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Submission Cover Sheet

Inquiry into the COVID-19 2021 pandemic response

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Inquiry into the COVID-19 2021 pandemic response

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Introduction

The Alcohol, Tobacco and Other Drug Association ACT (ATODA) represents the Alcohol Tobacco and Other Drug (ATOD) sector in the ACT. Members include specialist alcohol and other drug treatment organisations, distinguished drug experts with deep knowledge of the criminal justice system and population health; the group representing families and friends who have lost loved ones to drugs; and the peer-based organisation for people with lived experience of drug use in the ACT.

ATODA welcomes this Select Committee and its remit to consider any matter relating to the ACT Government's health and financial response and any other matter relating to the COVID-19 pandemic as it relates to the ACT. Given our sector's particular areas of expertise, this submission focuses on the role of the ATOD sector in facilitating the ACT Government's public health response.

When the COVID-19 pandemic first occurred, the ACT Government did not have mechanisms in place to fully utilise or communicate with the non-government organisation (NGO) sector in the pandemic response. To its credit the ACT Government rapidly worked with the NGO sector to enhance communication and better leverage the strengths of the sector, including standing up an Opioid Maintenance Therapy (OMT) system very quickly. As this is the second inquiry on this topic, this submission comments on the period from 1 January to 31 October 2021, when the ACT Government's engagement with the NGO sector was well-developed.

ATOD Sector Supporting the Public Health Response

During pandemics, disadvantaged populations often experience disproportionate disease incidence and severity. Causes include diminished access to health care and protective measures designed for majority populations. Whilst addressing these issues are vital to improving health outcomes generally, it is critically important in the context of a pandemic because effective public health responses, such as vaccination, testing and social restrictions, require whole-of-society coordination. An important feature of pandemics is that the health of whole societies hinges on the participation of those who are often overlooked and who may perceive little investment in society. This is especially the case when a large proportion of the population needs to be immune to achieve herd immunity, because of a high basic reproductive number, as is the case with the Delta strain of COVID-19.

People who use drugs or who interact with the specialist ATOD services in the ACT report high levels of socio-economic disadvantage. A 2018 survey found that of the 600-700 people accessing specialist ATOD services each day in the ACT, nearly one-third were homeless or at risk of homelessness; 70% were unemployed or not working; and half had year 10 or less as their highest level of education.¹ ATOD use often exists alongside other co-occurring health issues and experiences of broader socio-economic disadvantage. People who are marginalised because of drug and alcohol use and other complex issues should be a priority population in any public health response.

The ACT Government's investment in the ATOD sector, both through existing and stimulus funding, has enabled the sector to support the public health response in 2021 and facilitate access to a critical priority population. ATODA notes the stimulus funding of \$200,000 (excl. GST) in 2020-21 and \$160,000 (excl. GST) in 2021-22 to support COVID-19 responses and responsiveness in NGOs that deliver specialist ATOD services. Some services also received dedicated additional funding. The ACT Government and the ATOD sector have worked together to enhance outcomes for vulnerable Canberrans over this period.

One of the particular strengths of the ATOD sector in the ACT is that it includes a strong and well-respected peer-based organisation, the Canberra Alliance for Harm Minimisation and Advocacy (CAHMA). CAHMA supports people who use, or who have used, illicit and other drugs and delivers a range of treatment support and peer education and information by disadvantaged groups in CAHMA, as evidenced by the organisation's ability to connect with them through many activities. There is considerable anecdotal evidence of high levels of trust in people who use drugs during the quarantine of public housing facilities in the second COVID-19 lockdown after 12 August 2021. CAHMA played a unique role in supporting the ACT Government response through their peer workers and strong relationships with both individuals residing in public housing and the broader ATOD and health sector. This, coupled with Directions Health Services' (Directions) primary health outreach and vaccination program, likely substantially reduced COVID-19 transmission among this priority population group and in the wider community. The ACT Government is to be commended for their investment in CAHMA, which allowed CAHMA to scale up its engagement and reach when required.

The ACT Government is also commended for quickly responding to the needs of people in quarantine who were already on Opiate Maintenance Therapy (OMT), and those who chose to commence OMT when they were required to quarantine. Due to ACT Health's strong and timely response to advocacy from ATODA, the ATOD sector and OMT consumers, guidelines were produced in 2020 lockdown which allowed for the necessary flexibility to provide pathways for people to access OMT while in isolation.² In particular, Directions was funded to deliver OMT to people's homes and other settings when they were unable to attend their usual dosing service. To support people who were required to quarantine during the 2021 outbreak, Directions' OMT delivery service was quickly scaled up to deliver OMT to up to 40 homes and quarantine facilities across Canberra each day. Directions' primary health service and Canberra Health Services' (CHS) Alcohol and Drug Service (ADS) also assisted people who use drugs to immediately commence on the OMT program when they were advised to quarantine. Directions' OMT delivery service staff also provided naloxone, food, and other essential supplies, as well as access to telephone and data for clients to communicate with healthcare providers. Directions' Needle Syringe Program (NSP) further expanded outreach services during this time to facilitate safer access to equipment for people vulnerable to COVID-19, as well as provide access to sterile equipment for people in isolation and quarantine.

Meeting the needs of clients required a collaborative effort between Directions, ADS, pharmacies and CAHMA, who advocated on behalf of clients and formed critical communication pathways for clients to access treatment. As is increasingly recognised, isolation and quarantine are stressful and difficult prospects for any community member, but for people who live hand to mouth and people with ATOD and associated issues of marginalisation, isolation and quarantine can be almost impossible. Additionally, alcohol and tobacco withdrawal while in isolation poses a number of challenges including risk of severe harm due to rapid alcohol detoxification. Funding for organisations such as CAHMA meant that marginalised people who use drugs or drug treatment services were able to be supported with care packages including food, naloxone and communication technologies including phones, phone credit and internet. CAHMA also played a crucial role ensuring that alcohol and nicotine withdrawal was not an additional issue for isolating or quarantining individuals. Hepatitis ACT also provided support, delivering care packages to people isolating or quarantining at home.

It is important to target hard-to-reach populations during a pandemic of a virus where virtually the whole population must be vaccinated to achieve herd immunity. People who

inject drugs have a high prevalence of comorbid conditions and are at a high risk of adverse outcomes from COVID-19.³⁻⁸ An Australia-wide study drawing on interviews held over June and July 2021 found that 52% of people who inject drugs were COVID-19 vaccine hesitant, compared to ranges of vaccine hesitancy of 22-32% in the general population over the same period.³ A smaller study conducted in Melbourne also found higher rates of vaccine hesitancy amongst people who inject drugs.⁴ While these findings are specific to people who inject drugs, ATODA suggests they remain relevant in considering the needs and experience of people who interact with specialist ATOD services in the ACT more broadly.

Directions commenced vaccinating vulnerable people against COVID-19 through their regular primary health outreach services at housing estates and at Veteran's Park in the CBD in June 2021. Additional funding from the Capital Health Network (CHN), and advocacy from the CHN and the ACT Government for Directions' supply of Pfizer vaccinations to be increased, enabled Directions to speed up its campaign to ensure vulnerable populations, including people experiencing drug and alcohol issues, mental illness, socio-economic disadvantage and other complex issues in the ACT could achieve the highest possible vaccination rate. To address barriers faced by this population group, dedicated vaccination clinics were established in Directions' Woden clinic and Directions' nursing staff and doctors took vaccinations to the doors of residents in over 35 public and community housing complexes, all quarantine facilities and countless individual homes across Canberra. Vaccines were also offered to people who were homeless at Veteran's Park and other sites around the ACT. Directions' vaccination program was supported by ACT Housing staff and CAHMA peer workers, who informed and encouraged residents to take advantage of this opportunity. Directions actively followed up every individual to ensure they would be fully vaccinated, providing their second dose at their home or another location convenient to them. The ACT Health Testing Team also partnered with Directions, CAHMA and housing providers to offer more accessible PCR COVID-19 tests for residents at a number of public and social housing complexes and at Veterans Park.

Research has found that potential enablers for vaccination uptake amongst people who inject drugs include peer worker recommended vaccinations and vaccinations via mobile treatment services and at drug treatment services.³ The ACT experience showed that having trusted health care providers who partnered with peer workers bringing the vaccine to where recipients live and congregate, was critical to the high uptake of the vaccine by people who use drugs in the ACT.

Directions' vaccination program was an outstanding success, substantially contributing to the ACT's world-leading vaccination rate by achieving high rates of double vaccination in vulnerable populations across the ACT. Interchange Cooperative General Practice also contributed to the high vaccination rate in this population group by providing vaccinations at the Early Morning Centre. Additionally, an opportunistic approach to vaccinating was useful, with Directions' staff providing vaccination in-reach to quarantined housing complexes, such as Condamine Court and Ainslie Village and to Lazaretto and Ragusa quarantine facilities.

A collaborative approach was vital in successfully supporting residents with complex needs in quarantine facilities. CAHMA and Directions were an integral part of the response team in the public housing quarantine sites and provided support to residents in Lazaretto quarantine facility. Most recently, YWCA approached CAHMA, Directions and CatholicCare to form a multi-agency response team that worked closely with the Canberra Health Services' REACH team and quarantine management to support residents with complex needs in Ragusa Quarantine facility.

The cross-sectoral relationships and models of care developed during the recent outbreak should be invaluable in informing planning for future lockdowns, quarantine facilities and

models of care. This includes facilitating prompt access to ATOD treatment and support that meets clients' needs and recognising the benefit of multi-agency, multi-disciplinary models of care in supporting priority populations to protect themselves against COVID-19 and to successfully quarantine. This will significantly contribute to effective management of future outbreaks and the safety of the community.

The efforts made by members of the ACT community, including people who use drugs, to engage with the COVID-19 response have been exceptional. Throughout the lockdown period this highly marginalised community actively reached out to ATOD services in order to find out how they could access testing and vaccinations. Importantly, they approached the healthcare providers with which they were already comfortable and felt safe. It is only through this connection between consumer and trusted service providers that such positive outcomes were achieved.

Investment in the specialist ATOD Sector

The COVID-19 experience highlights the importance of a viable, sustainable and accessible ATOD sector to support public health responses, particularly to facilitate relationships with priority populations with complex needs and low levels of trust in government.

There is a significant gap in investment in ATOD services both nationally and locally. At the national level investment in ATOD treatment needs to at least double to meet the demand for services.⁹ This accords with waiting lists for treatment programs and the experiences of people who seek support for drug and alcohol use in the ACT. Anecdotally, increased connections have been made with people eligible for specialist ATOD services, along with increased interest and uptake in treatment options, due to the strong engagement of ATOD specialist services during the lockdown period. Ensuring that specialist ATOD services are sufficiently resourced to support these individuals is a priority.

The ACT COVID-19 response in 2021 shows us clearly that a relatively small investment in ATOD services can have a profound impact on the public health of society. In particular, the ACT has achieved an enviable reputation for demonstrating the benefits of collaborative and inter-disciplinary care approaches. By combining the community reach and communication skills of peer-based workers with specialised clinicians from both government and NGO health teams, and supported by a strong peak body, the ATOD sector played a critical role in bringing a potentially devastating COVID-19 outbreak under control in a short period of time. This collaborative approach deserves exploration for future wider application, especially in integrated care and public health forums.

The ACT achieved world-leading results in COVID-19 vaccination uptake, and people who are vulnerable due to drug and alcohol use, mental illness and other complex health issues, socio-economic disadvantage and homelessness are an essential component of this. The ATOD sector has been critical in achieving high vaccine coverage amongst these priority populations in the ACT, and this experience has highlighted the importance of continued investment in the ATOD sector.

The experience of the pandemic demonstrates the capacity of the specialist ATOD sector to deliver a wide range of health and other services to vulnerable people, as well as high quality, evidence based ATOD treatment and harm reduction services.

Conclusion

Through strong partnerships and high levels of trust between service providers and service users, the ATOD sector is continuing to play a critical role in limiting the spread and effect of COVID-19. This includes through assertive vaccine outreach to priority populations with low

trust in government, community education, and support for people who use ATOD to maintain quarantine in challenging circumstances. In effect, the ATOD sector leveraged its uniquely trusted status among marginalised people to increase that population's engagement with government and other public health initiatives. Success factors included the ATOD sector's status as trusted health providers in the community; cohesion between services, including between government and NGO services; and the ACT Government's willingness to leverage the sector's strengths and support NGO engagement with funding.

Building on the experience of the ATOD sector during the COVID-19 2021 pandemic response, ATODA makes the following recommendations:

Recommendation 1: Maintain investment in and collaboration with the specialist ATOD sector in the ACT.

Recommendation 2: Embed early engagement with the ATOD sector in future public health responses, including, but not limited to, pandemic responses.

Recommendation 3: Disseminate lessons learnt on the effective partnership between the ACT Government, Capital Health Network and the ATOD sector in reaching priority populations with the broader NGO sector.

Recommendation 4: Over the next two years, as the COVID-19 situation stabilises and booster vaccinations are required, leverage the capacity of specialist ATOD primary health services and peer workers to reach priority populations effectively to accomplish a range of health and social goals and protect against COVID-19 resurgence.

Recommendation 5: Continue to fund integrated healthcare approaches created during the COVID-19 lockdown, especially the COVID-19 response teams comprised of multi-disciplinary members including doctors, nurse practitioners, nurses, counsellors, case managers, peer workers, and DFV and homelessness experts. This model has proven especially effective in making rapid and long-lasting changes to the health and wellbeing of priority populations. This model should be evaluated for wider use within the health and community sector.

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.

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