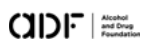


Reforming Australia's alcohol and other drugs treatment sector

2020-21 Pre-Budget Submission



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About this submission

This 2020-21 Pre-Budget Submission to the Commonwealth Government was developed in collaboration with 14 organisations who support improved coordination across all levels of government to enhance the integration and delivery of alcohol and other drugs treatment services in Australia.

Who we are

We are 14 organisations representing a cross-section of the alcohol and other drugs treatment fields. We include:

- > alcohol and other drugs treatment health professionals
- > consumer and carer representatives
- > professional societies and research centres
- > state and territory Alcohol and Other Drugs Peaks Networks
- > treatment providers.

We've come together because of our diverse experiences in the sector, but united in our vision. We are speaking with one voice to reflect opportunities for sector reform.

Our vision

An Australia where every person requiring alcohol and other drugs treatment can access timely, high quality services at the right location and which suits their needs.



Introduction

In Australia, 952 publicly-funded Alcohol and Other Drugs (AOD) treatment services provided almost 210,000 treatment episodes to nearly 130,000 clients in 2017-18.ⁱ Of this, the most common drugs which led to clients seeking treatment were: alcohol (35%), amphetamines (27%), cannabis (22%) and heroin (6%).

Yet despite the health, social and economic benefits of AOD treatment services to individuals and communities, there is a considerable unmet demand across the country. This submission provides recommendations for structural reform of Australia's alcohol and other drugs treatment sector to address this.

Unmet demand

According to the best estimates, up to 500,000 people can't get the help they need from alcohol and other drug treatment services – they're either not available or the waiting lists are too long. It doesn't matter whether someone is just starting to develop a drug problem, or whether they have a severe dependency issue, many can't get the help that they need. The situation is at its worst in regional and rural Australia.

This is a crisis, and it requires urgent action.

Evidence informs us that people access treatment often many years later than when they should.ⁱⁱ Long delays lead to greater harm, increased health care costsⁱⁱⁱ and potentially less successful treatment. Poorly designed and unreliable funding systems have compounded this effect, undermining service improvement, evaluation and growth.^{iv}

Currently, there is also an inequitable distribution of services, which means that some communities experience a severe lack of access. Identifying these communities, and taking immediate action to appropriately grow services to meet demand, should be a priority for government.

Additional investment in AOD treatment should be accompanied by investment in preventative health and early interventions to ease the demand burden on AOD treatment services and build a high quality, fiscally sustainable AOD treatment sector.

Whilst increased funding is extremely important, poor planning is just as much an issue requiring attention. Services are unevenly distributed, crisis-oriented, and there can be poor integration with other clinical and social programs. Often there is no easy access point for help. Too many people and their families experience long delays, little choice and compromised quality in a system that is fragmented and difficult to navigate.^v

To this end, it is critical that federal and state and territory governments work together to properly fund Australia's alcohol and other drug treatment services, and improve coordination and planning.

Benefits of AOD treatment services

Alcohol and other drugs treatment works when people can access the right kind of care at the right time and in the right place, with clinical and social support tailored to what is best for the individual.^{vi}

AOD treatment provides benefits in a number of ways:

- > Individuals benefit from the improved health outcomes and increased quality of life associated with treatment
- > Health services benefit from reduced demand for acute and emergency services when those with substance use disorders receive appropriate treatment
- > Society benefits from increased investment in AOD treatment, not only through avoiding costly care associated with the complications of untreated substance use disorders, but also by avoiding disruption to employment, family life, and the broader community. It has been estimated that for every \$1 spent on treatment services, there is a \$7 return to the community.^{vii}

This is why ongoing investment and coordination stands to improve the health of thousands of Australians, as well as the communities within which they live.

Recommendations

To address the unmet demand in Australia's treatment services, this submission presents three priority areas for structural reform of Australia's alcohol and other drugs treatment sector.

Within these areas, our submission proposes key recommendations for the Australian Government:

1

Improve the size and focus of investment in the alcohol and other drugs treatment sector

Update and implement the Drug and Alcohol Services Planning Model (DASPM)

- i. Form a working group and establish a process to update DASPM
- ii. Implement the updated DASPM to guide investment in the alcohol and other drugs treatment sector

2

Invest in service and workforce capability

Establish and fund an Alcohol and Other Drugs Treatment Sector Capability Fund

3

Improve coordination and governance across the alcohol and other drugs treatment sector

These recommendations are expanded upon in the following pages.

Recommendations

Recommendation One

Improve the size and focus of investment in the alcohol and other drugs treatment sector:

Implementation of the Drug and Alcohol Services Planning Model (DASPM)

- i. Form a working group and establish a process to update DASPM
- ii. Implement the updated DASPM to guide investment in the alcohol and other drugs treatment sector.

The alcohol and other drugs treatment sector is one of the last sectors not to utilise a national evidence-informed planning framework to guide and plan public investment. We call on the Australian Government, working together with state and territory governments, to fund and embed a nationally consistent planning model for the Australian alcohol and other drugs treatment sector.

Insufficient and short-term funding has been a barrier to longer-term investment in infrastructure and services and a barrier to recruiting and retaining a specialist alcohol and other drugs treatment workforce.^{viii}

We encourage the Australian Government to consider the Drug and Alcohol Service Planning Model (DASPM) to ensure it remains epidemiologically and clinically relevant and informs joint planning for investment in services.

DASPM was developed between 2010 and 2013 to enable nationally consistent, evidence-based planning for alcohol and other drugs services in Australia. The model was designed to estimate demand for treatment services, specify optimal care packages and calculate the resources needed to provide services.

Implementation of the model would require leadership and engagement with the community and the non-government sector for joint planning, implementation and review. We call on the Australian Government to fund an update of the DASPM. The updated and revised DASPM will be used nationally to plan investment and predict demand.

We call on the Australian Government to form and fund a working group with representation from all state and territory jurisdictions to update the DASPM so Australia can have a world-class national planning model for alcohol and other drugs treatment policy and responses.

A working group with representation from the Commonwealth and state and territory governments would:

- > incorporate learnings from implementation of similar planning models; for example, in Australian mental health service systems and in the Western Australian alcohol and other drugs treatment system
- > integrate the National Quality Framework for Alcohol and Other Drugs Treatment Services and the National Treatment Framework
- > plan a staged and coordinated expansion of service systems, including workforce development
- > form and fund a technical working group to update the 2013 model, including a review of the epidemiology and tailoring to specific population groups and locations.

Better investment planning through implementation of the DASPM across jurisdictions will improve access to high-quality services and make recruiting and retaining an effective specialist alcohol and other drugs treatment workforce easier. It will also assist key primary, acute, specialist and community services organisations to coordinate and plan their service delivery and improve models of care and services.

Recommendations

Recommendation Two

Invest in service and workforce capability:

Establish and fund an Alcohol and Other Drugs Treatment Sector Capability Fund

Insufficient short-term funding and poorly designed and unreliable funding systems have undermined the alcohol and other drugs treatment's service workforce, quality and growth.

Common features across the service system include:

- > run-down and poor-quality physical infrastructure
- > lack of capacity to help clients address barriers to service access such as childcare responsibilities or transport
- > lack of capacity to work holistically and in coordination with other health and social services;
- > lack of capacity to invest in research translation, service improvement and evaluation;
- > lack of capacity to meet the needs of culturally diverse client groups
- > lack of ongoing upskilling and education support for staff
- > high levels job insecurity.

We call on the Australian Government to establish and fund an Alcohol and Other Drugs Treatment Sector Capability Fund, working closely with state and territory governments.

The Capability Fund would provide professional advice as well as financial grants to alcohol and drugs treatment organisations. Funding would be provided for evidence-based service improvement and evaluation, effective specialist alcohol and other drugs treatment workforce, and capital works to improve the physical infrastructure of services.

The Capability Fund would enable rapid improvement in alcohol and drugs treatment service quality and accessibility, including the retention and development of a capable and effective workforce. This will mean that across the country the service system can immediately start to generate better outcomes from alcohol and drugs treatment for hundreds of thousands of Australians and their families.

Recommendations

Recommendation Three

Improve coordination and governance across the alcohol and other drugs treatment sector:

As aforementioned, there is an inequitable distribution of alcohol and other drugs treatment services in Australia, which means that there is a severe lack of access in some communities, particularly regional and rural communities.

Furthermore, the division of responsibilities between the Australian government, states and territories must be clarified, and coordination improved.

As such, governments should work together on a national strategy for the alcohol and other drug treatment sector that:

- > advises on a comprehensive and integrated system of clinical and social services for individuals and families experiencing alcohol and drug-related problems;
- > implements initiatives to address stigma and discrimination against people with alcohol and drug related problems, and alcohol and drug treatment service staff;
- > promotes better coordination between different levels of government, their agencies, and communities in the development of the workforce, including a peer workforce and delivery of treatment services;
- > contributes to the development of a culture of continuous improvement in Australia's alcohol and drug treatment sector and enhances the accountability and transparency in treatment services through the provision of independent reports and advice, as well as the development of evidence-informed guidelines for treatment;
- > ensures consumer voices are represented and that policy and service provision takes into account consumer experience and needs;
- > identifies unmet needs and makes recommendations about legislation and funding to address those needs, as well as to ensure there is ongoing investment in continuity of care to address relapse and long-term needs of individuals and their families; and
- > allows for the coordination and provision of data to high level forums such as the Ministerial Forum for Drugs and Alcohol so support for the workforce at state and territory levels is evidence-based and directed at the needs of each jurisdiction.

Costings

In developing this submission, we have based figures on those contained within New Horizons: The review of alcohol and other drug treatment services in Australia.^{ix}

An investment of at least an additional \$1,260,000,000 is required per annum.

Item	Number	Source
Treatment system cost	1,260,000,000	New Horizons pp 65-66
Upper range estimate for number of people accessing treatment each year	234,153	New Horizons pg. 161
Minimum average cost per person	5,381	Calculated
Minimum additional demand for treatment services (# of people)	212,000	New Horizons pg. 178
Estimated minimum cost of meeting demand	\$1.14 billion	Calculated

This submission also acknowledges that relative to each other, the states and territories fund 61% of the government contribution to AOD treatment and the Commonwealth funds 39%.^x

Additional costings will be required for the updating of DASPM.

Existing Commonwealth Government Policy

In recent years, the Federal Government have developed a number of strategies and sub-strategies to address the challenges in the AOD sector. We consider the recommendations identified within this submission to be supportive of, and in alignment with, the aims and priority areas as set out in the following government strategies:

National Drug Strategy 2017 – 2026

***Aim:** To build safe, healthy and resilient Australian communities through preventing and minimising alcohol, tobacco and other drug-related health, social, cultural and economic harms among individuals, families and communities.*

The Strategy sets out three pillars of harm minimisation:

- 1 – Demand reduction
- 2 – Supply reduction
- 3 – Harm reduction

Importantly, the Strategy has identified priority actions, populations and substances which, we believe, align with the recommendations within our submission. The Strategy's priority actions include:

- > Enhance access to evidence-informed, effective and affordable treatment
- > Develop and share data and research, measure performance and outcomes
- > Develop new and innovative responses to prevent uptake, delay first use and reduce alcohol, tobacco and other drug problems
- > Increase participatory processes
- > Reduce adverse consequences
- > Restrict and/or regulate availability
- > Improve national coordination

Furthermore, throughout this submission we have recognised that structural reform is a responsibility for all governments, and not that of any one tier alone. As such, we welcome that the Strategy states:

To achieve the goal of the Strategy, jurisdictions will work together to achieve national policy and program outcomes, as well as jurisdictional specific initiatives reflecting local and/or national circumstances and areas of responsibility.

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Existing Commonwealth Government Policy

National Alcohol Strategy 2019 – 2028

Aim: *To prevent and minimise alcohol-related harms among individuals, families and communities by:*

- > *identifying agreed national priority areas of focus and policy options;*
- > *promoting and facilitating collaboration, partnership and commitment from the government and non-government sectors; and,*
- > *targeting a 10% reduction in harmful alcohol consumption:*
 - *alcohol consumption at levels that puts individuals at risk of injury from a single occasion of drinking, at least monthly; and*
 - *alcohol consumption at levels that puts individuals at risk of disease or injury over a lifetime.*

The National Alcohol Strategy 2019 – 2028 has identified four national priority areas:

- > *Improving community safety and amenity*
- > *Managing availability, price and promotion*
- > *Supporting individuals to obtain help and systems to respond*
- > *Promoting healthier communities*

We welcome the priority within the strategy to supporting people who require help to access those services that meet their needs:

It is important that when people make the decision to reduce or stop their alcohol consumption, services are available to respond to that decision in a timely manner

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National Alcohol and Other Drug Workforce Development Strategy 2015 – 2018

Goals:

- > *To enhance the capacity of the Australian AOD workforce to prevent and minimise alcohol and other drug-related harm across the domains of supply, demand and harm reduction activities*
- > *To create a sustainable Australian AOD workforce that is capable of meeting future challenges, of innovation and reform.*

We note throughout the strategy the promotion of evidence-based and evidence-informed practice, and the identification of having a workforce engaged in evidence-based practice as a key principle underpinning the strategy.

Existing Commonwealth Government Policy

National Aboriginal and Torres Strait Islander Peoples' Drug Strategy 2014 -2019

Goal: *To improve the health and wellbeing of Aboriginal and Torres Strait Islander people by preventing and reducing the harmful effects of alcohol and other drugs on individuals, families and their communities*

Contained within the strategy are four priority areas:

- 1 — Build capacity and capability of the AOD service system, particularly Aboriginal and Torres Strait Islander community-controlled services and its workforce, as part of a cross-sectoral approach with the mainstream AOD services to address harmful AOD use
- 2 — Increase access to a full range of culturally responsive and appropriate programs, including prevention and interventions aimed at the local needs of individuals, families and communities to address harmful AOD use
- 3 — Strengthen partnerships based on respect both within and between Aboriginal and Torres Strait Islander peoples, government and mainstream service providers, including in law enforcement and health organisations, at all levels of planning, delivery and evaluation.
- 4 — Establish meaningful performance measures with effective data systems that support community-led monitoring and evaluation.

We recognise the prioritisation of effective planning, and culturally appropriateness of services, and consider these to align with the recommendations established within this submission.

National Ice Action Strategy 2015

Goal: *To reduce the prevalence of ice use and resulting harms across the Australian community.*

We welcome comments contained within the strategy which highlight the importance of investing in treatment services:

The largest gains to be made in solving Australia's ice problem will come from reducing the demand for the drug. To properly curb the demand for ice, we need to target prevention efforts towards high-risk populations, increase investment in treatment with improvements in how treatment programmes are delivered.

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Whilst welcome progress has been made in recent years with the development of these strategies and sub-strategies, we consider the recommendations set out within this pre-budget submission to be complementary to the priorities contained within them, and necessary for making meaningful progress to achieve the goals of government policy.

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