



Chief Minister
Treasury and Economic Development Directorate
Email: budgetconsultation@act.gov.au

Submission to the ACT Budget 2023-2024

Dear Chief Minister,

The Alcohol Tobacco and Other Drug Association ACT (ATODA), as the peak body for the alcohol, tobacco and other drug (ATOD) sector in the ACT, appreciates the opportunity to provide a submission to the ACT Budget 2023–2024 consultation process. The work of the ATOD sector makes a critical contribution to the wellbeing of the ACT community, particularly to those vulnerable to lower levels of wellbeing in relation to health indicators and inclusion and belonging indicators, as described in the ACT Wellbeing Framework.¹

The ATOD sector is critical to achieving the ACT Government's nation-leading ambition to genuinely respond to drug use as a health issue rather than a justice issue, through a number of commendable initiatives including the extended drug checking pilot, scoping of a supervised consumption room, and the upcoming decriminalisation of personal possession of small amounts of identified drugs. The ATOD sector is also critical to achieving the ACT Government's recently released Drug Strategy Action Plan 2022-2026.

The urgent need for increased funding for the ATOD sector has been highlighted by the ACT Government's recent ATOD needs assessment, demand modelling for the ACT undertaken by the University of New South Wales (UNSW), and multiple recommendations from ACT Legislative Assembly Committee inquiries.

The appropriate response to a health issue is to fund high quality health services. Increased investment in core funding for specialist ATOD providers is required now to ensure that the ATOD sector is sufficiently resourced to support vulnerable Canberrans and the ACT Government's reforms. Investment in evaluation is also required in line with the ACT Government's commitment to evidence-based policy. ATODA's recommendations are summarised below, with more detail provided in the body of the submission.

	2023-2024 Budget Recommendations	Costings
1.	Increase funding by \$12 million annually for specialist ATOD treatment and harm reduction services' core funding.	\$12m in 2023-2024, recurring
2.	Fund a thorough impact evaluation of the implementation of the Drugs of Dependence (Personal Use) Amendment Act 2022.	\$0.4m over two years

We are happy for this submission to be made public. Please do not hesitate to contact ATODA if you have any queries or require further information in support of this submission.

Yours sincerely

A handwritten signature in blue ink that reads 'Devin Bowles'.

Dr Devin Bowles
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Alcohol Tobacco and Other Drug Association ACT (ATODA)

Submission to the ACT Budget Consultation 2023-2024

Introduction

The ACT community benefits from a high-quality specialist ATOD sector in the ACT that works cooperatively with other sectors and the ACT Government to reduce ATOD related harms and increase community wellbeing. Due to the ATOD sector's trusted relationships with highly marginalised population groups with low trust in government, the ATOD sector is an able partner for government in engaging with and improving wellbeing for priority population groups, as was demonstrated by the ATOD sector's involvement in multi-agency, multi-disciplinary models of care to support the Canberra community during the COVID-19 pandemic.² The 2023-2024 Budget is an important opportunity to fund proven high-quality services, address the treatment gap, and invest in evaluation to build the evidence base for what works to reduce ATOD harms.

ATODA notes that the ACT Government's Drug Strategy Action Plan (DSAP) 2022-2026 was released late 2022.³ ATODA commends the ACT Government for its extensive consultation with the ATOD sector as part of the development of this document. The priorities for action articulated in 2022-2026 DSAP align with the evidence about what works and with the objectives of the National Drug Strategy 2017-2026.⁴ In the Budget context, it is challenging to identify the Government's resourcing commitments related to the DSAP ahead of the 2023-24 Budget and with commissioning of ATOD services from 2024 onwards currently underway. Given this, ATODA has provided brief recommendations against each DSAP actions at [Appendix 1](#), and will continue to closely monitor action against the 2022-2026 DSAP in future budget submissions. While the 2022-2026 DSAP is an important policy platform, funding the DSAP actions is separate investment from ATODA's Budget recommendation detailed below regarding increased investment in core funding.

Budget Recommendation 1: Increased Investment in the ATOD Sector

ATODA warmly welcomes the increased investment in the ATOD sector in the 2022-2023 Budget.⁵ With ambitious reform underway in the ACT, it is critical that legislative reform is progressed in tandem with significant investment in the ATOD sector, demonstrating genuine commitment to a health-based response. Investment in the treatment sector is a sound investment on the part of government, with recent analysis from the Australian Institute of Criminology finding that on average demand reduction programs, including specialist ATOD treatment services, provide a return on investment of \$5.40 (AUD) for every dollar spent,⁶ with other studies finding a return on investment of \$7 for every \$1 invested.¹⁰ Other studies have found similarly favourable cost-effective ratios across ATOD treatment services and harm reduction programs, with savings for resulting from savings in primary and allied health care costs, reduced demands on the criminal justice system, and productivity and wellbeing gains.⁷⁻¹⁰

Despite the 2022-23 funding, significant investment is still required, as this investment fell well short of ATODA's conservative recommendation in its 2022-23 Budget submission.¹¹ In the ACT, the specialist ATOD treatment sector provides a wide variety of high-quality services to different client groups experiencing issues with alcohol, tobacco or other drugs. However, the sector is at capacity: current waiting times for some programs are long, and service providers are at times only able to provide low intensity treatment options to clients

assessed as needing high intensity treatment.¹¹ Findings from recent Drug and Alcohol Service Planning modelling (DASPM) of the ACT's ATOD service system indicate up to 4,750 more people annually require treatment than are currently being treated through existing services, with an investment gap of approximately \$24 million per annum.¹² It is important to note that this is an underestimate as the DASPM accounts for only 93% of treatment presentations (as it is restricted to four drug classes);¹² assumes treatment for only 47% of those people who meet the criteria for dependence;¹² and was undertaken before the most recent population numbers for Canberra were published by the Australian Bureau of Statistics, which indicated an undercount of approximately 20,000 persons.¹³ Further detail on the DASPM methodology and findings is provided at [Appendix 2](#)).

While this modelling was undertaken prior to the 2022-2023 ACT Government budget announcement,⁵ as the additional funding included funding for infrastructure and was spread out over the forward estimates, a significant investment gap remains. Given the demonstrated funding gap of \$24m is a conservative estimate, ATODA conservatively recommends a minimum increase of \$12m annually in core funding for ATOD specialist providers in order to better meet demand and ensure a sustainable and accessible specialist ATOD sector in the ACT.

The ACT Health Directorate's *ATOD Services Commissioning in the ACT: Health Needs Assessment* as at December 2022 also highlights the critical ATOD services needs in the ACT.¹⁴ The needs assessment provides a comprehensive overview of current ATOD use trends and harms in the ACT, and details a number of priority areas for investment, including but not limited to service access and navigation, counselling and outreach, support for people with co-occurring conditions.

More broadly, the need for increased investment in the broader NGO sector has also been highlighted by the *Counting the Costs* report commissioned by the ACT Council of Social Service (ACTCOSS) and ACT Community Services Industry Strategy Steering Group, and funded by the ACT Government.¹⁵ This report details the cost pressures experience by the community sector in the ACT, which includes the experience of non-government AOD providers funded by the ACT Health Directorate. The report found that over the last three years 47% of survey respondents have incurred a loss on programs delivered for the ACT, and makes a number of recommendations regarding how funding can be most sustainable structured.¹⁵ As nine of the ten specialist ATOD service providers in the ACT are NGOs, the ACT Government should also consider this report's recommendations in increasing investment to the ATOD sector.

In the context of ambitious Government reform and media attention, the ATOD sector in the ACT has been discussed in a number of ACT Legislative Assembly inquiries and reviews in recent years. ATODA is pleased that in all instances the ATOD sector has been noted for its contribution to reducing harms for vulnerable Canberrans. In particular over 2021-2022, there were five recommendations for increased investment in the ATOD sector from three ACT Legislative Assembly Committees:

- Select Committee Inquiry into the Drugs of Dependence (Personal Use) Amendment Bill 2021;
- Standing Committee on Justice and Community Safety Inquiry into Community Corrections; and

- Standing Committee on Health and Community Wellbeing Review of ACT Health Programs: Children and young people and responses to Fetal Alcohol Spectrum Disorder.

As flagged earlier in this submission, the achievement of the ACT Government's policy ambition in relation to ATOD policy is reliant on capacity and expertise in the ATOD sector. The ATOD sector is a necessary component of a number of government priorities, including but not limited to:

- Delivering against the ACT Drug Strategy Action Plan 2022-2026;³
- Reducing risky behaviours as set out in the ACT Preventative Health Plan 2020-2025;¹⁶
- Reviewing the ACT's drink and drug driving scheme against best practice models as required by the ACT Road Safety Action Plan 2020-2023;¹⁷
- Piloting fixed-site drug checking;¹⁸
- Decriminalising the personal possession of small quantities of identified illicit drugs; and
- Reducing harms caused by e-cigarettes.

A timely example is the recent release of the evaluation report of the fixed site drug checking pilot in the ACT, CanTEST, which found that over 80% of service users accepted an ATOD or healthcare intervention at the service, and 62% of service users reported that this was their first interaction to discuss their ATOD use with health care professionals.¹⁸ This clearly indicates an uptake in ATOD interventions for people who use drugs, particularly for those whom may not have otherwise accessed an intervention and who may particularly require support and information.

In summary, increased investment in the ACT ATOD sector is needed as evidenced by:

- The ACT Drug and Alcohol Service Planning modelling findings;
- The *ATOD Services Commissioning in the ACT: Health Needs Assessment* findings;
- The findings of the *Counting the Costs* report in relation to the costs of NGOs providing services in the ACT;
- The recommendations for increased investment in the ATOD sector from three ACT Legislative Assembly Committees over 2021-2022; and
- The contribution the ATOD sector makes and will continue to make as the ACT Government pursues its policy and legislative reforms resulting in increased diversion away from the criminal justice system and to the health sector.

In increasing ATOD sector funding, ATODA recommends that the core funding of existing evidence-based, high-quality services be prioritised. While funding for emerging needs and innovative practice is important, it can obscure the need for the expansion of projects and programs that are evidence-based, effective, and not funded adequately to meet demand.

Budget Recommendation 2: Impact Evaluation of the Implementation of the Drugs of Dependence (Personal Use) Amendment Act 2022

As stated in the DSAP 2022-2026, “the ACT Government is committed to investing in evidence-based and practice informed harm minimisation responses to alcohol and other drugs (ATOD) and to continue leading the country in innovative policy approaches”.³ ATODA commends the ACT Government for their leadership in this area.

Accordingly, ATODA would welcome funding through the 2023-2024 Budget for a thorough impact evaluation of the implementation of the Drugs of Dependence (Personal Use) Amendment Act 2022, to ensure this legislative reform achieves its intended goal of reducing drug-related harms, reducing stigma, supporting treatment pathways for people who use drugs through the health system, and reducing contact with the criminal justice system.

Such an evaluation should be adequately resourced so that appropriate qualitative and quantitative data can be taken into account. In terms of qualitative data, focus groups with people who use drugs and people implementing the legislative change, such as police, would be appropriate, as well as focus groups with ATOD services and other health providers in terms of understanding the health diversion consequences. In relation to quantitative data, a broad range of health, social and criminal justice data sources could be considered as part of an evaluation. A list of potentially appropriate data sources is provided at [Appendix 3](#), and these data sources may present opportunities for the collection of new quantitative data also, to complement the qualitative data.

Investment in the 2023-2024 Budget will ensure that appropriate work is undertaken to collect required data as the Drugs of Dependence (Personal Use) Amendment Act 2022 is implemented to inform an impact evaluation, and to test the development of an evaluation framework with relevant stakeholders.

Conclusion

The importance of the ATOD sector has been highlighted by the additional funding provided in the most recent and previous ACT Government Budgets. The ATOD sector has demonstrated itself to be a willing and able partner of government, as demonstrated by the sector’s contribution to the ACT Government’s COVID-19 response specific to marginalised population groups,² the sector’s involvement in the current fixed site drug checking pilot,¹⁸ and other initiatives. The strong collaboration between the ATOD sector and the ACT Government is also evident in the 2022-2026 DSAP where sector involvement and accountability is integral.³

The 2023-2024 ACT Budget is an opportunity to further the ACT Government’s and ATOD sector’s mutual efforts to improve the wellbeing of the ACT community. ATODA’s budget recommendations enable the ACT Government to proactively invest in and sustain their progressive and nation-leading reforms. The recommended investments are timely and strategic, and will bolster the ACT’s standing as a jurisdiction of genuinely evidence-based and practice-informed ATOD policy and investment.

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ATODA is happy to provide any additional detail or clarification that may be required. Thank you for the opportunity to input into the 2023-2024 Budget considerations.

About ATODA

ATODA is the peak body for the alcohol, tobacco and other drug (ATOD) sector in the ACT. Its purpose is to lead and influence positive outcomes in policy, practice and research by providing collaborative leadership for intersectoral action on the social determinants of harmful drug use, and on societal responses to drug use and to people who use drugs.

ATODA's vision is a healthy, well and safe ACT community with the lowest possible levels of alcohol, tobacco and other drug related harms. Underpinning ATODA's work is a commitment to health equity, the social and cultural determinants of health, and the values of collaboration, participation, diversity, respect for human rights, social justice and reconciliation between Aboriginal and Torres Strait Islander people and other Australians.

Note: While the term AOD (alcohol and other drug) is commonly used to refer to the alcohol, tobacco and other drug sector, ATODA's preference is to use the term ATOD. This acknowledges the role that specialist service providers in this sector play in providing tobacco cessation support, and because tobacco use is the leading preventable cause of the burden of disease in Australia, contributing far more than alcohol or all illicit drugs combined.

Appendix 1: ACT Drug Strategy Action Plan (DSAP) 2022-2026 – ATODA’s recommendations against each action

ACT Government Drug Strategy Action Plan (DSAP) 2022-2026 Action	ATODA Comment
<i>Promoting and maintaining equitable access to treatment and support</i>	
1. Explore options to improve online resources and other referral and navigation pathways for individuals who require ATOD and other related services.	ATODA reiterates that a review of the functioning of the National AOD Hotline in the ACT is prioritised.
2. Establish an Aboriginal and Torres Strait Islander ATOD residential rehabilitation service in the ACT.	ATODA supports an appropriately resourced evidence-based ATOD residential service for Aboriginal and Torres Strait Islander people in the ACT.
3. Support the Ngunnawal Bush Healing Farm to transition to a residential program.	ATODA recommends the ACT Government resources this program appropriately to enable evidence-based and culturally appropriate client support.
4. Ensure residential treatment services infrastructure are fit for purpose, including planned work for Ted Noffs Foundation Canberra.	ATODA recommends that consideration is given to an independent infrastructure audit is undertaken across government and non-government services to ensure that infrastructure is fit-for-purpose in an ATOD treatment setting.
5. Review and extend education and training for ATOD and allied sectors, to enhance sharing knowledge, and address stigma and discrimination faced by people who have used ATOD.	ATODA notes that ATODA provides ATOD Harm Reduction training to allied sectors.
6. Consider appropriateness of the mix of ATOD services, including capitalising on effective, evidence-based programs, the potential to expand community based outreach models and early intervention targeted to key groups.	ATODA reiterates that any consideration of changed or expanded scope of ATOD services in the ACT should be undertaken in consultation with the ATOD sector and in line with the relevant evidence base.
7. Explore opportunities to increase access to targeted nicotine dependence treatment and smoking cessation support for people in groups experiencing high prevalence of tobacco use.	ATODA recommends that programs that improve access to evidence-based and targeted smoking cessation support are expanded to reduce the tobacco-associated disease burden among users of ATOD specialist services.
8. Expand support for families and carers impacted by ATOD.	ATODA notes the 2022-23 Budget announcement in relation to support for families and carers. ⁵
9. Housing ACT will continue work to provide pathways into supported long term accommodation for people impacted by ATOD issues, for example through Housing First models. It will also continue to support the housing aspects of programs such as the Drug and Alcohol Court.	ATODA notes the need for increased coordination between ATOD and housing providers, with the ATOD sector particularly playing a role to identify and mitigate risk to ensure that individuals are not turned away from housing due to their ATOD use.
<i>Changing systems and protecting people from harm</i>	
10. Implement and evaluate a fixed-site pill testing pilot.	ATODA reiterates the importance of ensuring there is no gap in service between the pilot and a permanent service if the evaluation continues to be favourable. ATODA recommends that drug checking should be utilised in both fixed sites and event-specific applications (e.g. music

ACT Government Drug Strategy Action Plan (DSAP) 2022-2026 Action	ATODA Comment
	festivals), informed by the findings of relevant evaluations and pilots.
11. Establish an early warning system for substances in the ACT.	ATODA notes the importance of engaging closely with the providers of the pilot drug checking service, and other stakeholders on the establishment of an emerging substances early warning system for the ACT. An ACT system should take into account best practice models from other jurisdictions and leverage the Prompt Response Network established by the National Centre for Clinical Research on Emerging Drugs.
12. Encourage uptake of Canberra Script (ACT's real time prescription monitoring system) and monitor effects since the introduction of the national system	ATODA reiterates the importance of monitoring what interventions or referrals take place in event of a notification for a high-risk prescription medication.
13. Explore ways to improve access to the opioid overdose reversal medication naloxone.	ATODA reiterates the importance of working with existing providers and engaging with allied sectors such as the housing, youth, and mental health sectors on expanding access to naloxone.
14. Review relevant ACT legislation to ensure current arrangements are contributing to minimising harm from online liquor sales and delivery and explore options for further regulation.	ATODA reiterates that a review should focus on health and be organised in a way that recognises conflicts of interest, especially those of the alcohol industry.
15. Review relevant ACT legislation to ensure current arrangements are contributing to minimising the harm caused by e-cigarettes across the ACT community, particularly for young people.	ATODA supports a review of relevant legislation in this area, in order to limit the harms associated with e-cigarettes and vaping for the majority of the Canberra community, while continuing to facilitate access to e-cigarettes as a smoking cessation method in limited circumstances.
16. Work towards establishing a supervised injecting service tailored to the ACT.	ATODA supports the findings of the feasibility study into the establishment of a supervised drug consumption site in the ACT. ¹⁹ It is important to develop a model which matches the ACT's unique context, meeting user needs while optimising opportunities to connect to relevant services and ensuring value for money, given other high priority needs in the ATOD sector in the short to medium term. ATODA notes the expense of a medicalised model and recommends a nurse- or peer-led model which emphasises the provision of other harm reduction services. Design should be largely consumer driven.
17. Strengthening the capacity for primary care health providers to support people experiencing harm from ATOD, for example through growth in the number of medical professionals trained as Endorsed Prescribers for opioid maintenance treatment.	ATODA notes that close collaboration and engagement between government, the NGO ATOD sector and people with lived experience is essential to realising this action.
<i>Strengthening supports for people with co-occurring and complex needs</i>	
18. Explore opportunities for greater co-ordination and collaboration across government, NGOs and people with lived experience to address the needs of people with co-occurring issues or complex needs, including: ATOD use and mental health, suicide, family and domestic violence,	ATODA notes the importance of greater coordination and collaboration across a wide range of allied health and social sectors, and is actively involved in engagement and projects relevant to the identified co-occurring issues. A current barrier to improved coordination is waiting times for ATOD services.

ACT Government Drug Strategy Action Plan (DSAP) 2022-2026 Action	ATODA Comment
homelessness, unemployment, and gambling harm.	Investment in expanding existing programs to reduce waiting times is a fundamental step in enhancing coordination.
9. Support the establishment of a formal network for mental health and ATOD service sector workers.	ATODA welcomes initiatives to increase collaboration between the ATOD and mental health workforces, and is eager to work with the ACT Government and the mental health sector on this action.
20. Establish a multidisciplinary service to support young people who have mental health needs co-occurring with trauma, disability and/or drug and alcohol use.	ATODA reiterates that the establishment of this service must be informed by best-practice trauma informed models of care for this vulnerable cohort.
21. Support initiatives to integrate mental health activity with alcohol and other drug initiatives for example through the Watson Precinct re-development project and the Commissioning Health Services in the Community project	ATODA supports the ACT Government's vision of integration between mental health and the ATOD sector as articulated in the Minister Davison's statement to the Legislative Assembly regarding integration on 4 May 2022. ²⁰ ATODA is in active discussions with mental health peak colleagues and the ACT Health Directorate on proposed initiatives to further integration. A current barrier to improved coordination is waiting times for ATOD services. Investment in expanding existing programs to reduce waiting times is a fundamental step in enhancing coordination.
22. Canberra Health Service (CHS) to develop and implement the first CHS Co-morbidity Work Plan, covering training needs of clinicians for holistic and integrated care and enhancing screening and brief interventions for ATOD	ATODA suggest that consultation on the Co-morbidity Plan involves the NGO ATOD sector given frequent interaction between NGO ATOD treatment providers and Canberra Health Services as part of client treatment journeys.
23. ACTHD to work with Education to provide ACTHD-led professional learning to school psychologists, to ensure currency of knowledge about the enhanced training, supports and services that are available or become available for ATOD	ATODA notes the challenges associated with the implementation of alcohol and drug education programs in schools. ²¹ ATODA recommends consideration of resources developed by the Matilda Centre for Research in Mental Health and Substance Use (formerly the NHMRC Centre of Research Excellence in Mental Health and Substance Use) and engagement with relevant educational and ATOD experts to progress this action.
24. Explore opportunities working with the Capital Health Network and the Commonwealth Government to improve access to primary healthcare services for people experiencing issues with ATOD.	ATODA welcomes initiatives to strengthen referral pathways between primary healthcare and ATOD services.
25. Review the Canberra Health Service Alcohol and Drug Service to ensure it meets the complex needs of consumers and aligns with current ATOD policy.	NA
<i>Valuing peer support workers and people with lived experience</i>	
26. Identify options to better engage with people with lived experience in ATOD policy and program development.	ATODA commends the ACT Government for recognising the importance of involving people with lived experience of alcohol dependence and/or illicit drug use in decisions that affect them.
27. Support the establishment of a formal ACT ATOD peer worker network.	ATODA recommends that the ACT Government both supports and resources as required this action, and that peer workers in existing services are consulted as a priority on this action.

ACT Government Drug Strategy Action Plan (DSAP) 2022-2026 Action	ATODA Comment
28. Explore potential pathways to formal qualifications for ATOD Peer Support Work.	ATODA notes the tension between appropriately recognising the experience of peer workers and their contribution to the ATOD sector, and not creating further barriers to entry into the ATOD workforce. This action will require extensive consultation with the ATOD sector and the existing and potential peer workforce.
29. Explore options to extend peer treatment, support and advocacy services.	ATODA notes that peer workers in existing services should be consulted as a priority on this action.
30. Support establishment of formal pathways between treatment services and peer worker development programs.	ATODA notes that peer workers in existing services should be consulted as a priority on this action.
<i>Reducing involvement with the criminal justice system</i>	
31. Pass legislation to establish a simple drug offence notice and reduce penalties for drug possession with appropriate evaluation and oversight in place to ensure harm reduction outcomes are being realised.	ATODA reiterates the importance of a thorough impact evaluation in relation to this action, as detailed in the body of the submission.
32. Continue exploring options to improve fine management systems, including through alternatives to discharging fines for drug possession.	ATODA recommends that JACS commit to release to relevant stakeholders timely data on fines management, including data on prosecution for non-compliance with a simple drug offence notice and associated non-payment of fines, to inform stakeholder monitoring of whether legislation is achieving its intended goal of reducing drug-related harms
33. Improve links between the justice system and support services, including potential expansion of the Drug and Alcohol Sentencing List.	ATODA's submission to the Inquiry into Community Corrections sets out a number of pertinent issues in relation to any expansion of the Drug and Alcohol Sentencing List (DASL), including the need to thoroughly cost the DASL and preferred treatment models. ²² A recent evaluation of the DASL also made relevant recommendations in relation to any expansion, including the need for better engagement between the court and the ATOD sector. ²³
34. Explore whether further reforms to existing legislation, policy and operating procedures are appropriate to better align criminal justice processes with the harm minimisation approach	ATODA supports all legislative reform efforts to eliminate discrimination against people who use drugs in line with the National Drug Strategy and to minimise harms. ATODA suggests that discrimination law reform is one area of potential consideration. ²⁴

Appendix 2: Treatment and Investment Gap in the ACT

Below is a highly condensed summary of the *Demand and Service Modelling Project ACT Final Report (2021)*, which was undertaken by Prof Alison Ritter and Dr Richard Mellor from the University of New South Wales (UNSW) Social Policy Research Centre.¹²

The application of the Drug and Alcohol Service Planning model (DASPM) to ACT datasets in consultation with the ATOD sector has provided an opportunity to interrogate existing and future demand more thoroughly. The findings indicate up to 4,750 more people require treatment than are currently being treated through existing services, with an annual investment gap of approximately \$24 million.¹²

The DASPM is a population-based treatment planning tool, which starts with the general population of the ACT over the age of 10 years, regardless of AOD problem prevalence. The prevalence of drug dependence (by drug class) is then applied to the population to estimate the number of people who could receive intensive treatment. Of the total population who meet diagnostic criteria for dependence, only a proportion will receive treatment in any one year. The treatment rates reflect realistic estimates of the projected treatment demand volume.

The bulk of AOD treatment services are covered in the model, including screening and brief interventions; psychosocial interventions (group and individual counselling); assertive street work and assertive community outreach (19 years and under); withdrawal management: inpatient, community residential, and outpatient; residential rehabilitation; and Opioid Maintenance Treatment (OMT). There are a number of service types and clinical activities that are not covered in the current version of DASPM, including consultation liaison services, sobering up centres/services, childcare for children of people in residential treatment, and drop-in services. Prevention programs are also not currently included within DASPM.

This analysis is limited to the four drug classes covered by DASPM: alcohol, cannabis, methamphetamines, and opioids. Analysis of the ACT specialist treatment presentation data indicates that this covers 93.32% of treatment presentations. The current version of DASPM does not include an independent treatment package for tobacco cessation (as tobacco is not one of the four drug classes covered by DASPM). However, given the high proportion of people who attend AOD treatment who smoke, tobacco cessation interventions are built into all care packages across DASPM. This includes a brief intervention and nicotine replacement therapies and/or cessation medications. It is applied to 70% of all people who present for treatment (in 2018, 76.9% of clients of AOD services in the ACT reported smoking²⁵). DASPM also focusses on the resources required for treatment of individuals (and treatment of their families when the individual is in treatment). It does not include providing support to family members, community education and other activities that AOD services are engaged in.

Projected out to 2030, the model suggests that 59,763 people will require some form of intervention. The model forecasts that the annual increase, in line with population forward projections is in the order of 2%. The remainder of the findings focus on the data for the single year 2021. Using DASPM it was estimated that 9,085 people should receive intensive interventions for alcohol and other drug problems in the ACT in the year 2021. It was also estimated that 42,332 people should receive brief interventions for risky alcohol and other drug consumption in the ACT in the year period 2021. In order to treat the 9,085 people requiring intensive interventions for alcohol and other drug problems in the ACT in 2021, it was projected that 396 clinical staff (FTE) are needed (in 2021 reference year), with this workforce cost estimated to be \$48.8 million per annum. When the FTE and costs

associated with clinical staff for the screening and brief interventions are then included, it is a total of 411 FTE and a workforce cost of \$51.8 million per annum. The total costs associated with all treatment provision in the ACT in 2021 (both intensive interventions and screening/brief interventions) was projected to be \$70.3 million, inclusive of 411 clinical staff (FTE), 164 beds, medications, OMT dosing costs, diagnostic testing, and digital support service costs.

The reference year for the data on current investment was 2019/2020, in order to not underestimate the number of people receiving care due to the reduced numbers caused by social distancing requirements under COVID-19. It was estimated that between 4,332 and 5,237 people are currently provided intensive interventions for alcohol and other drugs covered by DASPM in the ACT per annum. The size of the AOD workforce in the ACT was estimated at approximately 187 clinical FTE. To account for treatment only for the drug classes covered by DASPM (93.32% of all clients presenting in the ACT), 93.32% of all investment was taken as the best comparator for the gap analysis. This resulted in current ACT investment at \$30,017,678.

The analysis resulted in a gap of between 3,848 and 4,753 more people needing treatment. As the treatment rate in DASPM is an average of 47%, that is the model projects demand to treat on average 47% of all people who meet criteria for dependence, these figures represent the minimum gap.

The cost gap projected is \$24 million per annum. Again as DASPM projects costs to treat on average 47% of people meeting diagnostic criteria for alcohol and or drug dependence in any one year, this is a conservative gap analysis. Additionally, Canberra's position as the major population centre in the local area means that people from nearby regional New South Wales access treatment in the ACT. ATODA analysed the data set of closed treatment episodes provided in 2019-20 by post code and found that 18.3% were provided to people whose home address was outside the ACT. The DASPM considers the total number of people receiving treatment in the ACT who are not residents of the ACT as per 2019-20 episodes of care data (n=737).

Importantly, the DASPM predicts the resources required for AOD treatment, but not resources required for other services, including social welfare services (housing and employment services), mental health services, or crisis interventions.

Extensive detail regarding the DASPM methodology and findings is provided in the Final Report, which is available at this link: <http://www.atoda.org.au/wp-content/uploads/2023/02/Demand-and-Treatment-Service-Modelling-FINAL-WITH-TITLE-PAGE.pdf>.

Appendix 3: Quantitative Data Sources to inform an Impact Evaluation of the Implementation of the ACT Drugs of Dependence (Personal Use) Amendment Act 2022

- AOD Treatment Services National Minimum Data Set (AODTS-NMDS)
- ACT Service Users Satisfaction and Outcomes Survey (SUSOS)
- ACT AOD Workforce Profile
- ACT Criminal Justice Statistical Profile
- ACT Prisoner Health Surveys
- Australian Secondary Students' Alcohol and Drug Surveys (ASSAD)
- Ecstasy and Related Drugs Reporting System (EDRS)
- Illicit Drug Reporting System (IDRS)
- National Drug Strategy Household Survey (NDSHS)
- National Opioid Pharmacotherapy Statistics Annual Data (NOPSAD)
- Needle Syringe Program National Minimum Data Collection (NSP NMDC)
- National Notifiable Disease Data Systems
- Drug Related Deaths and Coronial Data Systems
- ACT General Health Survey
- ACT Ambulance and Hospital Data
- ACT Waste Water Analysis
- ACT Policing Data

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