



Alcohol, Tobacco & other
Drugs Council Tas Inc.

Budget Priorities Statement

2015-2016

Alcohol, Tobacco and other Drugs Council of Tas Inc. (ATDC)

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2015, Hobart, Tasmania.

Executive Summary

The Alcohol, Tobacco and Other Drugs Council Tas Inc. (ATDC) appreciates the opportunity to be involved in consultations to inform the development of the Tasmanian State Budget for 2015-16.

The Tasmanian State Government and the alcohol, tobacco and other drugs (ATOD) sector work collaboratively to implement programs to improve the health and wellbeing outcomes for many thousands of Tasmanians in need of services and support.

This submission echoes a number of recommendations that have already been made in Tasmanian State Government publications such as:

- Report of the Auditor General, Report number 11 of 2013-14, *Compliance with the Alcohol, Tobacco and Other Drugs Plan 2008-13*
- Department of Health and Human Services' *Final Report of the Review of Drug Use and Service Responses in North West Tasmania* released in October 2014.

Specifically the ATDC Budget Priorities Statement makes twelve (12) recommendations and highlights a number of key priority areas requiring Government activity and/or investment, such as:

- Support for the key AOD governance body the AOD Treatment Expert Advisory Group that reports to the Alcohol and Drug Planning Advisory Group
- Renegotiation of grant indexation arrangements to ensure the ongoing viability and sustainability of the community sector
- Investing in the data and information management systems across the entire ATOD sector to enable the collection and analysis of quality information which will support the implementation of the DHHS Outcomes Purchasing Framework
- Providing recurrent funding for drug user organisations within Tasmania
- Investing in therapeutic justice options such as the establishment of a drink driving court
- Providing ongoing investment to support promotion, prevention and early intervention (PPEI) activities
- Tackling opioid overdose by enabling the availability of Naloxone
- Conducting the review of the Tasmanian Opioid Prevention Policy by an independent consultant and with appropriate input from drug users and those engaged with the program
- Increased access to pharmacotherapy including post-prison release
- Increasing the funding for needle and syringe programs (NSP) within the community including the consideration of creating an NSP within the prison.

ATDC Role and Function

The Alcohol, Tobacco and other Drugs Council Tas Inc. (ATDC) is the peak body representing the interests of community sector organisations (CSOs) that provide services to people with substance misuse issues in Tasmania. The ATDC is a membership based, independent, not-for-profit and incorporated organisation.

The ATDC is the key body advocating for adequate systemic support and funding for the delivery of evidence based alcohol, tobacco and other drug (ATOD) initiatives. We support workforce development through training, policy and development projects with, and on behalf of, the sector.

We represent a broad range of service providers and individuals working in prevention, promotion, early intervention, treatment, case management, research and harm reduction.

We play a vital role in assisting the Tasmanian Government to achieve its aims of preventing and reducing harms associated with the use of alcohol, tobacco and other drugs in the Tasmanian community.

The ATDC is committed to the following eight broad principles:

- Harm minimisation
- A population health approach
- A continuum of service types
- Consumer participation
- Consumer self determination
- Evidence based practice and policy
- Partnership and collaboration
- Recognition of Aboriginal and Torres Strait Islander Australians.

Summary of Recommendations

1.	That the Government identifies discrete capacity within the Mental Health Alcohol and Drug Directorate/Alcohol and Drug Service to support the key governance arrangements (AOD Treatment Expert Advisory Group) to enable the reconfiguration of the entire ATOD sector.
2.	That the Government negotiates the development of a sustainable grant indexation formula which is applied to all community sector organisations.
3.	That the government invests in a consistent data collection across the entire ATOD sector (Government and community sector organisations) to enable activity and performance reporting obligations to be met and to inform research and planning priorities.
4.	That the Government provides recurrent funding for the operation of legally incorporated consumer organisations for people who use alcohol, tobacco and other drugs.
5.	That the Government provides discrete funding to coordinate and promote the implementation of ATOD PPEI activities.
6.	That the Government trials a drink driving court within Tasmania.
7.	That the Government commences a time-limited project to prevent overdose and to identify and address the barriers to the prescription and administration of Naloxone within Tasmania.
8.	That the Government increases access to needle and syringe programs: <ul style="list-style-type: none"> • In rural and remote areas by working in partnership with community pharmacists • By increasing the availability of vending machines in suitable locations • By providing education and support to peers.
9.	That the Government maintains dedicated funding for Hepatitis vaccination and treatment programs across Tasmania.
10	That the Government funds the introduction of a pilot needle and syringe exchange program within the prison.
11	That the Government appoints an independent party to consult with key stakeholders and consumers in the review of The Tasmanian Opioid Pharmacotherapy Program Policy and Clinical Practice Standards (TOPP).
12	That the Government increases access to Opioid Substitution Therapy (OST): <ul style="list-style-type: none"> • For people within rural and remote areas • People within custodial settings and upon release from prison.

AOD Governance and Service Planning

The ATDC appreciates the fiscal constraints within which the State Government must continue to provide essential services and grow the State's economy. Against this economic backdrop the Government will need to continue to make structural and service delivery changes to the Department of Health and Human Services and the Alcohol and Drug Service.

Over recent years the ATDC and the alcohol, tobacco and other drugs (ATOD) sector have worked collaboratively with the State Government to plan and implement services and programs. Integral to the ongoing change and reform of alcohol and drug treatment services the Alcohol and Drug Service has created new governance arrangements:

- the AOD Treatment Expert Advisory Group
- the Alcohol and Drug Planning Advisory Group.

If these revised governance arrangements are to be truly effective they will need an open, honest and informed dialogue. It will be essential that these governance bodies have the capacity to receive and consider evidence-based information and advice. It is for this reason that that ATDC considers that the governance bodies will require dedicated project officer capacity for the formulation of advice and the provision of executive support.

Late last year the Department of Health and Human Services released the *Final Report of the Review of Drug Use and Service Responses in North West Tasmania*. This review was conducted in response to claims associated with a burgeoning problem with crystalline methamphetamine use on the North West coast of the State. The review made a number of observations together with operational and strategic recommendations that the ATDC fully supports. Also during 2014 the Auditor General in Report Number 11 of 2013-14, *Compliance with the Alcohol, Tobacco and Other Drugs Plan 2008-13* made a number of recommendations about how the Alcohol and Drug Service could work with and support non-government organisations to investigate alternative ways to expand services across all regions. With publications and reports such as these, the ATDC believes that the governance arrangements that have been created will be well placed to consider the policy and planning directions for the entire (public and non-government) sector of alcohol and other drug services.

Recommendation:

1. That the Government identifies discrete capacity within the Mental Health Alcohol and Drug Directorate/Alcohol and Drug Service to support the key governance arrangements (AOD Treatment Expert Advisory Group) to enable the reconfiguration of the entire ATOD sector.

Grant Indexation

Despite increasing expectations and demands for the provision of community services as well as an increase in day-to-day operating costs the State Government has not adequately indexed funding grants. This continuation of the legacy of the former State Government undermines the viability of the overall community sector which is a key employer within Tasmania.

Historically in 2001 the State Government introduced a grant indexation funding formula for DHHS administered grants. This funding arrangement which was linked to public sector earnings in recognition of the inconsistencies in wages between the public and community sector. The indexation arrangements was subsequently abandoned in 2011 and since that time indexation arrangements have been inadequate. Given the Government's commitment to funding the Equal Remuneration Order (ERO) it is now timely to reconsider and renegotiate indexation arrangements to ensure the ongoing sustainability of the community sector.

Recommendation:

2. That the Government negotiates the development of a sustainable grant indexation formula which is applied to all community sector organisations.

AOD Data and Information

The collection of data and information is a fundamental component of client service provision. The data provides a rich asset about the services that are being provided by organisations and to whom and whether successful outcomes are being achieved for individuals and the broader community.

Whilst different organisations may provide a range of services across the public and community sector it is key for service comparison and analysis that some core data is collected and reported on in a consistent manner. It is possible to achieve this consistency without the same information system to be used by all service providers but the collection

Given the desire for the enhancement of service integration and coordination it is essential that investment is made in data and information management systems across the entire ATOD sector to enable the collection and analysis of quality information. This data will inform and support the implementation of the DHHS Outcomes Purchasing Framework.

Recommendation:

3. That the government invests in a consistent data collection across the entire ATOD sector (Government and community sector organisations) to enable activity and performance reporting obligations to be met and to inform research and planning priorities.

Drug User Organisations

It is well recognised that increasing meaningful input from consumers into program and service design and delivery as well as policy development ultimately leads to improved economic, social and health outcomes as programs become more responsive to consumer needs. Fundamental to this for the ATOD sector is engagement with consumers and drug users to ensure that those with a lived experience are able to influence and participate in the appropriate development of the service system. Evidence-based best practice identifies that consumer representation is best achieved when consumers are directly involved in policy and program development and in service delivery.

Genuine consultation, engagement and consumer empowerment is complex and time-consuming and will be best achieved in Tasmania via the funding of a consumer organisation for people who use alcohol, tobacco and other drugs. This type of organisation of this type will only flourish if it is truly enabled and supported to be self-regulating, sustaining and independent. Drug user organisations are able to articulate and advocate the perspectives of drug users on issues that impact upon their lives. Establishment and recurrent funding are essential to ensure the ongoing sustainability of such an initiative.

Late in 2014 the Tasmanian User Health and Support League (TUHSL) was incorporated and now operates with a volunteer board. Funding would enable the recruitment of a part-time officer and the acquisition of basic infrastructure necessary to fulfil the objects of the organisation's constitution.

Recommendation:

4. That the Government provides recurrent funding for the operation of legally incorporated consumer organisations for people who use alcohol, tobacco and other drugs.

Promotion, Prevention and Early Intervention

The ATDC supports an equal and significant focus on preventative health and early intervention, alongside acute treatment service provision. Early intervention ensures better health outcomes for individuals as their conditions are treated earlier along the path of illness, giving them less opportunity to become chronic disease and ultimately costing the government less in long term treatment costs.

During times of economic downturn or financial hardship behaviours that threaten individual health and wellbeing such as misuse or abuse of substances can become more commonplace. As a consequence an increase in demand for services may eventuate. A PPEI approach recognises that it is inevitably a combination of issues and factors which lead to an individual's use of alcohol, tobacco or other drugs. The strategic framework recognises that ensuring that Government policies holistically address the complex array of factors influencing health, health inequalities and social exclusion, will ultimately lead to better health and other outcomes.

During 2014-15 the ATDC has been funded to work collaboratively with the Drug Education Network (DEN) to proactively lead the development of an implementation plan for *Everybody's Business – Tasmanian alcohol, tobacco and other drugs promotion, prevention and early intervention (PPEI) strategic framework*. It is important that this work doesn't falter and is able to continue.

Recommendation:

5. That the Government provides discrete funding to coordinate and promote the implementation of ATOD PPEI activities.

Drink Driving Court

In late 2013 the Chief Magistrate initiated a project to explore alternative therapeutic justice options such as the establishment of Drink Driving Courts (DDC). Since that time a working group has considered the policy and operational aspects associated with establishing a DDC within Tasmania.

Essentially DDCs use all the criminal justice stakeholders (magistrate, prosecutor, defence lawyer, law enforcement, corrections and treatment) in a cooperative approach to change the offender's behaviour.

Within other jurisdictions Drink Driving Courts use intensive supervision and treatment to change the person's behaviour, with:

- Participants reporting back frequently (usually weekly, bi-weekly or monthly)
- Team members update Court regularly
- Sentences adapted as participant progresses or regresses.

Recommendation:

6. That the Government trials a drink driving court within Tasmania.

Overdose Prevention

Naloxone is a schedule 4 drug used to counter the effects of opiate overdose. Naloxone is widely used in Australia and internationally by paramedics and hospital emergency department staff in cases of suspected opioid overdose. Where Naloxone has been distributed as part of an emergency overdose kit to heroin and other opioid drug users, this has been shown to reduce rates of fatal overdose.

Naloxone has no psychoactive effect, is not a drug of dependence, and therefore, is not a substance which is likely to be diverted or misused. The purpose of expanding naloxone availability is to further reduce and prevent death, disability, and injury from opioid overdoses through provision of training and resources to opioid users and their friends and family members who could be potential overdose witnesses.

Within Tasmania and nationally there are a number of factors that mitigate the prescription and administration of Naloxone in the event of drug overdose. The ATOD sector is committed to a project to implement an effective overdose prevention and management framework.

Whilst identifying and addressing the issues that limit the safe availability of naloxone other likely project outcomes would include:

- increased effective interventions in opioid overdose management
- comprehensive overdose management training to potential overdose witnesses
- provision/administration of naloxone under prescription to potential overdose victims

- a reduction in opioid overdoses.

A project funded by the State Government to identify and address the regulatory, professional and systemic issues that impede the provision of Naloxone to save the lives of those experiencing opiate overdose is necessary in Tasmania. The Alcohol and Drug Services Planning Advisory Group would be well placed to guide this project.

This initiative would be enhanced by the acknowledgement of the critical role played by peers in education and training of overdose prevention which would further strengthen the ATDC assertion above regarding the establishment of a drug user organisation within Tasmania.

Recommendation:

7. That the Government commences a time-limited project to prevent overdose and to identify and address the barriers to the prescription and administration of Naloxone within Tasmania.

Needle and Syringe Program (NSP)

Tasmania has a legacy of providing a comprehensive and effective Needle and Syringe Program (NSP) whereby essential sterile equipment and supplies are made available within the community (to people who inject drugs) for little or no cost to minimise the risk of infection and blood-borne viruses. Within some settings NSPs also provide an opportunity for brief health promotion interventions and appropriate referrals. NSPs are a proven public health harm reduction strategy for people who inject drugs and for the wider community. Improving access to NSPs within the community is vital but should not come at the expense of other programs targeting the prevention and management of specific communicable illnesses such as Hepatitis B and C.

Whilst core funding for the provision of an NSP across the State has remained stable it has not been adequately increased for more than five years. It is very important that the Government does not lose sight of the success of the NSP and that increased funding is invested so that the Program can remain viable and expand and adapt to changing service delivery needs.

Recommendations:

8. That the Government increases access to needle and syringe programs:
 - In rural and remote areas by working in partnership with community pharmacists
 - By increasing the availability of vending machines in suitable locations
 - By providing education and support to peers.
9. That the Government maintains dedicated funding for Hepatitis vaccination and treatment programs across Tasmania.

Needle and Syringe Program (NSP) within Prison

Despite Australia's proven track record in the provision of NSPs there has been resistance to establishing needle and syringe exchange programs within custodial settings. A significant number of prisoners have injected drugs and many continue to do so in prison, often using and sharing degraded contraband equipment and thereby placing themselves in a likely situation of contracting communicable illnesses such as hepatitis and HIV.

Prison staff have resisted the establishment of prison-based NSPs because the needles could be used as a weapon by inmates. While this is an understandable fear it appears to be misplaced, because several countries have managed prison NSPs for many years without having such an incident, or other adverse outcomes. NSPs have operated within prisons in countries overseas including Switzerland, Germany, Luxembourg and Spain. Within the Australian Capital Territory there have been significant policy developments regarding the establishment of an NSP within the Alexander Maconochie Centre. Contrary to concerns, where programs have been implemented within prisons:

- there have not been increases in illicit or injecting drug use
- significant reductions in reusing and sharing of injecting equipment resulted
- there have not been documented attacks or violence associated with prison NSPs
- there has been an acceptance of the program by staff and prisoners
- there has been a reduction in the prevalence of Hepatitis C and HIV.

The ATDC and ATOD sector members are committed to working with all stakeholders in the development and implementation of a pilot program to provide NSP equipment and supplies to eligible inmates.

Recommendation:

10. That the Government funds the introduction of a pilot needle and syringe exchange program within the prison.

Opioid Substitution Treatment (OST)

Opioid dependence is a chronic relapsing and remitting condition that is treatable. The intent of treatment is to minimise harms and consequently reduce the costs of dependence to individuals, families, and the communities in which they live. Treatment options include detoxification linked to a relapse prevention program, opioid substitution treatment (OST) and counselling, and/or residential rehabilitation.

Over many years the efficacy and cost effectiveness of Opioid Substitution Treatment (OST) has been well demonstrated with multiple benefits for individuals, families and the broader community such as:

- Improved health and well-being outcomes and quality of life factors including homelessness, imprisonment, poverty, marginalisation, stigmatisation, and interpersonal problems for affected individuals
- reduced costs to the health system and the community by treating opioid dependence and comorbid conditions

- reduced costs of criminal activity and involvement in the law enforcement, judicial and correctional/prison systems
- Population health outcomes include reduction in the risk of transmission of infectious diseases and blood borne viruses

As part of Tasmania’s OST program, prescribed medications are supplied in two ways, generally under supervised supply but stable patients are also allowed to have a supply of the medication prescribed to dose themselves and this self-dosing is referred to as a ‘takeaway’. For many participants in the OST the current guidelines and rigidity of the program significantly and negatively impacts on their quality of life and independence often despite a long period of program compliance and stability.

In April 2014 Advocacy Tasmania Incorporated (ATI) published a discussion paper called, *The Unintended Consequences of Pharmacotherapy Policy in Tasmania*. This paper and its recommendations were informed by consumer and ATOD sector perspectives. The Tasmanian Opioid Pharmacotherapy Program Policy and Clinical Practice Standards (TOPP) are considered to be highly risk averse and conservative, particularly when compared with similar policy positions in place within other Australian jurisdictions. The ATDC, ATOD sector and other stakeholders strongly encourage the Government to conduct a review of the TOPP by a suitably qualified, independent party.

The recommendations made by the ATOD sector regarding the opioid substitution program are two-fold:

- That the program, its policy and accompanying guidelines are reviewed
- That access to the program is significantly enhanced so that it is more equitably available across Tasmania, particularly for those who have been released from prison and who face delays in recommencement onto the program post-prison release.

Recommendations:

11. That the Government appoints an independent party to consult with key stakeholders and consumers in the review of The Tasmanian Opioid Pharmacotherapy Program Policy and Clinical Practice Standards (TOPP).
12. That the Government increases access to Opioid Substitution Therapy (OST):
 - For people within rural and remote areas
 - People within custodial settings and upon release from prison.