with the alcohol and other drug service they are accessing (and score highly on validated satisfaction measures).<sup>4</sup>

## Treatment and harm reduction is cost-effective

Alcohol and other drug services are focused on offering specialist care to people with moderate to severe problems with alcohol and other psychoactive drugs. Alcohol and other

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<sup>1</sup> C Chapman, et al., 'Delay to first treatment contact for alcohol use disorder', *Drug and Alcohol Dependence*, vol. 147, p. 16, 2015.

<sup>2</sup> C Hughes, M Shanahan, & O Sotade, Drug Policy Modelling Program, University of New South Wales, briefing paper for the ACT Drug and Alcohol Court Focus Group, 12 October 2017.

<sup>3</sup> Alcohol Tobacco and Other Drug Association ACT (ATODA), *Service Users' Satisfaction and Outcomes Survey 2015: a census of people accessing specialist alcohol and other drug services in the ACT*, ATODA Monograph Series, No. 4. Canberra, 2016.

<sup>4</sup> Alcohol Tobacco and Other Drug Association ACT (ATODA), *Service Users' Satisfaction and Outcomes Survey 2015: a census of people accessing specialist alcohol and other drug services in the ACT*, ATODA Monograph Series, No. 4. Canberra, 2016.

drug treatment services are a good investment—for every \$1 invested, society gains \$7<sup>5</sup>, including through reduced demand for acute health services. Harm reduction approaches such as needle and syringe programs are also a good investment—every \$1 invested saves state and federal budgets more than \$4 by preventing life-threatening infections<sup>6</sup>.

### **We need to double drug treatment places to meet demand**

The specialist alcohol and other drug service system in the ACT, and nationally, operates within the context of chronic and historical underfunding. The compounding effect of a number of years of resourcing below demonstrated community demand without cost benchmarking has resulted in a significant undersupply of alcohol and other drug treatment capacity.

The Australian Government commissioned a review of alcohol and other drug treatment services in Australia which found that nationally, treatment places would need to double to meet demand<sup>7</sup>. This research estimated that approximately 200,000 people receive alcohol and other drug treatment in any one year in Australia. At the same time, modelled projections of the unmet demand for alcohol and other drug treatment (that is, the number of people in any one year who need and would seek treatment) were conservatively estimated to be up to 500,000 people over and above those in treatment in any one year<sup>8</sup>. Based on current trends (in the ACT and nationally) it can be expected that demand for alcohol and other drug services will not abate.

Specialist alcohol and other drug treatment is a long-term activity, servicing the needs of people with often chronic, long-term and relapsing health issues and complex co-occurring social problems. Specialist alcohol and other drug treatment is core business delivery for the publicly funded health service system, meaning that treatment planning and investment needs to be undertaken with a long-term view. This long-term view will enable the maintenance of the delivery of specialist alcohol and other drug services to the community, while ensuring the viability of service delivery.

One of the major reasons why the ACT alcohol, tobacco and other drug sector continues to be in a funding crisis—and crucially is not able to meet demand—is because funders have failed to implement systematic health service planning including appropriate costings. ATODA has long advocated for coherence in the planning, funding and delivery of specialist alcohol, tobacco and other drug services in the ACT—including across the health and justice systems. Development of an ACT alcohol, tobacco and other drug health services plan would allow the multiple funding agencies that fund alcohol, tobacco and other drug service provision in the ACT to align their existing health service delivery arrangements with the priorities laid out in such a plan, so that needs can be met with the most effective use of available and future resources.

#### **Recommendation:**

1. Double the funding for the ACT alcohol, tobacco and other drug sector. Funding required: \$20 million per annum.

<sup>5</sup> S Ettner, et al. 'Benefit-cost in the California treatment outcome project: does substance abuse treatment pay for itself', *Health Serv Res*, vol. 41, no. 2, p. 613, 2015.

<sup>6</sup> National Centre in HIV Epidemiology and Clinical Research, University of New South Wales, *Return on investment 2: Evaluating the cost-effectiveness of needle and syringe programs in Australia*, Sydney, 2009.

<sup>7</sup> A Ritter, et al., Drug Policy Modelling Program, National Drug and Alcohol Research Centre, University of New South Wales, *New Horizons: The review of alcohol and other drug treatment services in Australia*, Sydney, July 2014.

<sup>8</sup> A Ritter, et al., Drug Policy Modelling Program, National Drug and Alcohol Research Centre, University of New South Wales, *New Horizons: The review of alcohol and other drug treatment services in Australia*, Sydney, July 2014.

## **Infrastructure is a crucial component of planning and design for a sustainable specialist alcohol and other drug service system**

Infrastructure is a major problem for the publicly funded specialist alcohol and other drug service system. The existing government-funded infrastructure is at capacity.

When funders have offered additional funding it has explicitly not provided for the development of new infrastructure or improvements to existing infrastructure. This is perpetuating and making worse problems in the specialist alcohol and other drug service system.

For example, with regards to the Drug and Alcohol Sentencing List, non-government organisations offered to make arrangements for the provision of a small and short-term increase in treatment capacity to enable the Drug and Alcohol Sentencing List to begin—what this means in practice is, for example, a service offering to remove equipment to provide space for a bed. Clearly this is not a sustainable solution and can only occur in the short-term while parallel planning and development activities occur.

The need for an infrastructure audit and implementing infrastructure solutions over time has been raised for several years, including through ATODA's submissions to the ACT Budget and ACT Drug Strategy Action Plan and in meetings with ACT Health Executives.

Fortunately, if given the appropriate opportunity, resources and time, the sector could identify infrastructure solutions both in the short-, medium- and longer-term.

Critical to the effective delivery of any health services, including those delivering specialist alcohol and other drug treatment, is the state, condition and suitability of the building-, engineering- and information technology-infrastructure of these services. Failure of any of these infrastructure components risks undermining the availability and quality of specialist alcohol and other drug treatment, and can present a significant risk to the specialist alcohol and other drug sector in the ACT.

Infrastructure assessment—that provides insight into the current state of health infrastructure, the immediate-, short-, medium- and long-term risks to health infrastructure, and the future infrastructure needs of the sector—should, therefore, be seen as both an important health planning and risk mitigation tool for health administrators and stewards of the ACT specialist alcohol and other drug service system.

The need for such an infrastructure assessment within the specialist alcohol and other drug sector in the ACT is obvious. The existing infrastructure of specialist alcohol and other drug services in the ACT is ageing and some is no longer fit for purpose—and a number of infrastructure problems have been identified across specialist alcohol and other drug services that require urgent attention. For example:

- Poor quality, aged buildings that now require significant ongoing maintenance and upgrade.
- Poor work health and safety conditions for service consumers and staff (including for example, ligature risks, gender safety needs, swipe card access, and degraded structures).
- Significant barriers to access for people with a disability.
- Difficulties in meeting standards for contemporary best-practice and optimal treatment outcomes due to infrastructure challenges. Many alcohol and other drug services are located in converted residences, and are therefore not fit for purpose to meet contemporary drug treatment practice.

- Coexisting issues such as changes to waiting spaces and bathrooms to better support people who have experienced domestic and family violence, including sexual assault.
- Updating information technology hardware.

Ensuring a viable and effective alcohol and other drug service system includes having appropriate infrastructure.

#### Recommendation:

2. Undertake an urgent co-designed infrastructure audit of the *entire* specialist alcohol and other drug service system to inform infrastructure needs in the immediate-, short-, medium- and long-term. Develop an infrastructure implementation plan for the specialist alcohol and other drug service system that is informed by the infrastructure audit, as well as an infrastructure implementation plan specifically for the Drug and Alcohol Sentencing List for the total expected number of participants. Funding required: To be costed by ACT Health Directorate.

#### Prevent the ACT criminal justice system from cost-shifting to the health system

ATODA supports strategies to ensure people can access effective and evidence-informed health services (e.g. drug treatment) regardless of whether that is in hospital, in the home, in the community or in custody.

ATODA also supports strategies to move people out of the criminal justice system (e.g. people with substance use disorders) and into health and social services. In the long term it is envisaged that this will be a cost-saving exercise, however in the short term it is not. The funding that would otherwise be spent on, for example, incarcerating someone needs to be shifted into the systems that are providing supports to that person, and in the case of the Drug and Alcohol Sentencing List the main system that is providing this support is the specialist alcohol and other drug service system, where nine of the ten providers of services are non-government organisations.

We reiterate the 2017 ACT alcohol, tobacco and other drug sector's position that if the Drug and Alcohol Court (now Drug and Alcohol Sentencing List) wants to have its participants treated in specialist alcohol and other drug services, there needs to be **sufficient and specific** funding to provide this treatment in its **entirety**.

ATODA undertook initial treatment demand modelling and initial benchmarking with specialist alcohol and other drug services in September and October 2019. ATODA remains concerned that the funding made available in the 2019-2020 ACT Budget is not sufficient to provide the drug treatment required for the number of planned participants in 2020-2021, and therefore, it will not create a sufficient **net** increase in treatment capacity in the service system. Both infrastructure and treatment need to be sufficiently funded. At this time the current allocation is for treatment only, and it is not sufficient.

The criminal justice system, despite already being the source of a high proportion of treatment referrals, does not meet the costs of the drug treatment for the people they refer<sup>9</sup>. This is already a form of cost-shifting. Removing a person from custody and expecting them

<sup>9</sup> Alcohol Tobacco and Other Drug Association ACT (ATODA), submission to Supreme Court consultation concerning its document 'A Drug and Alcohol Court for the ACT: issues and draft proposals for consultation', 24 October 2017.

to be supported by the health system (in this case the specialist alcohol and other drug service system e.g. residential rehabilitation) without fully paying for that support just adds more people to an already overloaded health system that can't meet demand.

There is considerable risk that cost-shifting will occur with the new Drug and Alcohol Sentencing List. We welcome the government's acknowledgement of the sector's concerns and commitment to establishing a governance mechanism to collaboratively work through these issues to ensure that both people receiving a Drug and Alcohol Treatment Order via the Drug and Alcohol Sentencing List and people not involved in the criminal justice system can all receive the right type and amount of drug treatment they need. The reason we raise this matter through this ACT Budget process is because the sector does not believe that the funding allocated for 2020-2021 is sufficient for the number of Drug and Alcohol Sentencing List participants currently planned for that financial year.

**Recommendation:**

3. Ensure sufficient and specific funding to provide drug treatment in its entirety to Drug and Alcohol Sentencing List participants in 2020-2021, which is monitored and tracked with oversight by a collaborative governance mechanism, and ensure that the impacts on the specialist alcohol and other drug service system are included as a key element of the evaluation of the Drug and Alcohol Sentencing List.

**Reinstate funding to enable the specialist alcohol and other drug service system to integrate best practice responses to addressing domestic and family violence**

The Safer Families Package 2016-2017 included funding of \$2 million over four years (\$500,000 per annum) for "increasing the capacity of specialist drug treatment services to deliver programs that integrate best practice in addressing family violence."<sup>10</sup> This is the only health-specific initiative funded under the Safer Families Package 2016-2017 and is administered through the ACT Health Directorate.

Further allocations were made in subsequent budgets for 2020-21 to 2022-23, so that the total commitment came to \$3.578 million over 7 years, as follows:

	2016-17 \$'000	2017-18 \$'000	2018-19 \$'000	2019-20 \$'000	2020-21 \$'000	2021-22 \$'000	2022-23 \$'000	Total \$'000
Budget Allocation	500	500	500	500	513	526	539	3,578

Sources: Budget Outlook 2016-17, 2017-18, 2018-19, 2019-20; Table J.1 2017-18, 2018-19.

In 2017 ACT Health funded ATODA to work with specialist alcohol and other drug services and domestic and family violence stakeholders to co-design a program to increase the capacity of all publicly funded specialist alcohol and other drug services to integrate best practice in addressing domestic and family violence in the ACT.

The program report<sup>11</sup> was submitted to ACT Health in December 2017 and included an evaluation framework, funding guidance, an implementation plan for commencement in 2018, and recommended direct funding of specialist alcohol and other drug services.

<sup>10</sup> ACT Government. 'Australian Capital Territory. Budget 2016-17 for Canberra. Safer Families, 2016, accessed 7 June 2018 at [https://apps.treasury.act.gov.au/\\_data/assets/pdf\\_file/0004/870295/Safer-Families.pdf](https://apps.treasury.act.gov.au/_data/assets/pdf_file/0004/870295/Safer-Families.pdf)

<sup>11</sup> The report is available here: <http://www.atoda.org.au/wp-content/uploads/2018/10/ACT-AOD-Safer-Families-Program-2017-2021-FINAL-REPORT.pdf>

Despite the readiness of specialist alcohol and other drug services to immediately implement the co-designed program from January 2018, and the funding being available, ACT Health did not administer funds in the 2017–18 financial year.

Underspend in 2016-2017 (\$208,000) and 2017-2018 (\$292,000) were re-profiled to other (non-alcohol and other drug) initiatives within the broader Safer Families Package.

The program of work conducted in 2017 included the development of a tool and guidance documents specifically for use by specialist alcohol and other drug services to (1) assess their capacities to respond to service users experiencing or using domestic and family violence; and (2) utilise this information to systematically identify and implement capacity-building and capability-enhancing activities to improve these responses.

This tool—the Domestic and Family Violence Capability Assessment Tool—has recently (June-October 2019) been utilised to conduct a baseline assessment of domestic and family violence capabilities in specialist alcohol and other drug services. These services, and the sector as a whole, are now in a position to move forward to implement both collective and service-level capacity-building activities that will result in improved responses across the entire alcohol and other drug sector for people who use alcohol and other drugs and who experience or use domestic and family violence.

However, the 2019-2020 budget papers show that while there is \$598,000 available to alcohol, tobacco and other drug sector for the 2019-2020 financial year, *all funding for future years that appeared in earlier budget papers has been reprofiled to other initiatives within the broader Safer Families Package.*

The effective implementation of the activities required to “increas(e) the capacity of specialist drug treatment services to deliver programs that integrate best practice in addressing family violence” is not possible without further funding commitments going forward. As was the experience with the implementation of improved responses to co-occurring alcohol and other drug and mental health issues, increased service delivery, change management and capacity-building within a sector takes time and adequate resourcing. The same applies to increased service delivery and capacity-building within the alcohol, tobacco and other drug sector with regards to domestic and family violence.

ATODA urges the ACT Government to urgently reinstate the recurrent funding for this purpose to the alcohol and other drug sector.

**Recommendation:**

4. ACT Government to reinstate recurrent funding of \$539,000 plus indexation per annum to ‘increase the capacity of specialist drug treatment services to deliver programs that integrate best practice in addressing domestic and family violence’. New funding required: Nil.

**Stop federal funding cuts to the existing specialist alcohol and other drug service system**

We will never be able to get on top of this crisis if funders continue to make cuts to existing funding.

ATODA supports the recommendation in the ACTCOSS Budget Priorities 2020-21 submission to include Equal Remuneration Order supplementation funding in the base funding of all funding agreements. We commend the ACT Government's commitment this year to provide certainty for non-government organisations regarding the future of Equal Remuneration Order payments.

However, the ACT specialist alcohol and other drug service system is funded from sources other than the ACT Government, including directly by the Federal Government and with Federal Government funding administered via the ACT Primary Health Network, the Capital Health Network. The Federal Government has not made provisions for the Equal Remuneration Order in the Federal Budget beyond the last payment on 1 July 2020. This means non-government specialist alcohol and other drug services in the ACT are facing a funding cut.

ATODA is calling for the ACT Government, particularly the ACT Health Directorate, to engage in advocacy with the Federal Government on this issue through the forums it represents the ACT in, including the Ministerial Drug and Alcohol Forum and the National Drug Strategy Committee. ATODA will continue to raise the issue of pending federal funding cuts through the channels it has access to, including the ACT Drug Strategy Action Plan Advisory Group and the NGO Leadership Group.

**Recommendation:**

5. ACT Health Directorate to engage in advocacy with the federal government regarding the upcoming Equal Remuneration Order funding cuts to specialist alcohol and other drug services in the ACT. Funding required: Nil.

**About ATODA**

ATODA is the peak body representing the alcohol, tobacco and other drug sector in the ACT. ATODA seeks to promote health in the ACT through the prevention and reduction of the harms associated with alcohol, tobacco and other drug use. ATODA works collaboratively to provide expertise and leadership in the areas of social policy, sector and workforce development, research, coordination, partnerships, communication, information and resources. Please do not hesitate to contact ATODA if you have any queries or require further information in support of this submission.

Yours sincerely



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