

# Reform of the alcohol and other drugs treatment sector

Australian Government Pre-Budget Submission 2019-2020



# This Submission

This budget submission outlines a proposal for reform of the alcohol and other drugs treatment sector to improve service quality and accessibility. A key objective of the reform outlined here is to address the chronic undersupply of treatment services relative to demand.

The submission was developed through consultation with a diverse group of organisations.



# Executive summary

---

Every year more than 200,000 Australians are unable to access alcohol and other drugs treatment because not enough treatment is available.<sup>1</sup> In the hundreds of thousands of Australian families where someone uses alcohol, tobacco or other drugs in a way that hurts themselves and the people around them, life becomes much harder when treatment services are not available.

This is a common experience right across the spectrum – from people who may be at risk of developing problems through to people whose use have led them to experience significant impairment or distress.

**Alcohol and other drugs treatment works when people can access the right kind of care at the right time and in the right place, with clinical and social support tailored to what is best for the individual.<sup>2</sup>**

Historical underinvestment<sup>3</sup>, stigma<sup>4</sup>, uneven distribution of services<sup>5</sup>, poor integration with other clinical and social services<sup>6</sup>, a lack of evidence-based government policy and program directions, and a lack of oversight at national, state and territory levels have limited the size and effectiveness of the sector and means that too many people and their families experience long delays, little choice and compromised quality in a system that is fragmented and difficult to navigate.<sup>7</sup>

Evidence informs us that people access treatment often many years later than when they should.<sup>8</sup> Long delays lead to greater harm, increased health care costs<sup>9</sup> and potentially less successful treatment. Poorly designed and unreliable funding systems have compounded this effect, undermining service improvement, evaluation and growth.<sup>10</sup>

We are calling for both reform across Australia's alcohol and other drugs treatment sector and the commitment of new funding to ensure that people who want and need treatment for problematic use of alcohol and other drugs, can get it.

---

1) Ritter, A, et al., 2014, *New Horizons: The review of alcohol and other drug treatment services in Australia*, Drug Policy Modelling Program, National Drug and Alcohol Research Centre, UNSW.

2) Lubman, D, et al., 2017, *Informing alcohol and other drug service planning in Victoria*, Turning Point.

3) Ritter, A, et al., 2014, *New Horizons: The review of alcohol and other drug treatment services in Australia*, Drug Policy Modelling Program, National Drug and Alcohol Research Centre, UNSW.

4) Lancaster, K, 2017, *Reducing stigma and discrimination for people experiencing problematic alcohol and other drug use*, Queensland Mental Health Commission.

5) Ritter, A, et al., 2014, *New Horizons: The review of alcohol and other drug treatment services in Australia*, Drug Policy Modelling Program, National Drug and Alcohol Research Centre, UNSW.

6) Lubman, D, et al., 2014, *A study of patient pathways in alcohol and other drug treatment*, Turning Point.

7) Lubman, D, et al., 2014, *A study of patient pathways in alcohol and other drug treatment*, Turning Point.

8) Chapman, C, et al., 2015, 'Delay to first treatment contact for alcohol use disorder' in *Drug and Alcohol Dependence*; Lee, N, et al., 2012, 'Examining the temporal relationship between methamphetamine use and mental health comorbidity', in *Advances in Dual Diagnosis*.

9) Ettner, SL, et al., 2006, 'Benefit-cost in the California treatment outcome project: does substance abuse treatment "pay for itself"?', in *Health Services Research*.

10) Ritter, A, et al., 2014, *New Horizons: The review of alcohol and other drug treatment services in Australia*, Drug Policy Modelling Program, National Drug and Alcohol Research Centre, UNSW.

# Executive summary

---

The three priorities for reform are:

1

**Improve the size and focus of investment in the alcohol and other drugs treatment sector** – That the Australian Government and state and territory governments commit to funding alcohol and other drugs treatment that is, like it does for other health programs:

- > based on needs-based population planning
- > through implementation of the Drug and Alcohol Services Planning Model (DASPM)
- > cognisant of relevant national and state frameworks to ensure that investment in treatment is targeted
- > delivered in those areas and to those groups of people that need it most.

2

**Establish a new national Alcohol and Drugs Executive Agency** – That the Australian Government with state and territory governments establish an independent national Alcohol and Other Drugs Executive Agency to:

- > lead system reform
- > implement initiatives to end stigma and discrimination
- > improve accountability of governments at all levels and that of service providers
- > oversee service improvement strategies.

3

**Invest in service and workforce capability** – That the Australian Government, with state and territory governments create and contribute to an Alcohol and Other Drugs Treatment Sector Capability Fund. This would address immediate needs, prior to the full implementation of the DASPM, by:

- > investing in service improvement and evaluation
- > expanding the specialist alcohol and other drugs treatment workforce and capital works to improve the physical infrastructure of services
- > including a focus on further developing the Aboriginal and Torres Strait Islander workforce and the development of a peer workforce – both of which are especially required in alcohol and drugs treatment services.

We are seeking bi-partisan commitment across the Australian, state and territory governments to treatment sector reform. We invite the Australian Government to lead a national response, increase investment in alcohol and other drugs treatment in future national health budgets and improve coordination and planning between the Australian, state and territory governments. In this submission, we are calling on the Australian Government to work with key sector and health stakeholders and allocate specific new funding to reform the alcohol and other drugs treatment sector over the next four years.

We are calling on the Australian Government to allocate new funding of \$1.2 billion per year over the next four years to build the capacity, coordination and workforce of Australia's alcohol and other drugs treatment sector.

# Executive summary

---

Section 1 in this submission outlines a proposed budget breakdown. An additional costing and briefing document for a proposed new national Alcohol and Drugs Executive Agency is also available upon request. This budget request aligns with Outcomes 1 and 2 of the Department of Health Portfolio priorities and:

- > supports the priority actions of the *National Drug Strategy 2017–2026* to:
  - > ‘enhance access to evidence-informed, effective and affordable treatment’
  - > ‘develop and share data and research, measure performance’ including ‘robust evaluation processes to effectively measure impact or outcome of work undertaken, including consistent monitoring and reporting of treatment outcomes’
  - > ‘facilitate treatment service planning and responsibility for implementation between levels of government and other health services/professionals broadly across the health system’
- > is consistent with the development of ‘a new national treatment framework that clarifies government roles and improves planning across the sector, so that communities have the types of services they need’ as outlined in the *National Ice Action Strategy*
- > is consistent with the objectives of the *National Alcohol and Other Drug Workforce Development Strategy 2015–2020*, to build the size and capabilities of the treatment services workforce across Australia
- > supports the three key principles of the *National Aboriginal and Torres Strait Islander Peoples’ Drug Strategy 2014–2019*:
  - > build capacity and capability of the alcohol and other drugs service system, particularly Aboriginal and Torres Strait Islander controlled services and its workforce, as part of a cross-sectoral approach with the mainstream alcohol and other drugs services to address harmful alcohol and other drugs use
  - > increase access to a full range of culturally responsive and appropriate programs, including prevention and interventions aimed at the local needs of individuals, families and communities to address harmful alcohol and other drugs use
  - > establish meaningful performance measures with effective data systems that support community-led monitoring and evaluation
- > builds on the Federal Government’s previous investment in treatment delivered via the Primary Health Networks, with additional investment to meet population need.

The following pages provide further detail about this Federal Budget submission.

## **Central contact for group of participating organisations:**

### **St Vincent’s Health Australia**

Group Manager Policy & Government

Phone: (03) 9231 1733

Email: [jo-anne.chapman@svha.org.au](mailto:jo-anne.chapman@svha.org.au)

# Introduction

---

This submission presents three focus points for significant reform of Australia's alcohol and other drugs treatment sector

**1 – Improve the size and focus of investment in the alcohol and other drugs treatment sector.**

**2 – Establish a new national Alcohol and Drugs Executive Agency.**

**3 – Invest in service and workforce capability.**

These focus points will lead to better coordination and intervention for patients experiencing problems related to alcohol and other drugs and will ensure that planning for services and different models of interventions to support patients, their families and their communities is evidence based and meets demand.

## Stakeholders

The misuse of alcohol and other drugs and the impacts of its harm on individuals, families and communities remain a major health, legal and social issue. The social and economic costs of not meeting demand for treatment are high. While we acknowledge government has been working on a National Treatment Framework which is supported by Council of Australian Governments (COAG), the immediate economic, health and social benefits of reducing harm are substantial.

We need structural reform *now*. Which is why we are calling on the Australian Government to commit new funding to the alcohol and other drugs treatment sector.

We are a large group of health, community, welfare and consumer organisations who together, call on the Australian Government to work with states and territories to ensure that people in need are able to access treatment. We represent a cross-section of the alcohol and other drugs treatment fields including:

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

Every day Australia treats the health and social impacts of the harmful consumption of alcohol and other drugs across many portfolios – not just in public health. As identified in the *National Drug Strategy 2017–2026*:

*It is critical that Australia's strategy enhances and maintains access to quality evidence informed treatment. Integrated care is critical to Australia's response and this includes approaches that allow individuals to connect to services which will address barriers to recovery, which might lead to issues such as physical and mental health needs, social, economic, legal or accommodation considerations.*

*It is important that these services are accessible and tailored to the diverse needs of individuals affected by drug use.*

We represent the range of organisations that are crucial to this integrated response.

The impacts of alcohol-and-other-drugs-related harm are far reaching. The most recent estimate calculated tangible costs of \$30,500,000,000 from alcohol-and-other-drugs-related harm in Australia.<sup>11</sup> All Australians share the costs of alcohol-and-other-drugs-related harm – as family members, friends, colleagues and taxpayers. This includes but is not limited to:

- > disability and brain injury from early exposure to alcohol and other drugs
- > injuries and trauma from alcohol-and-other-drugs-related accidents and violence (public and domestic) treated in our hospitals, GP clinics and community services
- > chronic illness from long-term alcohol and other drugs consumption including cancers, heart and liver disease, cognitive impairment and dementia, and mental illness
- > behavioural disturbances and mental health impacts leading to loss of connection at times with families, friends and the wider society
- > increased contact with the police and the justice system, including incarceration costs
- > impact on community amenities, property, infrastructure and community safety.

The last comprehensive analysis of alcohol and drugs treatment funding was during 2012–2013 and identified that \$1.2 billion was spent on treatment services annually to meet the needs of up to 234,000 people. Given that estimates of at least another 200,000 Australians would be in treatment if places were available<sup>12</sup>, we are calling on the Australian Government to increase funding, improve planning and coordination nationally, and increase investment in building service and workforce capability.

Australia needs a system that:

- > allocates funding, resourcing and infrastructure consistently and based on evidence so that responses can be tailored to communities
- > affords individuals and families in metropolitan, regional, rural and remote Australia an opportunity to address the early signs of problematic use of alcohol and drugs
- > provides a range of evidence-based options for treatment with standards to address severe dependence issues so that valid health outcomes are achieved
- > doesn't leave families and friends experiencing long delays and little choice when one of their loved ones are experiencing alcohol and drugs misuse
- > doesn't continue to increase public health, social, legal and justice costs in Australia.

---

11) Collins, D, & Lapsley, H, 2008, *The costs of tobacco, alcohol and illicit drug abuse to Australian society in 2004/05*, Commonwealth of Australia.

12) Ritter, A, et al., 2014, *New Horizons: The review of alcohol and other drug treatment services in Australia*, Drug Policy Modelling Program, National Drug and Alcohol Research Centre, UNSW.

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

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

Insufficient and short-term funding has been a barrier to longer-term investment in infrastructure and services and a barrier to recruiting and retaining a specialist alcohol and other drugs treatment workforce<sup>13</sup>. We encourage the Australian Government to consider the Drug and Alcohol Service Planning Model (DASPM) to ensure it remains epidemiologically and clinically relevant and informs joint planning for investment in services.

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

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

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

A working group with representation from all jurisdictions would:

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

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

---

13) Ritter, A, et al., 2014, *New Horizons: The review of alcohol and other drug treatment services in Australia*, Drug Policy Modelling Program, National Drug and Alcohol Research Centre, UNSW, p. 114.

This will mean better outcomes from alcohol and drugs treatment for hundreds of thousands of Australians and their families through accessing the right kind of care, at the right place, at the right time. It also means that the funding allocated across Australia is based on evidence and demand, not on old historical funding levels and approaches which do not meet the needs of patients, families or communities.

### Recommendations

- > **We recommend the Australian Government establishes a process and forms a working group to update DASPM in 2019–2020.**
- > **We recommend the Australian Government implements the updated Drug and Alcohol Service Planning Model (DASPM) to guide investment in the alcohol and other drugs treatment sector in Australia.**

## 2 – Establish a new national Alcohol and Drugs Executive Agency

The quality and availability of alcohol and other drugs treatment is limited by:

- > insufficient coordination between the different levels of government that commission treatment services
- > a lack of accountability and transparency for treatment service outcomes
- > fragmentation of the service system
- > poor integration with other clinical and social services
- > stigma and discrimination related to alcohol and other drugs problems
- > insufficient workforce development.

Inequitable distribution of treatment services means that some population groups and communities, including regional and rural communities, experience a particularly severe lack of access.

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

We call on the Australian Government to support the establishment of a new national Alcohol and other Drugs Executive Agency and to provide a level of funding so its desired outcomes can be achieved over time.

A new national Alcohol and Other Drugs Executive Agency would be established as an Australian Government executive agency. We call on the Australian Government to work throughout 2019–2020 with representatives from across the alcohol and other drugs treatment, health, social, carers, legal and justice sectors – along with state and territory governments – to inform the model of the proposed new national Executive Agency, which will perform the critical role of national leadership and coordination.

A new national Executive Agency would focus specifically on alcohol and other drugs, with responsibilities that include:

- > advising on a comprehensive and integrated system of clinical and social services for individuals and families experiencing alcohol and drug-related problems
- > implementing initiatives to address stigma and discrimination against people with alcohol and drug-related problems, and alcohol and drug treatment service staff
- > promoting better coordination between different levels of government, their agencies and communities in the development of the workforce, including a peer workforce and delivery of treatment services
- > contributing to the development of a culture of continuous improvement in Australia's alcohol and other drugs treatment sector and enhancing the accountability and transparency in treatment services through the provision of independent reports and advice to the Australian Government and the community as well as development of evidence-informed national guidelines for treatment
- > ensuring consumer voices are represented and that policy and service provision take into account consumer experience and needs
- > identifying unmet needs and making recommendations about legislation and funding to address those needs as well as to ensure there is ongoing investment in continuity of care to address relapse and long-term needs of individuals and their families
- > advising high-level forums such as the Ministerial Drug and Alcohol Forum as well as coordinating the Alcohol and Other Drugs Treatment Sector Capability Fund so that support for the workforce at state and territory levels is evidence-based and directed towards the needs of each jurisdiction.

The establishment of a new national Executive Agency, focused specifically on alcohol and other drugs, would drive substantial improvement in health and wellbeing through drawing on evidence to shape future policy and program responses, improving the quality and outcomes of alcohol and drugs treatment, and increasing efficiency and cost-effectiveness across all levels of government. This Executive Agency must be independent, funded appropriately and granted the authority to offer evidence-based solutions and coordination across all levels of governments.

This Executive Agency would offer national leadership, authority and responsibility for transforming Australia's alcohol and other drugs treatment sector over the coming years. It will require an appropriate level of funding to be effective in its scope and functions.

### Recommendation

- > **We recommend the Australian Government fund a new national Alcohol and other Drugs Executive Agency and commit to consultation with a wide cross-section of stakeholders to develop and finalise the structure of the new Executive Agency throughout 2019–2020. An additional costing and briefing document for a new national Alcohol and Drugs Executive Agency is available upon request.**

### 3 – Invest in service and workforce capability

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

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

We call on the Australian Government to establish and fund an Alcohol and Other Drugs Treatment Sector Capability Fund. This fund would provide professional advice as well as financial grants to alcohol and drugs treatment organisations. This fund could be coordinated by the proposed new national Alcohol and Other Drugs Executive Agency. Funding would be provided for evidence-based service improvement and evaluation, effective specialist alcohol and other drugs treatment workforce, and capital works to improve the physical infrastructure of services.

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

#### Recommendation

- > **We recommend the Australian Government establish and fund a service and workforce capability fund. This fund would be overseen by the proposed new national Alcohol and other Drugs Treatment Executive Agency.**

# Alignment with Government Budget Priorities

Our call for the Australian Government to reform and increase its investment in Australia's alcohol and other drugs treatment sector aligns with the Department of Health's Portfolio outcome areas:

Outcome	Description
1 – Health System Policy, Design and Innovation	Australia's health system is better equipped to meet current and future health needs by applying research, evaluation, innovation, and use of data to develop and implement integrated, evidence-based health policies, and through support for sustainable funding for health infrastructure.
2 – Health Access and Support Services	Support for sustainable funding for public hospital services and improved access to high quality, comprehensive and coordinated preventive, primary and mental health care for all Australians with a focus on those with complex health care needs and those living in regional, rural and remote areas, including through access to a skilled health workforce.

## Budget

Based on figures from *New Horizons: The review of alcohol and other drug treatment services in Australia*, along with its estimates of the number of people accessing treatment each year, we request the Australian Government allocate at least an additional \$1.2 billion per year to the alcohol and other drugs treatment sector so demand can be met through better planning and investment in direct services, infrastructure and workforce capability. This additional funding should be committed over the next four years.

The \$1.2 billion in increased investment has been calculated based on data from the abovementioned 2014 report. The underlying calculations are as follows:

Item	Number	Source
Treatment system cost	1,260,000,000	<i>New Horizons</i> pp. 65–66
Upper-range estimate for number of people accessing treatment each year	234,153	<i>New Horizons</i> p. 161
Minimum average cost per person	5,381	Calculated
Minimum additional demand for treatment services (# of people)	212,000	<i>New Horizons</i> p. 178
Minimum increased investment required	\$1.14 billion	Calculated

NB: The above budget estimate request does not include funding projections to support the establishment of a new national Executive Agency for the alcohol and other drugs treatment sector. An additional costing and briefing document for the proposed new national Executive Agency has been developed and can be provided upon request.