

STRONGER DATA BETTER OUTCOMES

BUDGET PRIORITY STATEMENT
2019-2020



atdc

Alcohol, Tobacco
and other Drugs
Council Tasmania Inc.

OUR VISION:

A Tasmania without alcohol, tobacco and other drug related harm or discrimination.

OUR GOAL:

By 2022, the alcohol, tobacco and other drug sector is transformed by a shared data system that builds our collective understanding and a collaborative approach to reduce alcohol, tobacco and other drug related harm for all Tasmanians.

TASMANIANS DRINK ALCOHOL, SMOKE CIGARETTES AND TAKE DRUGS.

For some, it may be the occasional drink or cigarette on a special occasion or it may be prescription medication to manage chronic pain.

For others, their relationship with alcohol, tobacco and other drugs may be more complex causing their drinking, smoking or other drug use to pose a health risk to themselves or those around them. For some, their drug use may involve substances that are not only considered dangerous, but also illegal.

Despite the efforts of alcohol, tobacco and other drug promotion and prevention experts, the harms from problematic alcohol and other drug use in our communities is significant. In Australia, one in 20 deaths every year can be attributed to alcohol or illicit drug use¹ and one in eight deaths attributed to tobacco².

In Tasmania, alcohol, tobacco and other drugs accounts for 799 emergency presentations and 2,268 hospital admissions every year³. It also accounts for 52 per cent of burglary, assault and public disorder crimes⁴ and one third of our road traffic injuries⁵. In 2017-18 there were 816 public assaults in Tasmania related to alcohol and other drugs, which equates to two public assaults per day. There were also 2,173 drink drivers charged, and these figures don't account for the social and emotional toll that alcohol, tobacco and drug dependence plays on families and children across Tasmania.

For many Tasmanians, treatment is required to help them so they can lead healthier, happier and more productive lives.

WHAT TREATMENT IS AVAILABLE IN TASMANIA?

There is a range of treatment options available, and Tasmanians may seek support from a once-off discussion with their GP or pharmacist, to short-term counselling sessions or long-term detoxification and rehabilitation services.

Treatment may happen individually, in a group setting or in a live-in residential facility.

- Information and Education
- Counselling (one-on-one or group)
- Pharmacotherapy
- Withdrawal Management
- Residential Rehabilitation
- After-care support
- Support and case-management

1. <https://www.aihw.gov.au/news-media/media-releases/2018/march/1-in-20-australian-deaths-caused-by-alcohol-and-il>

2. <https://www.tobaccoinaustralia.org.au/chapter-3-health-effects/3-30-total-burden-of-death-and-disease-attributable-to-tobacco-by-disease-category>

3. Siggins Miller, 2017, A single Tasmanian alcohol and other drugs (AOD) service system framework: Final report, accessed online 13/11/2018, found here: https://www.dhhs.tas.gov.au/__data/assets/pdf_file/0019/340129/Final_Report.pdf

4. <https://www.aihw.gov.au/getmedia/7554ecf9-2e7d-48a8-8d4b-7f2898621762/17904%20-%202023sept2015.pdf.aspx>

5. <https://www.aihw.gov.au/reports/burden-of-disease/impact-alcohol-illicit-drug-use-on-burden-disease/contents/summary>

HOW MANY TASMANIANS ARE SEEKING TREATMENT?

According to Siggins Miller Consultants¹ every year:

32,292

Tasmanians will experience an alcohol or drug substance use disorder.

12,767

Of these Tasmanians will require some form treatment

6,550

Tasmanians are currently receiving treatment.

6,217

Tasmanians are not receiving treatment.

Why these Tasmanians are not being treated may be for a range of reasons including a lack of services or the stigma and discrimination associated with needing assistance with their alcohol or drug use.

HOW ARE THEY ACCESSING TREATMENT?

The majority of Tasmanians receiving treatment will require more than one session of treatment. This is because by its very nature substance use dependence is a chronic health issue and Tasmanians need to be supported through multiple attempts at treatment to reduce the risk of relapse.²

In addition to multiple sessions, we know that Tasmanians will likely receive treatment from more than one organisation.

Across Tasmania, there are a range of government, non-government and private providers delivering alcohol, tobacco and other drug services and these organisations will commonly provide their treatment services at differing stages of the recovery journey for the same people.

CASE EXAMPLE

An individual who accesses a community organisation can be advised that they then need to attend a sobering up/withdrawal unit previous before coming back to the same organisation to access counselling and support. Then they many require residential rehabilitation and then aftercare support. During this journey the individual will receive treatment from several organisations, services and workers. It is also likely that they may also need to re-enter the treatment system a year later due to their substance use disorder being a chronic and relapsing condition.

1. Siggins Miller, 2017, A single Tasmanian alcohol and other drugs (AOD) service system framework: Final report, accessed online 13/11/2018, found here: https://www.dhhs.tas.gov.au/__data/assets/pdf_file/0019/340129/Final_Report.pdf

2. Reform Agenda for Alcohol and Drug Services in Tasmania: Consultation Draft, found here: https://www.dhhs.tas.gov.au/__data/assets/pdf_file/0020/350534/Reform_Agenda_for_ATOD_Services_-_Consultation_Draft_FINAL_3.pdf accessed 21/10/2018, p28-9

WHAT DATA ARE WE CAPTURING?

Every year in Tasmania when an individual seeks or accesses treatment, data will be captured.

- Who they are (e.g. gender and age)?
- Where they're from?
- Who referred them?
- What drug did they use and what is the issue?
- What treatment did they receive?
- Did the treatment work?

There is an incredible amount of rich data being captured by each service provider delivering treatment across Tasmania. But we don't turn this data into information that we can use to improve our services.

WE MUST TURN OUR DATA INTO INFORMATION

Every organisation delivering treatment services has a data system collecting, managing and reporting data.

Aside from providing data back to government for reporting requirements, this data⁴ is not analysed or shared in a timely and meaningful way back to those organisations or the broader alcohol, tobacco and other drug sector.

Data provided to the government can take up to two years to be provided back, and returned in a format that is not always useful for the Tasmanian community sector to make informed decisions on resource allocation or service planning and improvement. Consequently, this information is also not being used to guide alcohol and other drug policy and strategy development or to help organisations respond to emerging and current drug issues in their communities.

Despite all the rich data being collected, there is no shared software platform or data collection tool. This makes it very difficult for service providers to provide effective case-management across services, and makes it exceptionally difficult for funders to make effective resourcing decisions across different services providers, types and locations.

Decisions on alcohol, tobacco and other drug services in Tasmania are being made without current or relevant data.

“If you don't have a baseline then you won't know what the workforce requires and be able to develop service specifications, all of this requires a baseline and data.”

— CEO Tasmanian community sector organisation

“Without this information we are ‘fumbling about in the dark’, making decisions on the basis of scant information and evidence.”

— Tasmanian community sector worker

“By far (the greatest priority in the reform agenda) is the data collection system”

— CEO Tasmanian community sector organisation

This is a long-standing issue in Tasmania and we can change it.

CASE EXAMPLE

Fentanyl is a synthetic opioid that poses significantly more harm than any other opioids. Fentanyl is 50 to 100 times more concentrated than morphine. Due to its high concentration, and the tendency for people to use it alongside other respiratory depressants like alcohol and benzodiazepines, the risk of death for people who use Fentanyl is exceptionally high. The alcohol and other drug sector is highly concerned that an increase in Fentanyl use will result in a sharp spike in overdose deaths in Australia. A shared data-system will act as an ‘early warning’ system of any increase in Fentanyl use, to ensure harm reduction measures are put in place to prevent deaths in Tasmania.

4. Broadly speaking, the type of information currently collected at a typical alcohol and other drug organisation includes:

- Client information data – this data supports the instigation of client information records that enable case coordination within and across services.
- Service level data – aggregated data that describes service usage and presenting issues.
- Outcome data- this data shows the extent and nature of change in clients, and ultimately the efficacy of any given intervention/approach and is measured across the treatment timeline.



WE CAN CHANGE THIS

There is significant appetite from the Tasmanian alcohol, tobacco and other drug sector to work collaboratively to develop a shared data system that will build their collective understanding and a collaborative approach to reduce alcohol, tobacco and other drug related harm for all Tasmanians. This is a priority that has been identified in numerous consultation papers including the Siggins Miller Report, and the Reform Agenda for Alcohol and Drugs Services in Tasmania.

The need for this work is echoed by our key partners Primary Health Network Tasmania, the Tasmanian Government Alcohol and Drug Services, and Mental Health Alcohol and Drug Directorate.

WHAT IS NEEDED?

The ATDC has undertaken an extensive scoping and consultation with 50 individuals from 21 member organisations. We have undertaken the preliminary work to identify the range of data being collected, the information needs of the community sector and government organisations delivering treatment to identify the priorities.

1. SHARED DATA COLLECTION AND ANALYSIS

To provide useful and current information to guide treatment providers, funders and policy makers on resource allocation or service planning and improvement, and to identify new and emerging drug trends.

2. SHARED CLIENT INFORMATION

So the person accessing support doesn't need to retell their personal stories and share their treatment history each time they seek assistance, and to enable organisations to better coordinate referrals and care.

“It is about communication, sharing of knowledge of what each other does, acknowledge different roles/treatments/levels, and also about referrals.”

HOW THIS INFORMATION WILL ASSIST THE TASMANIAN ALCOHOL, TOBACCO AND OTHER DRUGS SECTOR

	SERVICE DIRECTORY	CLIENT INFORMATION RECORDS ⁵	SECTOR-WIDE DATA	OUTCOME DATA	WHY?
CLIENT	✓	✓			Clients are tired of repeating their stories every time they access a different part of the service system.
SECTOR WORKFORCE	✓	✓			The workforce want to manage the information they collect from clients and be able to share this appropriately with other services they work with. They also want to know information about other services and to be able to refer clients effectively and efficiently to them.
SECTOR CEOS	✓	✓	✓	✓	A CEO wants their workers to be able to coordinate care with workers in other organisations. Sector level client, usage and drug trends enables more effective service design and continual improvement processes. Information about sector level outcomes provides further information on the effectiveness of treatment approaches.
FUNDERS	✓		✓	✓	Knowledge to inform the purchasing of services.
POLICY AND PLANNERS	✓		✓	✓	Sector planning and sector level strategies.
RESEARCHERS			✓	✓	Information to inform research on Tasmanian alcohol and drug issues. There is a distinct lack of research in the Tasmanian context. This is noted by all stakeholders.
PEAK BODY	✓		✓	✓	Information to inform advocacy, workforce development initiatives and policy processes.

5. Available across services- with appropriate caveats on privacy and confidentiality and high level of client control of records



IT WILL BE A GAME-CHANGER

A single, shared data-system will:

- Facilitate data-sharing and whole-of-sector reporting that will streamline reporting for community organisations and funders
- Increase access business intelligence and drive innovation in service delivery and planning practices
- Provide information to identify alcohol, tobacco and other drug use trends and issues across Tasmania
- Provide an opportunity for an early-warning system that will identify critical threats from emerging drugs, such as fentanyl
- Provide a client information management system that will streamline treatment across different service providers for the entire treatment journey of the individual
- Facilitate whole-of-state service planning and enable funding bodies to deploy resources in the right place and the right time to meet demand

Significant work has been done to-date and potential solutions have been identified⁶, that range from data integration to data sharing across existing software platforms.

There is more work to be done before a final solution is identified.

WHEN FORMING STRATEGY AND ALLOCATING FUNDING - WE ARE FLYING BLIND.

We know that the Tasmanian alcohol, tobacco and other drug sector requires reform, but without a shared data system, there is an absence of high level data on which to base sector level strategies or to allocate resources to drive change.

Without this, we are flying blind.

The Tasmanian Government invests \$21 million into specialist alcohol and other drug treatment and support services each year. These services are delivered in community and government organisations across Tasmania. To maximise the return on this multi-million dollar investment, resources need to be allocated strategically through targeted solutions. Currently we do not have a reliable way of doing this.

Development of strategies, such as the Tasmanian Alcohol Action Framework and the Tasmanian Illicit Drug Strategy also require analysis of Tasmanian sector level data to determine priorities and set directions.

A shared data system will give the alcohol, tobacco and other drugs sector the capacity to make system-wide transformational change to how we design and deliver services in Tasmania.

6. For one example please see Infoexchange product – found here: <https://www.infoexchange.org/au> - this is the system the Tasmanian Government utilises to implement the Housing Connect data management system (SHIP) in the Tasmanian housing sector, and is an example of how a shared client information system can integrate services and improve client outcomes. Other systems include Conektor, currently used by the Tasmanian Government Joined Up Services Project, and the bespoke Victorian Alcohol and Drug Collection Data System introduced in September 2018.

HOW THE TASMANIAN GOVERNMENT CAN ASSIST?

To identify the best data system for the Tasmanian alcohol, tobacco and other drug sector, we require financial support from the Tasmanian Government to employ a dedicated project manager to finalise this work.

The Project Manager would be employed by the ATDC across a 12 month period, with the objective to finalise the underlying parameters of a shared data system co-designed alongside Primary Health Network Tasmania, the Tasmanian Alcohol and Drug Services and the Mental Health Alcohol and Drug Directorate.

KEY DELIVERABLES

- Define the functions and desired outcomes of the data system
- Define the data collection and analysis methodology
- Identify the initial core set of data indicators
- Identify and cost the preferred software platform
- Develop the data dictionary and materials to support the implementation of a shared data system.
- Map opportunities to integrate the platform the existing systems used by Tasmanian treatment providers
- Establish memorandum of understandings (as appropriate) with targeted Tasmanian Government agencies to facilitate increased access to, and sharing of data from existing datasets (e.g. drug seizure, hospital and ambulance data)
- Source commitment from the sector and key partners to co-invest in the preferred software platform
- Prepare and submit a Budget Priority Statement for 2020-21, if required to seek Tasmanian Government financial investment to secure the preferred software platform.

**TIME FRAME: 1 JULY 2019
TO 30 JUNE 2020**

OVERSIGHT

The Alcohol and Drug Expert Advisory Group: Data Set Working Group would act as the governing body for this project. The Data Set Working Group includes representatives from the Mental Health Alcohol and Drug Directorate, Tasmanian Health Service, Department of Health, Primary Health Tasmania and the University of Tasmania and is a sub-committee of the Tasmanian Government Alcohol and Other Drug Expert Advisory Group.

INVESTMENT

The cost of undertaking this work is approximately \$140,000⁷ over the 12 month period. This cost includes the expenses for the Project Manager's salary, on-costs and administrative overheads.

Tasmanian Government Investment sought:
\$75,000 (GST excl)

Primary Health Network Tasmania has confirmed that they would financially contribute to this project, dependent upon a confirmation of an investment from the Tasmanian Government. The ATDC is also committed to contributing financial and in-kind support, if this proposal is successful.

7. Calculated on a full-time SCHADS Level 7, over 12 months including on costs, and project administration costs



WHY THE GOVERNMENT SHOULD INVEST

Investing in the development of a Tasmanian alcohol, tobacco and other drug shared data-system is aligned to a number of targets in the Tasmanian Liberals Building your Future⁹ Plan and other government goals.

TARGET 21 - REDUCE SMOKING RATES TO BELOW THE NATIONAL AVERAGE BY 2025

A more connected service system means greater access to smoking cessation services and a shared data system will enable the identification of where smoking rates are higher than the average and to deploy targeted smoking cessation programs in those areas.

TARGET 25 - 90% OF EMERGENCY PRESENTATIONS WILL BE IN AND OUT OF THE EMERGENCY DEPARTMENT WITHIN FOUR HOURS BY 2022

A shared data system will allow earlier identification of issues and enable services to respond quicker. Service planning informed by data showing which interventions work, and where they should be placed, will prevent people ending up in emergency departments.

TARGET 26 - REDUCE EMERGENCY AMBULANCE RESPONSE TIMES TO NATIONAL AVERAGE WAITING TIME BY 2025

Service planning informed by data showing which interventions work, will reduce the demand on ambulances, through better access to treatment and support. A service system that is hard to access, not integrated and not designed based on informed decision making can generate unnecessary and increased burdens placed on the justice system, acute health services such as hospitals and ambulances and ultimately to people presenting at emergency departments.

TARGET 33 - THE LOWEST USE OF CRYSTAL METHAMPHETAMINE (ICE) OF ANY STATE BY 2022

A health system that can respond better to substance use will lead to less people experiencing harm from crystal methamphetamine. The Inquiry into crystal methamphetamine (ice) First Report¹⁰ stated – in recommendation 1, “(that) data on the prevalence of crystal methamphetamine use, particularly among vulnerable groups” is made available. Tasmania currently gathers this data but the information is not available to the sector.

9. Tasmanian liberals building Your Future plan was accessed online 13/11/2018, found here: <https://www.tas.liberal.org.au/sites/default/files/BuildingYourFuture.pdf>

10. Parliamentary Joint Committee on law Enforcement, 2017, Inquiry into crystal methamphetamine (ice): First report, Commonwealth of Australia, pxi.



RESPONDING TO THE DELIVERING SAFE AND SUSTAINABLE CLINICAL SERVICES, WHITE PAPER

In the Paper, “Tasmanians’ responses to the Green Paper have expressed clear expectations that health care services should... be informed by comprehensive data collection and reporting systems that measure performance across a range of domains of value.¹¹” A shared data-system will provide this.

SUPPORTING THE REFORM AGENDA FOR ALCOHOL AND DRUG SERVICES

A shared data-system will support the Tasmanian Government’s Reform Agenda, the development of a data collection, collation, reporting and sharing of information protocol for use across all government and non-government AOD service providers is identified. Alongside, a suitable clinical information management system to meet data system requirements for use across the Tasmanian government and non-government specialist alcohol and drug sector.

SUPPORT THE RECOMMENDATIONS OF THE SIGGINS MILLER REPORT

A number of insights were provided by Siggins Miller Consultants, including the strong support across all stakeholders in the alcohol and drug sector for system-level reform and innovation, a joined up, evidence-based approach (for consumers) and there being a number of system-wide issues such as the need for joined up electronic health records¹². This project will address all of these concerns.

COST SAVINGS TO REINVEST BACK INTO ALCOHOL, TOBACCO AND OTHER DRUG SERVICES

Modelling shows that across a 12 month period, treatment provides a cost-benefit ratio of \$8 saved for every \$1 spent¹³. Further evidence also suggests that engagement in alcohol and other drug treatment services can also lessen the burden on more expensive acute health services by reducing demand for hospital services, ambulance attendances and hospital emergency admissions¹⁴.

11. Department of Health and Human Services, 2015, Delivering Safe and Sustainable Clinical Services, White Paper, Tasmanian Government, p52.

12. Siggins Miller, 2017, A single Tasmanian alcohol and other drugs (AOD) service system framework: Final report, accessed online 13/11/2018, found here: https://www.dhhs.tas.gov.au/_data/assets/pdf_file/0019/340129/Final_Report.pdf

13. 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.

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

THE TEAM THAT WILL LEAD THIS WORK



ALISON LAI

Chief Executive Officer

Alison joined the ATDC in July 2018 following a 25 year career spanning the Tasmanian private, public and not-for-profit sectors. Prior to stepping across to the ATDC, Alison is best known for her time as the CEO of Volunteering Tasmania and from her 10 years working in the Tasmanian Government. With a successful track record in leading a peak representative body and extensive experience in government relations and grant administration, Alison is a passionate advocate for developing strong and meaningful relationships between government and the communities they seek to assist.



DR JACKIE HALLAM

Policy and Research Manager

Jackie holds a Doctorate from the University of Tasmania in harm reduction policy in relation to illicit drugs in Australia from 1980 to 2000. Jackie has been employed in a variety of roles within the ATOD sector since 2000 including five years in frontline work, clinical supervision, research and workforce development roles. She currently manages the ATDC's policy and research development. Jackie has also previously worked within Government and at the University of Tasmania.



NICK MERKLIN

Workforce Strategist

Nick joined the ATDC in 2016 and holds undergraduate and postgraduate qualifications in Psychology and has worked as a volunteer counsellor for drug, alcohol and relationship related issues. Nick's career has focused on research consultancy and he has experience in developing, managing and running large scale research projects in a range of areas including social, service delivery, workplace management and customer satisfaction.

ABOUT THE ATDC

The Alcohol, Tobacco and other Drugs Council is the peak body representing and supporting community organisations, and the people they assist, to reduce alcohol, tobacco and other drug related harm for all Tasmanians.

It is our vision that Tasmania can be free from alcohol, tobacco or other drug related harm or discrimination.

Through advocacy, policy, research and workforce development initiatives, we seek to increase investment into alcohol, tobacco and other drugs services across Tasmania. It is also our aim to foster a collaborative, inclusive and effective alcohol, tobacco and other drugs sector and facilitate positive change in community attitudes and policy settings.

ACKNOWLEDGMENTS

The ATDC wishes to thank the 50 people from our 21 member organisations who generously gave their time to contribute to this submission.

- Advocacy Tasmania
- Alcohol and Drug Foundation
- Alcohol and Drug Service (THS) and Mental Health Alcohol and Drug Directorate (MHADD)
- Anglicare Tasmania
- Bethlehem House
- Cornerstone Youth Services
- Drug Education Network
- Holyoake
- Launceston City Mission
- QUIT Tasmania
- Primary Health Tasmania (PHT)
- Red Cross
- Rural Alive and Well
- Salvation Army, Bridge Treatment and Recovery Centre
- South East Tasmanian Aboriginal Corporation
- Tasmanian Aboriginal Centre
- The Link Health Services
- University of Tasmania
- Velocity Transformations (Pathways Tasmania)
- Youth, Family and Community Connections
- Youth Network of Tasmania

We also thank the Tasmanian Government, through the members of the Alcohol and Drug Expert Advisory Group: Data Set Working Group for their contribution.



Alcohol, Tobacco and other
Drugs Council Tasmania Inc.

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