

9 July 2019

Prof Alison Ritter  
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Dear Alison and research team,

Thank you for the opportunity to make a written submission in response to the draft National Treatment Framework (NTF) Version 3.

The Alcohol, Tobacco and other Drugs Council of Tasmania (ATDC) 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. The ATDC represents a broad range of alcohol, tobacco and other drug organisations in Tasmania. These organisations provide information and awareness, prevention and early intervention, harm-reduction and specialised treatment and recovery services and programs.

The ATDC has participated in a range of consultation processes for the NTF, and the information outlined below complements previous feedback.

The ATDC has been involved in joint discussions with our peak counterparts, and support the range of issues identified in these discussions (see attached). We express our gratitude to the

In addition, the ATDC wishes to submit the following three additional points.

- 1. That the definition of psycho social counselling include harm reduction and secondary and tertiary prevention concepts as they relate to treatment.**

*"Psycho-social counselling refers to evidence-based talking therapies, aimed at helping the person develop skills (whether that be psychological skills, and/or practical skills) to reduce alcohol or other drug consumption, in line with the client's own goals." (NTF, p12)*

It is our understanding that not all clients that enter treatment wish to reduce their consumption of all types of drugs. Clients may wish to address some aspects of their drug use (e.g. changing the route of administration – so from injecting to swallowing - in the first instance) or reduce some drugs but not others (e.g. reduce heroin use but do not see their cannabis use as an issue). If the above examples are indicative of the diverse treatment goals of all clients, and indeed represent a client-centred approach, then including the principle/concept of harm reduction in the above definition may make it a more inclusive definition so it encompasses the different aims of clients beyond reducing the consumption of alcohol and other drugs.

A second and related point is the inclusion of secondary and tertiary prevention concepts in the treatment definition. Secondary prevention, as defined by the Alcohol and Drug Foundation (ADF),<sup>1</sup> covers counselling for people that are using substances at risky levels, while tertiary prevention includes interventions to improve the quality of life of people with an existing condition (e.g. substance use disorder). The definition provided by the ADF states that CBT as an approach and residential rehabilitation, detox and withdrawal are all settings where the secondary and tertiary prevention activities occur.

The NTF explicitly says that:

*"The NTF does not cover prevention services, which focus on preventing the commencement and delaying the uptake of alcohol and/or other drugs."*

Using the definitions provided by the ADF, the NTF is referring to primary prevention. However, we argue that secondary and tertiary prevention is a relevant principle that underpins and informs treatment.

## **2. The inclusion of an increase in numbers of people accessing treatment as a key performance indicator**

We refer to page 19 of the NTF and with regard to the following:

*"If the Australian system is working well, there will be:*

- Reductions in alcohol or other drug harm*
- Improvements in health (physical and mental)*
- Improvements in social and emotional well-being."*

We propose a fourth indicator: "There will be an increase in the number of people receiving treatment."

The gap in treatment demand and available places is well documented in the attached summary and also supported by modelling conducted in Tasmania in 2016.<sup>2</sup> The ATDC is regularly informed by its members about waitlists and the need to turn people away or ask them to wait until there is capacity. Related to this is the impact on workers and the resultant burnout of increased caseloads and increased complexity in client presentations. We often hear of the tragic consequences of people that cannot get help either for themselves or their families/friends. We see that an increase in treatment places is a matter of urgency and believe that it should be relatively easy to measure.

## **3. Increasing clarity on how the NTF will inform service commissioning**

Finally, we would welcome increased clarity within the document regarding how the NTF will inform service commissioning. For example, if the concepts of harm reduction and secondary or tertiary prevention are not included in the NTF's definition of psychosocial treatment, then what will be the implication for those organisations that provide those services as part of counselling and support?

Further, if it is intended to be prescriptive and dictate funding allocations then an evaluation after the first round of funding is warranted to ascertain any 'teething issues'.

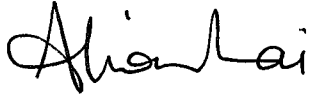
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<sup>1</sup> <https://adf.org.au/programs/community-drug-action-teams-nsw/cdat-resources/best-practice/aod-prevention/>

<sup>2</sup> A single Tasmanian alcohol and other drugs (AOD) service system framework, found here: [https://www.dhhs.tas.gov.au/\\_data/assets/pdf\\_file/0019/340129/Final\\_Report.pdf](https://www.dhhs.tas.gov.au/_data/assets/pdf_file/0019/340129/Final_Report.pdf)

Thank you again for the opportunity to provide further comments. If you have any questions in relation to this submission please contact ATDC Policy Manager (2IC) Dr Jackie Hallam on (03) 6231 5002 or via email at [policy@atdc.org.au](mailto:policy@atdc.org.au)

Sincerely,

A handwritten signature in black ink that reads "Alison Lai". The signature is written in a cursive, flowing style.

**Alison Lai**  
**Chief Executive Officer**

## Feedback Summary

### Improving access to the alcohol and other drug treatment system

The Framework would benefit from an aim that signals an intention to address the issue that 200,000 - 500,000 Australians are unable to access alcohol and other drug treatment each year because not enough treatment is available.<sup>3</sup> For example:

Aim: All Australians seeking alcohol and other drug treatment are able to access high quality treatment appropriate to their needs, when and where they need it.

The elevation of the health framing for the alcohol and other drug treatment system from the preamble to the first section (under purpose) of the Framework would be useful given its importance and a role of the Framework is to engage the broader community. Suggested text for insertion:

The Australian alcohol and other drug treatment system delivers structured health interventions to individuals (by themselves, with their families, and/or in groups) across multiple settings to reduce the harms from alcohol or other drugs and improve health, social and emotional well-being.

Health framing as distinct from a social welfare framing is important given the role of the health workforce in delivering services, the health infrastructure required to deliver alcohol and other drug treatment, and the opportunity to address negative public perceptions of dependence and thereby increase the likelihood of people seeking treatment.<sup>4</sup>

The six principles for effective treatment and an effective treatment system would be enhanced if they were made alcohol and other drug specific, suggest the NIDA and other Australian reference could provide guidance on this. The meaning ("this means") ascribed to each of these principles and the examples combine to provide a strong introduction for the Framework's broad audience. In a similar manner, it would be useful and create balance to the Framework by adding the meaning ascribed ("this means") to each of the principles in sections 5 and 7 and examples of those equally essential principles & ingredients for an effective alcohol and other drug treatment system in Australia.

### Describing and representing the Australian Alcohol and Other Drug Treatment System

Internationally, harm reduction strategies are recognised as an essential component of any modern and evidence based alcohol and other drug treatment program, policy and system.<sup>5</sup> It is recommended that Figure 1 be renamed, 'The Australian Alcohol and Other Drug Treatment System' and the harm reduction programs delivered as standalone health interventions and as a standard component of alcohol and other drug treatment added. Figure 1 also needs to be amended to reflect the important and pragmatic role the treatment system plays for many Australians diverted from the criminal justice system. ('Assessment only' is the second most common type of drug treatment after counselling nationally and when combined with 'Information and education' and 'Support and case management' make up 38% of the 210,000 treatment episodes delivered to an estimated 130,000 clients annually<sup>6</sup>.) A revised Figure 1. reflecting these changes is at Attachment 1.

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<sup>3</sup> Ibid

<sup>4</sup> Alison Ritter and Katinka van de Ven, Is health or social welfare the right question? Response to commentaries, *Drug and Alcohol Review*, 38, 2, (129-130), (2019).

<sup>5</sup> See for example advocacy previously from the Alcohol and Other Drugs Peaks Network referencing United Nations Office on Drugs and Crime (n.d) Reducing the harm of drug use and dependence. Accessed from: [https://www.unodc.org/ddt-training/treatment/VOLUME%20D/Topic%204/1.VolD\\_Topic4\\_Harm\\_Reduction.pdf](https://www.unodc.org/ddt-training/treatment/VOLUME%20D/Topic%204/1.VolD_Topic4_Harm_Reduction.pdf)

<sup>6</sup> 2017/18 Alcohol and Other Drug Treatment Services in Australia 2017-18 Key Findings, AIHW Alcohol and Other Drug Treatment Services National Minimum Data Set

## Strengthening workforce planning and development

Section 6 needs to be significantly strengthened to reflect the focus on strategic health workforce planning<sup>7</sup> and development required to deliver effective drug treatment and given the National AOD Workforce Development Strategy 2015-2018 has ended.

Governments now have available a tool that they should be using to quantify the level of need for AOD treatment services, at the population level, in terms of a variety of care packages, as well as costing such services: the Drug and Alcohol Service Planning Model (DASPM). It explicates the resources needed to build treatment service availability, workforce capacity and capability, service infrastructure and the service system<sup>8</sup>. (APSAD)

Although the AOD specific infrastructure that underpins effective workforce planning and development is broadly referred to in the current draft, it needs to be explicitly referenced including:

- the roles of AOD peak bodies (e.g. State and Territory AOD Peaks) and of AOD professional associations (e.g. the Australasian Professional Society on Alcohol and other Drugs);
- the NSW Ministry of Health (2012) The Drug & Alcohol Service Planning Model - commissioned by the Ministerial Council on Drug Strategy. Sydney): NSW Ministry of Health;
- Gomez, M., Ritter, A., Gray, D., Gilchrist, D., Harrison, K., Freeburn, B., & Wilson, S., 2014. Adapting the Drug & Alcohol Service Planning Model for Aboriginal & Torres Strait Islander people receiving alcohol, tobacco & other drug services: Components of care & a resource estimation tool. Canberra: ACT Health;
- the Australian Institute of Health and Welfare's Alcohol and Other Drug Treatment Services National Minimum Data Set and National Opioid Pharmacotherapy Statistics Annual Data collection; and
- the state, territory and national alcohol and other drug workforce profiles.

The National Alcohol and Other Drug Workforce Development Strategy needs to be formally extended until 2026 and a working group of the National Drug Strategy Committee established with non-government sector representation to progress and inform evaluation of the strategy's implementation.

## Partnering for success

Partnerships is a core strategic principle underpinning the National Drug Strategy that needs to be reflected in a description of governance arrangements for implementing and evaluating the Framework. A mechanism is required for engaging treatment seekers and their families/friends and the non-government sector within the National Drug Strategy's governance structures. The Framework also requires an end date in a similar way to the National Drug Strategy 2017-2026. The section currently called "evolution" should be re-named to e.g. governance, reporting, evidence-generating, monitoring and evaluation. The acknowledgement that interventions are evolving is important to retain, the reference to abstinence is unnecessary.

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<sup>7</sup> Health Workforce 2025, March 2012, Health Workforce Australia.

<sup>8</sup> Australasian Professional Society on Alcohol and other Drugs, APSAD Policy Brief, The Pressing Need for More and Better Investment in Alcohol and other Drug Treatment Services in Australia (2019)



**Attachment 1:**

