



SANDAS submission to:

Senate Select Committee on Health

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SANDAS is the peak organisation for the non-government alcohol and other drugs sector in South Australia.

SANDAS works to lead and strengthen community responses to the harms caused by alcohol and other drugs.

SANDAS facilitates networking, collaboration, research, information sharing, advocacy, training and policy reviews to reduce the harmful impacts of alcohol and other drugs. We are the voice of our members at national and state levels.

INTRODUCTION

SANDAS is the peak organisation for the nongovernment alcohol and other drugs sector in SA.

SANDAS represents over 30 organisational members that provide a broad range of services including drug and alcohol health promotion, early intervention, treatment, and after-care programs. These community based organisations operate throughout South Australia. They comprise both large and small services that are diverse in their structure, philosophy and approach to drug and alcohol service delivery.

SANDAS's vision is to lead and strengthen community responses to the harms caused by alcohol and other drugs.

SANDAS facilitates networking, collaboration, research, information sharing, advocacy, training and policy reviews to reduce the harmful impacts of alcohol and other drugs. We are the voice of our members at national and state levels.

SANDAS is governed by a Board of Directors primarily elected from the SANDAS membership

Further information about SANDAS, its programs and services is available on the SANDAS website at www.sandas.org.au.

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Background

In Australia, drug and alcohol issues lead to serious illness, injury and mental health problems that significantly impact on health services. Much of the focus on health is at the secondary or tertiary end of service provision, with much of the funding provided to GP and hospital based treatments. With alcohol and other drug issues however, there is a significant need for funding for treatment in the community by non-government health services that deliver:

- drug and alcohol counselling
- individual and family support
- ambulatory and in-patient withdrawal
- rehabilitation
- harm minimisation and
- diversion programs.

In a recent press release Senator Nash, the Federal Assistant Minister for Health said "Treatment services provide a vital function in getting people off drugs and alcohol and being able to again contribute to society".

The Federal government has committed some funds to NGO based service provision. \$87 million in Commonwealth funding had been allocated in 2015-16 for alcohol and drug treatment activities provided by non-government organisations. This represents a continuation of the previous three year funding agreement for a further 12 months. Other significant processes in place include:

- The development of a National Alcohol Strategy for 2016-2021 is being undertaken by the Intergovernmental Committee on Drugs during 2015, underpinned by a comprehensive national stakeholder and jurisdictional consultation process. The strategy seeks to address issues facing the 18.2% of people (over 14) who drank at levels that placed them at lifetime risk of an alcohol related disease or injury, the 38% of people who drank at levels that placed them at risk of injury on a single occasion in the last 12 months, and the 26% who did so as often as monthly (<http://www.aihw.gov.au/risk-factors-alcohol/>).
- The creation of a National Ice Taskforce to address concerns about the 2.2% of the population who regularly use methamphetamine type substances (about 50% of whom use "Ice" or crystal methamphetamine as it should be referred to).

Current considerations

Of considerable concern is that subsequent to June 30th 2016 there is no current indication of the level of Federal funding for alcohol and other drug services either nationally or in South Australia. This is despite current government rhetoric about the increasing use of crystal methamphetamine and in the face of considerable evidence about the harms to the community caused by alcohol, tobacco, other illicit drugs, illicitly used pharmaceuticals and licit pharmaceuticals with the potential to cause addiction and harm. Uncertainty of the future of these services creates issues in staff morale, retention and the ability to ensure specialist skills remain in the sector.

The [National Drug and Alcohol Research Centre](#) (NDARC) estimated that [\\$2.4 billion](#) is required to adequately support those who need help with their alcohol and other drugs (AOD) use. Yet in 2012-13, funding by all health departments in Australia only totalled \$1.26 billion (31 per cent of which was provided by the Australian Government).

In addition, further certainty is needed for the state/territory peak organisations to provide essential support and representation for NGOs with the Commonwealth government. The organisations represented by these peaks are also the substantial holders of current dedicated state and federal health drug and alcohol funding and provide a substantial amount of direct drug and alcohol services to communities across Australia. It is a very large and substantial sector comprising over 435 member organisations, and often rely on the peaks for access to professional development, capacity building and advocacy in the sector.

Funding for alcohol and drug treatment services at a Commonwealth level is inadequate and uncertain, creating problems of access for those who are seeking support. Individuals who are not able to receive treatment create a further cost burden on health, policing and correctional systems. Of particular concern is the lack of local services for those living in regional and remote areas who often experience little to no access to services such as inpatient withdrawal, residential treatment or counselling services, as reported by SANDAS members. There are also areas of high need, such as the northern suburbs of Adelaide, where services are unable to meet demand [1].

Opportunities

We know that for every dollar spent on drug treatment we save the community \$7[2]. Treatment must be a strong part of any proposed strategic planning to deal with the problems that are created by those using alcohol and other drugs, and those being created by the changing patterns of drug use. For example, research into the cost-effectiveness of providing counselling for methamphetamine dependence, shows that greater investment in counselling services will produce significant cost-savings and improve health outcomes as well as improve outcomes in other issues associated with drug use such as offending[3].

Around 75 per cent of prison entrants in South Australia have a substance misuse history, and Aboriginal Australians are disproportionately represented [4, 5]. The costs of incarcerating an individual are significantly higher than treatment, especially when the unintended consequences of incarceration are taken into account. These include prison acquired disease, family breakdown, the placing of the children of offenders in out of home care and the possible trauma that these children may experience.

There is an immediate need to establish systems within correctional institutions that will address incarcerated drug users treatment needs as a health based intervention. A period of incarceration for offences related to drug use should provide the individual the opportunity to address drug issues in a safe and supported setting. By creating connections between treatment services (health, government and non-government treatment services) there is an opportunity to assist inmates to address substance misuse. There are currently very few programs that seek to do this.

A Justice Reinvestment approach would see proceeds of crimes funds invested into a greater number of evidence based alcohol and drug treatment programs in the community including specialist services for Aboriginal and Torres Strait Islander people, appropriate and affordable

housing options and general community based alternatives for prevention and early intervention as well as cross sector capacity building to deal with comorbidity as a risk factor in offending[5].

Many of the reports and government pronouncements on and strategies for addressing alcohol and other drugs underplay the role of NGO's in working with substance using clients. The current methamphetamine taskforce is reflective of this with limited or no representation of NGO services on the task force or working groups. It is critical that government recognises that the frontline respondents to the issues caused by alcohol and other drug use are NGO staff who provide vital clinical treatment, counselling, psychosocial support, family support, referral to housing, family violence, child support and disability services. This is pertinent in South Australia in particular, with SA Health (Drug & Alcohol Services South Australia) recently changing their model of care to admit only those needing medically assisted detox and treatment, with outpatient counselling and other psychosocial supports provided by NGOs.

Outstanding issues

Significant issues faced by these NGOs when supporting these clients include:

- Lack of regional services requires that clients travel to the city for detox or residential rehab. This creates a major barrier for most clients due to financial constraints or reluctance to leave their own community.
- Lack of post-rehab services. Clients most often simply return to their community of origin without follow-up support.
- Lack of feedback from treatment services following referral
- Limited capacity within treatment services can lead to lengthy waitlists, which reduces clients' motivation to engage
- Poor client motivation in general
- Access to mental health services is often problematic due to:
 - Clients not having a mental health diagnosis but experiencing emerging mental health issues
 - Getting a psychiatric review through the public system currently takes several months and is continuing to push out even further
 - AOD use can prohibit access to some mental health services
- Whilst turn away rates from services are currently low, there is a lack of capacity to provide service at adequate levels due to insufficient funding.
- Regional areas struggle with the lack of local services combined with the fact that many clients will relocate to the country as an escape from their issues in the city.
- Reduction of DASSA Outreach services due to SA Health budget savings measures and a change in their Model of Care
- Concerns around the future capacity of services to cope with the increasing harms being seen associated with the use of crystal methamphetamine

Conclusions

Drug and alcohol use in Australia is a complex problem. It constitutes what some researchers call a wicked problem as it is complex at the individual, community, government, policy response and moral and ethical levels. No one institution or system is capable of solving it alone. It is not a problem that can be 'fixed' but how we deal with it can be improved by increments. Each change must be considered not only in light of the good it intends to deliver but with a realistic awareness of the perverse consequences that may arise from such a change.

Rather than knee-jerk reactions or rhetoric, dealing with alcohol and drug issues requires engagement of experts from all levels. In this case that means not only government health and welfare services, but the NGO sector who deliver most of the on the ground support. It is also critical to engage communities affected by drug use, specific cultural groups who are affected in unique ways, organisations that work with substance users' families who are often experts in managing behaviour and engaging users in change, and the users themselves who often know what would work for them but sometimes just can't get access to services.

It is also critical that the work of researchers and clinicians, with rigorous evidence based understanding of the issues is given appropriate weight in designing responses to alcohol and drug issues in Australia. Too often policy is developed from populist narratives that whilst valuable in informing us about the experience of individuals do not bring the science of the issue to bear on future planning.

Whilst education around the harmful effects of alcohol and other drugs is vital, the message that most researchers, practitioners and experts wish to convey is that treatment is effective and when it is properly resourced and accessible, it works[2, 6]. Any discussion of a coordinated, strategic response to the issue of alcohol and drug, use and impact in Australia, must include planning for ways to properly resource the treatment sector. Without adequate resources for treatment, appropriate ongoing professional development for workers and capacity building for organisations, Australia will continue to struggle with the impact of alcohol and drugs on individuals, families and communities. (<http://www.health.gov.au/internet/main/publishing.nsf/Content/health-pubhlth-strateg-drugs-alcohol-index.htm>)

Federally Funded SA services as at 2015-2016

- Baptist Care (SA) Inc
- Catholic Church Endowment Society Inc
- Drug Arm Australasia
- Finding Workable Solutions Inc
- Hepatitis SA Inc
- Mission Australia
- Northern Area Community & Youth Services Inc
- Nunkuwarrin Yunti of South Australia Inc
- Offenders Aid & Rehabilitation Services of SA Inc
- South Australian Network Of Drug & Alcohol Services Inc (SANDAS)
- The Salvation Army (SA) Property Trust
- Umoona Tjutagku Health Service Aboriginal Corporation
- UnitingCare Wesley Adelaide Inc
- Vietnamese Community In Australia - SA Chapter

<http://www.health.gov.au/internet/main/publishing.nsf/Content/drugtreat-fund-org#sa>

Key references

1. *Mental Health and Substance Services Poor in the North*. University of Adelaide, 2015.
2. Lee, N., *Are we in the midst of an ice epidemic?*, in *The Conversation*. 2015.
3. Ciketic, S., et al., *Cost-effectiveness of counselling as a treatment option for methamphetamine dependence*. *Journal of Substance Use*, 2015: p. 1-8.
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5. *SANDAS Position Papers*. SANDAS, 2014.
6. Trimmingham, T., *Families need to be at centre of ice strategy*, in *Sydney Morning Herald*. 2015.