

Sustainability for the Alcohol, Tobacco and other Drugs Sector

Budget Priority Statement 2024-25



No Harm, No Discrimination

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Alcohol, Tobacco and other
Drugs Council Tasmania

Acknowledgements

The ATDC wishes to acknowledge Tasmanian Aboriginal people as the custodians of lutruwita/Tasmania. We recognise and pay our respects to elders and leaders of the community, past and present.

The ATDC wishes to thank our member organisations for their continued excellence in the delivery of alcohol, tobacco and other drug services and programs for Tasmanians. We also acknowledge the many volunteers in our sector and those with lived experience. The ATDC also gratefully acknowledges the support provided by the Tasmanian Department of Health, Primary Health Tasmania, and the Australian Government Department of Health and Aged Care.

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The ATDC has consulted widely across our sector to inform this submission. We have spoken to non-government organisations who provide alcohol tobacco and other drug services and key stakeholders in the Tasmanian Government. At all times we have kept our shared priorities, as articulated in the Reform Agenda for the Alcohol and other Drugs Sector, sharply at the front of our minds.

The following presents the shared priorities that are designed to support and continue the momentum for the alcohol, tobacco and other drugs sector of Tasmania to reform and become more responsive to the needs of Tasmanians.

Tasmanians deserve a properly funded alcohol, tobacco and other drugs sector. It not only benefits those who need support for their substance use concerns, it creates healthier, happier and more prosperous communities for all.

Warmly,

Jackie

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ATDC Website:



Key Contact

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1. Funding Certainty and Sustainability

Five year funding contracts

with adequate indexation applied from 2025/26 onwards.

Why are we asking for it?

The ATDC is calling on the Tasmanian Government to provide five year funding contracts for community-managed organisations delivering alcohol, tobacco and other drug (ATOD) services. Most Tasmanian community-managed organisations providing specialist ATOD services have funding agreements due to expire on 30 June 2025. Making this change is critical to ensuring no interruption to the ongoing delivery of programs and services across the state.

How does this priority align to the AOD Reform Agenda?

With work underway to implement the 10 year Reform Agenda for the Alcohol and Other Drugs Sector in Tasmania, funding certainty and sustainability is essential to enable organisations to maintain current levels of service delivery, embed service change, recruit and retain staff, and reduce workforce stress.

What difference would it make?

Five year funding agreements with adequate indexation applied would make an immediate difference to service delivery. Funding for core ATOD treatment needs to be long standing as organisations require a secure commitment to allow for planning and quality improvement processes.

Recruiting and retaining appropriately qualified staff across the community-managed health sector is a recognised challenge. Five year funding agreements would make this easier and also support organisations to invest in their workforce.

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“ Indexation is a critical issue for your sector... we are also moving to five year contracts beyond electoral cycles, and I believe this... will give the sector funding assurance, sustainability and the flexibility it needs moving forward. It will also be instrumental in being able to recruit and retain staff through the sector...”

Premier Jeremy Rockliff
TasCOSS Luncheon, 16 February 2023

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Emily Ebdon, Dan Vautin and
Premier Jeremy Rockliff



2. Continuity for Peer Workers in Tasmanian ATOD Services

\$300 000 per annum

For continuation of funding to employ three peer workers

Why are we asking for it?

In 2022, the Tasmanian Government committed \$300 000 across a two year period to employ three peer workers in the ATOD community-managed sector in 2023 and 2024. This request is to ensure that this valuable work is continued and supported in a way that is sustainable.

How does this priority align to the AOD Reform Agenda?

Reform Direction 1: A client/consumer centred approach across the service system

Reform Direction 2: An integrated service system

Reform Direction 3: Developing service specifications and program guidelines

Reform Direction 6: Reducing stigma and discrimination

Reform Direction 7: Improving quality and safety

Reform Direction 8: Supporting and developing the workforce



Clients exiting our program consistently say how meaningful their conversations were with the peer workers. Peer workers are now essential in supporting difficult and challenging conversations.



ATOD Manager
Salvation Army Bridge Program

What difference would it make?

Clients have reported that peer workers have had a direct and positive impact on their treatment experience, so too have staff reported benefits from having peer workers on their clinical teams. Continuing to fund peer workers in the ATOD sector will also leverage the Tasmanian Government's investment into the Lived Experience Workforce Training and Development Hub for mental health and alcohol and other drug workers. Leveraging shared learnings and approaches for peer workers across both sectors will increase collaboration and the development of networks for organisations providing both ATOD and mental health services.



3. Reforming our Alcohol and other Drug Sector

\$450 000 across three years

to continue the work of the ATDC Reform Project Officer.

Why are we asking for it?

This position will continue to support the roll out of the Government's AOD Reform Agenda. This position has worked closely with the Tasmanian Government Reform Team to support implementation of reform projects ensuring the views of the community-managed sector and lived experience is included. The current funding allocation for this role is set to conclude in June 2024. The Reform Project Officer is an important resource to the sector, ATDC, and government to support the successful delivery of reform projects.

How does this priority align to the AOD Reform Agenda?

This role collaborates closely and contributes to the work occurring through the Tasmanian Government Reform Team ensuring that the community sector is involved and actively participates in all relevant discussions.

What difference would it make?

There are several new reform projects that are commencing in the 2023-24 financial year. These include the development of an AOD Sector Service Delivery Framework, an AOD Youth Sector Framework, and an AOD Workforce Development Strategy. These projects will continue into 2024-25 and beyond and the continuation of the Reform Project Officer role will be essential to ensure that the community-managed sector is represented in discussions, design and implementation of this work. Continuation of funding would provide certainty and ensure that the community managed ATOD sector voice is heard and supported. A three year funding allocation would support future planning, leveraging the existing investment, and build upon the work that has already occurred.



4. Establish the Independent Lived Experience Voice

\$124 000 per annum

for the continuation of the Lived Experience Advocate Service (LEAS) funding

and

\$70 000 per annum

to undertake the process of formally establishing an independent organisation.

Why are we asking for it?

Since 2018, the ATDC has been funded to establish an independent organisation for people with a lived experience of alcohol and other drug use in Tasmania. However, current funding arrangements do not allow the establishment phase to occur due to insufficient and short-duration funding. At present, the ATDC receives an annual funding allocation of \$100 000 p.a. to advocate for Tasmanians with lived experience of AOD use, secured until June 2027. The existing funding of \$124 000 p.a. that supports the Lived Experience Advocate Service is set to expire in June 2024. We are asking for a continuation of funding for the Lived Experience Advocate Service to support this vital program that has made a significant impact since its inception. We are also calling for an additional \$70 000 p.a. which (when all the funding is rolled into one agreement) will allow the ATDC to fulfill its obligations and commence the establishment of an independent organisation.

[The Time is Now business case](#) provides financial modelling to establish an independent voice. A revision of the modelling in this document sees an estimate of \$294 000 p.a. to allow the establishment phase to occur and progress this work. By consolidating the existing funding into one agreement, and with an additional \$70 000 p.a. to action this work, ATDC will be able to deliver according to our funding expectations.

How does this priority align to the AOD Reform Agenda?

The independent organisation is a critical element in achieving reform to the ATOD sector in Tasmania. As Key Action 1.1 in the AOD Reform Agenda, the establishment of this organisation is an essential marker of reform success. This organisation will also enhance and support Reform Directions 1, 4 and 6. It is well recognised that such an organisation will address stigma toward people using ATOD, and reduce barriers to people entering treatment and support.

The ATDC considers this funding to be an urgent priority for the 2024-25 financial year. A further delay in the establishment phase of an independent organisation will mean the comprehensive and sector-endorsed Business Case from October 2022 is likely to require a complete review.

What difference would it make?

Funding the establishment phase will see the development of an incorporated organisation, this includes:

- work to commence in conjunction with the Independent Organisation Steering Group to develop strategic documents, a constitutional framework, a business name and brand, the development of business workplans, operational policies, and frameworks.
- creation of a state-wide network of Tasmanians with living/lived experience of AOD and legitimise this as the authoritative voice.

This funding will also further legitimise and support:

- current systemic advocacy and representation of lived experience across all levels of government, reform projects, community and other health sectors.
- the Lived Experience Advocate Service will have increased confidence from stakeholders in its future, due to ongoing involvement of Tasmanians with living/lived experience into its operation and development as a mechanism for representation.

Lily Foster, Jo Murphy, Kerrie Dare and Emily Ebdon

'Tasmanians with Substance': a collective of people with lived and living experience of using alcohol and other drugs in lutruwita/Tasmania.





About Us

The Alcohol, Tobacco and other Drugs Council Tasmania (ATDC) is the peak body supporting community organisations, and the people they assist, to reduce alcohol, tobacco and other drug related harm. Our vision is a Tasmania without alcohol, tobacco or other drug related harm or discrimination.

As an independent not-for-profit organisation, the ATDC represents a broad range of alcohol, tobacco and other drug community-managed organisations. These organisations provide information and awareness, prevention and early intervention, harm reduction, as well as specialised treatment and recovery services and programs.

Working with all levels of government and the community, the ATDC plays a vital role in leading, collaborating and advocating for increased investment into treatment services and population-based initiatives that raise awareness, provide information and access to quality treatment and support.

The ATDC supports the sector by delivering training, networking and information sharing opportunities, as well as undertaking policy and advocacy projects with, and on behalf of our members. At all times, our work is underpinned by a commitment to evidence-based practices and policies, lived experience participation, harm reduction, partnerships and collaboration.

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The ATDC is a Quality Innovation Performance (QIP) accredited organisation against the Australian Service Excellence Standards (ASES).

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