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Alcohol, Tobacco and other
Drugs Council Tasmania Inc.

# Budget Priority Statement 2018-2019

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## The Alcohol, Tobacco and other Drugs Council

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 use issues in Tasmania. We are 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 are underpinned by the principle of harm minimisation, which aims to improve public health, social inclusion and co-morbid illness outcomes, for individuals and communities.

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.

We thank the State Government for the opportunity to provide a submission and are available to work together on any of the below issues to reduce drug related harm for Tasmanians.

Tasmanian community sector organisations that have an interest in ATOD issues include:

- Advocacy Tasmania
- Anglicare Tasmania Inc.
- Bethlehem House Tasmania Inc.
- Circular Head Aboriginal Corporation
- Colony 47
- Drug Education Network Inc.
- Headspace/Cornerstone Youth Services
- Holyoake Tasmania
- Launceston City Mission (Missiondale)
- Mission Australia
- Velocity Transformations
- Quit Services Tasmania
- Red Cross Tasmania
- Relationships Australia Tasmania Inc.
- Rural Alive and Well Inc.
- Tasmanian Council on Hepatitis, HIV AIDS and Related Diseases
- Teen Challenge Tasmania
- The Link Youth Health Service Inc.
- The Salvation Army
- Tasmanian Users Health Support League
- Wyndarra Centre
- Youth Family and Community Connections

## Consultation process

The ATDC consulted with representatives from the Tasmanian community sector, firstly through an open invitation for meetings. Two meetings were conducted on 29 August and 6 November 2017 and were centered on distilling key points for our election strategy. We also had some 1:1 consultations with Member organisations. Across all these forums the following organisations participated:

- Youth, Family and Community Connections
- Holyoake
- The Salvation Army
- The Link Youth Health Service
- Bethlehem House
- Mental Health Carers Tasmania
- Mission Australia

The paper was then distributed to all members and feedback sought. The above consultations, together with a synthesis of research and evidence, form the basis for this paper.

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## *We can't afford to ignore prevention - it is key to making a difference*

Let's change the conversation around alcohol and other drugs in the Tasmanian community; we call for a greater focus on prevention of substance use issues, a better health service system in which to operate, and a reinvigorated approach to alcohol harm.

The ATDC asks the Government and the community - what is your vision for Tasmania in ten years?

We strongly suggest that there needs to be a separate focus on prevention in health policy and, as such, it needs separate funding from acute health services. Budget allocations should be evaluated in terms of the longer term impact on population health. **We will demonstrate throughout this submission how such an approach will make rational sense through saving money and improving the health of Tasmanians.**

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. Our community service organisations (CSOs) are experienced in treating mild to moderate issues, meaning that less people reach the acute sector. However, demand and waitlists suggest that they could treat more people if funded adequately.

Related to the above is the argument about the social determinants of health and the link to substance use issues. Strengthening investment in the myriad of programs and initiatives that address the social determinants of health, and which adopt a considered prevention and early intervention agenda, will support local, national and internationally evidence-based approaches which underpin harm reduction. 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 preventative 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. We advocate for Government policies that holistically address the complex array of factors influencing health, health inequalities and social exclusion, and we maintain that such an approach will ultimately lead to better health and other outcomes.

Specifically, within our sector, the Drug Education Network (DEN) is leading the 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. Specifically, extra funding to develop a consistent reporting tool that all CSOs and ATOD organisations use to report on prevention activities and measure impact in terms of success and identification of gaps is a key opportunity moving forward.

Cascading out of the argument for prevention are four main priority areas identified in this document:

1. **PRIORITY AREA 1: Recognise the value of, and increase investment in, treatment and support services delivered by the community sector**
2. **PRIORITY AREA 2: Continue the good work and focus on fixing our service system**
3. **PRIORITY AREA 3: It is time to create an evidence base for the ATOD sector**
4. **PRIORITY AREA 4: A reinvigorated approach to addressing alcohol harm**

## PRIORITY AREA 1: Recognise the value of, and increase investment in, treatment and support services delivered by the community sector

> *We believe that everyone who needs treatment should have access to it, as it turns lives around, strengthens families and communities and ultimately saves the Government millions in the medium to long term.*
>
> *Investment in ATOD treatment is clever and compassionate policy making.*

- ATOD treatment is one example of a prevention measure - the greater the access to treatment the more chance to fix mild to moderate substance use issues before the person reaches the acute health sector.
- ATOD treatment works and is cost effective, with $8 saved for every $1 spent (due to reduction in crime and health service utilisation).
- Needle and syringe programs – for every $1 invested, $4 is saved in the long term (mainly due to prevention of blood borne viruses such as Hepatitis C and HIV/AIDS).
- ATOD residential rehabilitation is more cost effective than incarceration of drug related offenders.
- A recent report on the ATOD sector estimated that there is unmet demand for treatment. CSOs have finite capacity and instigate waiting lists, and some acute services are not operating to capacity and therefore present blockages in pathways into treatment.
- Pathways in and out of treatment require reform.

The provision of, and access to, ATOD treatment for mild to moderate substance use issues in the community sector saves Government money in the long term. It is all about prevention - intervening when the 'problem' is smaller and easier to treat and lessening the burden on more expensive acute health services. Then there's the wider impact of ATOD problems on family violence, child neglect and crime that could be lessened through intervening earlier.

Evidence indicates that across a 12 month period, treatment provides a cost benefit ratio of $8 saved for every $1 spent.[1] Further evidence also suggests that engagement in ATOD treatment services can also lessen the burden on more expensive acute health services[2] by reducing demand for hospital services, ambulance attendances and hospital emergency admissions. There are further international studies[3] that reinforce the message that ATOD treatment provides a clear return on investments for clever governments.

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[1] Coyne, J., White, V., & Alvarez, C., 2015, Methamphetamine: focusing Australia's National Ice Strategy on the problem, not the symptoms, Australian Strategic Policy Institute, Barton, p21.

[2] Lubman, D., Manning, V., Best, D., Mugavin, J., Lloyd, B., Lam, T., Garfield, J., Buykx, P., Matthews, S., Larner, A., Gao, C., Allsop, S., & Room, R., 2014, A study of patient pathways in alcohol and other drug treatment, Turning Point, Fitzroy,

[3] Office of National Drug Control Policy, 2012, Alcohol and drugs prevention, treatment and recovery: why invest?, Public Health England, accessed 10/11/2017, at: http://www.nta.nhs.uk/uploads/why-invest-2014-alcohol-and-drugs.pdf and National Treatment Agency for Substance Abuse 2012, Cost benefits of investing early in substance abuse treatment, accessed 10/11/2017, at https://roar.nevadaprc.org/system/documents/4171/original/NPRC.3099.CostBenefitsofInvestingEarlyfactsheet.pdf?1480704502.

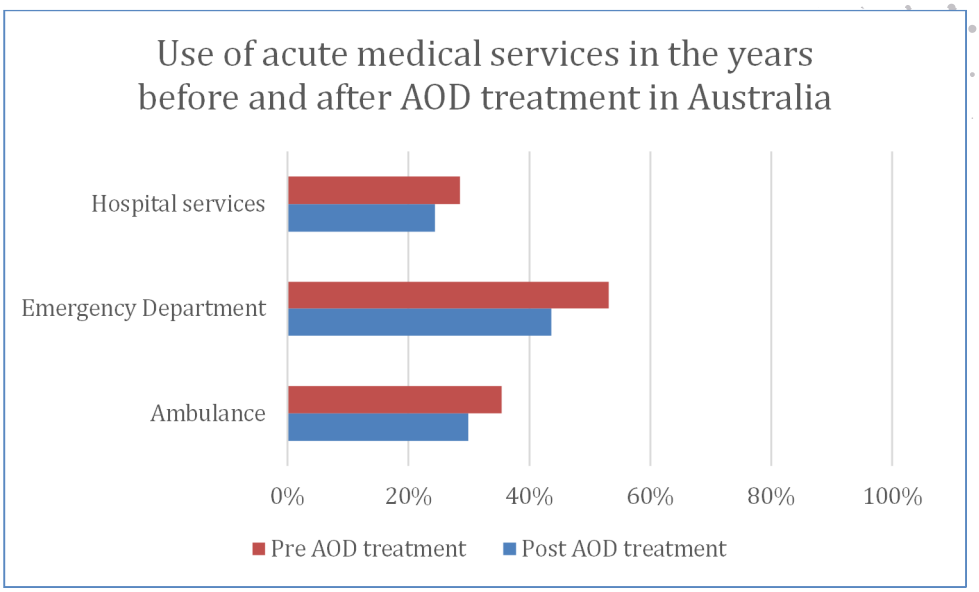


**Figure 1: How ATOD treatment impacts on acute health system demand.**

Each CSO in our sector employs evidence-based practice approaches and regularly conducts evaluation of services. Moreover, quality improvement processes demand a level of accountability as well as continual reflective practices embedded into organisational processes. The following are discrete examples in treatment outcomes for recidivist drink drivers, recently highlighted in a submission to the Tasmanian Law Reform Institute:

- Changes in alcohol use: one worker reported that around 70% of their clients will make changes and experience reduced risk around alcohol, and within that, 25% of that group will choose to abstain from alcohol use. Another worker reported a reduction in drinking levels in clients with the example of daily use reducing to drinking once a week for one client.
- Changes in driving behaviour: one example provided included a client who decided to hand their drivers licence in and therefore not drive.
- Changes in thinking patterns: cognitive shift in thinking about the impact of alcohol use on family and friends; shift in attitudes toward drinking and increased personal accountability around alcohol shown through responsible decision making; the effect drink driving had on the community with the example of thinking about if a drink driver hit their child.
- Changes in physical and mental health: examples provided included changes in liver function tests from very high to low, and noticeable change in self-esteem.

The above clearly shows how CSOs work effectively to reduce drug related harm, specifically from drink driving. The ATDC calls for an increase in the investment in these cost effective and vital services, and let them continue achieving such valuable outcomes for Tasmania.

Further studies[4] show that ATOD residential rehabilitation is more cost effective than prisons for those individuals incarcerated for drug offences. A 2012[5] study into the cost savings of prison versus residential rehabilitation interventions for Aboriginal people estimated savings at $111,458 per person with additional health related savings associated with lower mortality and better health outcomes at $92,759 per person.

This is where prevention, specifically with a focus on the social determinants of health, comes into the picture. Once someone has reached prison, it is well known and recognised that a large proportion of offenders have some degree of trauma in their pasts, often stemming from childhood which makes them complex in terms of their behaviour and health issues. Whether mandated, coerced or voluntary, treatment plans or programs need to recognise this. For treatment to be effective, and get to the root of the issues, offenders will require a more intense level of treatment, including 1:1 counselling as well as group programs.

The answer about why someone ends up in prison is often underpinned by childhood trauma, lack of education, homelessness, poor family support to name four possible variables. To fully understand the complexities of this cohort of our community, we need to address the root of the issues and recognise the role that such factors play in a person's life.

A recent review into the ATOD service system has highlighted the underfunding in our sector. While we realise that Department of Health and Human Services (DHHS) has limited funding, we have a view that the Government should prioritise finding the disparity of funding identified in the report.

The ATDC would like to also draw attention to some other issues that impact on treatment provision including:

- There are blockages in our treatment system with one example being accessing the detoxification unit. Our CSOs report that this presents a significant hiatus in the flow of treatment for clients; if clients cannot access detox then they often cannot start any treatment. Having one 10 bed withdrawal unit in southern Tasmania to service the whole of the state poses significant issues.
- There are gaps in services for specific populations, for example, we do not have residential rehabilitation services for young people, we do not have family friendly residential rehabilitation units for clients who cannot leave their children to enter treatment.
- Many CSOs are concerned about the impact of codeine rescheduling due to occur on 1st February 2018, and consequently the potential increase in treatment demand. This change is being managed well by the Codeine Rescheduling Implementation Group, however, the amount of people affected by this change is unknown, and CSO treatment providers are anticipating an increase in service demand.

[4] ANCD, 2012, 'An economic analysis for Aboriginal and Torres Strait Islander offenders prison vs residential treatment', National Indigenous Drug and Alcohol Committee, accessed 10/11/2017 at: https://www2.deloitte.com/au/en/pages/economics/articles/cost-prison-vs-residential-treatment-offenders.html

[5] ANCD, 2012, 'An economic analysis for Aboriginal and Torres Strait Islander offenders prison vs residential treatment', National Indigenous Drug and Alcohol Committee, accessed 10/11/2017 at: https://www2.deloitte.com/au/en/pages/economics/articles/cost-prison-vs-residential-treatment-offenders.html

## PRIORITY AREA 2: Continue the good work and focus on fixing our service system

- We can't reduce or prevent harm from alcohol and other drug use if the service system is not working.
- As mentioned above, there are aspects of the service system that require reform.
- We support the work done by the Mental Health and Alcohol and Drug Directorate (MHADD) managing the development of a new service system framework for the alcohol and other drug sector.
- The ATDC supports reform of the ATOD sector, however, we want to help with the process and be part of the conversation.
- We would like an assurance on two things: (1) that the government commits funding to the appropriate level to adequately manage the reform process and (2) that the reform process occurs in an open and transparent way.

We have three examples of concerns or blockages in our current service system:

Firstly, there have long been concerns around access and capacity of withdrawal services. A substantial proportion of people with substance use issues will most likely require access to detoxification and withdrawal services, prior to entering treatment. It is well recognised (and the subject of a recent external review process) that pathways and capacity of accessing these services is a barrier to streamlined treatment provision across the ATOD sector.

Secondly, another issue is access to mental health treatment such as psychologists or psychiatrists (this is especially the case on the north-west coast of Tasmania). This is a critical element to recovery for some clients. Staff in our CSOs regularly report access and capacity issues in this area.

Thirdly, a further blockage in our system is around access to general practitioners (GPs) who bulk bill and who are also equipped to work with complex comorbid alcohol and other drug and mental health presentations.

In 2017 the MHADD employed consultants (Siggins Miller) to conduct a review of the Tasmanian ATOD sector. This process has now concluded and the next stage is the development of an alcohol and other drug service system framework. At the time of writing, work on the framework has just commenced. The ATDC and member organisations support the process and are in agreement that our service system requires widespread reform.

We have three areas to highlight:

- We are concerned that the reform process will not be adequately funded to support real and meaningful change (such as addressing the gap between demand and treatment places, and the need for data to monitor access and outcomes),
- We must ensure that there is a focus on pathways and connections to acute services, GPs, mental health professionals, and
- We would like assurances that any process around system reform will be open, inclusive and transparent moving forward.

## PRIORITY AREA 3: It is time to create an evidence base for the ATOD sector

- How can we prevent alcohol and other drug harms if we don't have the data to track progress?
- There is no data available at a service system level.
- Consistency is an issue: currently there are different tools and definitions used across the sector.
- Potential project opportunity: to fund a collaboration across government, community and UTAS to fix the issue.

Currently, Tasmania does not have a sector wide data collection and analysis system. This means that decisions around the distribution of ATOD funding are made in the context of scant data on Tasmanian drug use trends and service usage. The collection of data and information is a fundamental component that scaffolds any coherent, reflective and high functioning service system. Data provides a rich asset about the services and to whom and whether successful outcomes are being achieved for individuals and the broader community. Regionally specific drug trends data also adds value in service design processes and underwrites responsible decisions around the distribution of public funds.

The second issue is that while individual services collect data, there is inconsistency in how data is collected across the ATOD sector. There is a developmental process that needs to occur before any sector wise data system can be put into place. Given the investment in ATOD Service System reform processes mentioned above, 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 an evidence base.

A partnership with the University of Tasmania, as an independent research institute, would generate many benefits. Using the intellectual capital of the University of Tasmania to synthesise existing data collected by all services across Tasmania, used in combination with secondary data sets and existing research projects, a clear picture of drug use, harms, service usage and consequently issues and outcomes would become apparent. Investment in such a system need not be cost prohibitive, it is suggested that a pilot project could be enacted for between $100-$200k investment.

## PRIORITY AREA 4: A reinvigorated approach to addressing alcohol harm

*Should unhealthy commodity producers whose primary interest is making profit be involved in health governance?*

- We call for a reinvigorated response to alcohol harm -Tasmania can do much better.
- Alcohol is the most widely used drug in Tasmania with 80% of the population (aged 14 and over) using it in the last year, in comparison to 15% using illicit drugs in the same time period.
- One in five Tasmanians (over 14 years) are lifetime risky drinkers, with one in four Tasmanians being single occasion risky drinkers. This creates (now and into the future) a substantial burden on health budgets and reinforces the need for early intervention and prevention services.
- In 2016-17, police recorded 232 public place assaults involving alcohol. That's more than one public place assault every two days. There were 2187 drivers charged with exceeding the alcohol limit or driving under the influence.

- The link between alcohol and cancer is not as well known as the relationship between tobacco and cancer, experts are currently [6] forecasting that this is the next public health frontier.
- Tasmania's Alcohol Strategy 2010-2015 has elapsed and we would like to work with DHHS to update and develop a new strategy with clear policy direction towards prevention, public education and reduction of harm through identifying targets and a commitment to greater regulatory and enforcement capacity.
- We would like to challenge the relationship between the alcohol industry and Government, asking should private interests be involved in health governance?
- Current self-regulation of the alcohol industry is arguably weak, and responsible service of alcohol is not working.

One of the principal roles of the ATDC is to provide direction and leadership around alcohol and other drug issues. We are calling on the government to reinvigorate a focus on alcohol. We also forecast a public health crisis as around one quarter of Tasmanians over the age of 14, drink alcohol in a way that is linked to risk. This is a far greater quantum than that posed by cannabis or crystal methamphetamine. The links to chronic disease, albeit take time to manifest, are well researched and very clear in the minds of medical practitioners.

If governments take action now to put the appropriate strategic measures in place across the community and enact prevention measures across the lifespan of individuals, then this will reap numerous dividends. In a recent article, by independent policy analyst, Martyn Goddard, it is suggested that Tasmania is behind other Australian states in investment in prevention:

> Tasmania's record in actually funding preventative health services is the worst in the nation. State government funding accounts for 58% of the national average, well behind the other states (New South Wales and Queensland) which are also behind the average. Public health is defined as activities for the protection and promotion of health and the prevention of disease, illness or injury. The category includes ... health promotion, screening programs, communicable disease control and the prevention of harmful drug use.
>
> The implications for health services and patient care are profound. These are areas – including mental health, alcohol and drugs, disease prevention – in which the absence of adequate services can have devastating effects on vulnerable people. These non-hospital services are among the cheapest to provide in the entire health system but can save massive amounts of money and personal suffering.[7]

If this is indeed the case then Tasmania is missing an opportunity to put compassionate, cost-saving measures in place now that will have a longer term impact on population health and a subsequent decrease

[6] Department of Police, Fire and Emergency management, Annual Report 2016-17, accessed online on 23/11/2017, at: http://www.police.tas.gov.au/historical-corporate-documents/annualreport20162017/ , p28.

[7] Goddard, M., 2017, Media Release, Community Health underfunded by $84 million, accessed online 7/12/2017, found here: http://tasmaniantimes.com/index.php?/article/community-health-underfunded-by-84-million/

in health budgets. There is no greater area of potential impact than alcohol policy due to the population use statistics noted above.

There are alcohol policy alliances[8] springing up across the globe that advocate for evidence-based policies free from commercial interests, that encourage proactive community based responses (for example regional alcohol action plans) invigorated through local networks. This is one of a number of options open to the Government. We believe we **all** need to work harder on this problem.

## Other considerations:

There are many other issues across our ATOD sector that need highlighting:

- There is work being done in the ATOD sector to ensure that service user's voices are heard. Listening to lived experience and ensuring that their voice participates in service design and planning is vital to a coherent service system. It is important to note that Tasmania is the only jurisdiction in Australia without a funded user group.
- We hear from our members that the complexity of client presentations are increasing, examples include greater and entrenched mental health and substance use comorbidity, intersections with substance use and justice and housing issues being another.
- Increasing access to naloxone to address overdoses warrants attention. According to Australia's Annual overdose report 2016:

> Deaths due to accidental overdose grew substantially from 2004 to 2014. They reached 1,137 in 2014, a rapid rise from 705 deaths in 2004 and a 61 per cent increase in a decade. Between 2013 and 2014 overdose deaths smashed through the 1,000 deaths mark, with a rise of 14.5 per cent in one year alone, from 993 to 1,137.[9]

The Salvation Army[10] notes that such overdoses are preventable by administering a dose of Naloxone. Currently, Naloxone is available on prescription or for sale at a pharmacy at a cost prohibitive price for many people that need it. Requirements to attend a GP consult or pay a high price over the counter present a barrier to many users accessing Naloxone. While changes to the pharmaceutical benefits scheme are a Federal issue, the ATDC wishes to draw this to the attention of the state government.

Rolling our free Naloxone to clients, families and friends as well as services that work with the public as a first aid approach to reducing accidental death by overdose is another opportunity for our sector.

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[8] Examples include: Global Alcohol Policy Alliance accessed on 4/12/2017, found at: https://globalgapa.org/, NSW/ACT Alcohol Policy Alliance, accessed on 4/12/2017, found at: http://naapa.org.au/, California Alcohol Policy Alliance, accessed on 4/12/2017, found at: https://www.alcoholpolicyalliance.org/

[9] Pennington Institute, 2017, *Australia's Annual Overdose Report 2017*, accessed on 4/12/2017, found here: http://www.penington.org.au/australias-annual-overdose-report-2017/

[10] The Salvation Army, Fact Sheet: Naloxone, accessed on 4/12/2016, at: http://www.salvationarmy.org.au/en/find-help/Alcohol-and-Other-Drugs/Fact-Sheets/Fact-Sheet-Naloxone/

- Funding arrangements – our services support a shift to five year funding terms. This allows for continuity of service and workforce retention. We also support greater communication around ongoing funding. All funding across the sector should include an allowance for Equal Remuneration Order (ERO) for those organisations who workers are paid under the Social, Community, Home Care and Disability Services Industry Award or Consumer Price Index (CPI) for those under different awards. This payment allows our services to continue providing services at the same level throughout the contract rather than struggling to pay staff in the latter part of the contract term.
- We have concerns around the current provision of needle and syringe programs in terms of opening hours and geographical coverage. We believe that this program is a vital intervention and is a key prevention program.

## Forecasting:

- We forecast the need for an increased capacity of migrant workers to address alcohol and other drug issues in culturally sensitive and safe frameworks.
- We also forecast an aging cohort of clients with substance use issues. This has implications for our service providers and our workforce as well as aged care services.