atdc
Alcohol, Tobacco and other Drugs Council Tasmania

25-09-2024

To:
Dr Mike Freelander MP
Chair, Standing Committee on Health, Aged Care and Sport
PO Box 6021
Parliament House
CANBERRA ACT 2600
Email: Health.Reps@aph.gov.au

From:
Dr Jackie Hallam
Chief Executive Officer
Alcohol, Tobacco and other Drugs Council (Tasmania)
PO Box 4702, Bathurst Street PO
HOBART TASMANIA 7000

Dear Dr Freelander,

Re: House of Representatives Standing Committee on Health, Aged Care and Sport inquiry into and report on the health impacts of alcohol and other drug use in Australia.

Thank you for providing the opportunity to provide input on behalf of the Tasmanian community-managed alcohol, tobacco and other drugs (ATOD) sector to the House of Representatives Standing Committee on Health, Aged Care and Sport inquiry into and report on the health impacts of alcohol and other drug use in Australia.

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 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.

The ATDC endorses the AADC submission

The ATDC is a member of the Australian Alcohol and other Drugs Council (AADC) and endorses the submission provided by AADC to this inquiry.

The AADC submission outlines concerns that reflect many of those experiences of the community service organisations (CSOs) who provide ATOD treatment, support, harm reduction and prevention services in Tasmania:

(i) The overall commonwealth allocation of funding across the three pillars of harm minimisation, which sees harm reduction (e.g. needle and syringe programs), prevention activities (e.g. community alcohol and other drugs education) grossly underfunded, in favour of supply reduction (e.g. policing)

(ii) The lack of funding required to meet the needs of frontline service providers means that people are not accessing treatment *when* and *where* they need it

(iii) The indexation applied to funding provided by the commonwealth has not kept up with inflation, with sustainable funding an ongoing concern for all services in Tasmania

(iv) The current funding provided does not reflect the higher costs associated with providing services to rural and regional Australia, a key concern in Tasmania which has a disperse population

(v) Lack of a clear national governance structure that coordinates and evaluates national strategies and funding allocations means that commonwealth funding is often unresponsive or slow to respond to the local needs of Tasmanians

(vi) CSOs that received funding from the commonwealth experience significant challenges around the complexity of funding agreements and having to manage significant financial risk whilst waiting for contract renewals and the flow of grant funds

(vii) Increased client complexity, much of which has its roots in poverty and trauma, remains a key driver towards ATOD use and harms in many parts of Tasmania as it does

nationally. Around 30% of Tasmanians live in the least socio-economically advantaged quintile [i]

(viii) There is a lack of funding across the sector to support professional development and sector capacity building. Further commonwealth funding directed to the ATOD peaks (such as the members of the AADC) would do much to support ongoing improvements and build capacity for CSOs to provide contemporary, evidence-based services and meet the professional development needs of people working in the ATOD sector

(ix) Services rely heavily on The Drug and Alcohol Treatment Services Maintenance (DATSM) funding to operate, and this funding needs to be confirmed with longer contracts (e.g. 5 years) to provide funding certainty for CSOs

(x) Access to critical primary health services (e.g. GPs) for all Tasmanians, and especially those in regional and rural Tasmania, reflect similar challenges nationwide, with many people unable to access timely treatment for mental and chronic health conditions, which often feed the use of ATODs

The following submission will provide further detail on local perspectives representative of the experience of ATDC member CSOs. You can find out more about our membership by visiting our website.

The Tasmanian Context

Tasmania, like many other states and territories in Australia, experience diverse and locally nuanced ATOD harms. The social and individual costs associated with ATOD harms are well documented. The non-prescribed use of prescription drugs, the use of illicit substances and the consumption of alcohol outside of National Medical and Research Council alcohol guidelines is associated with a range of adverse outcomes, including heightened rates of mental illness, infectious diseases, injuries, overdoses, pregnancy complications, several cancers, and cardiovascular and liver diseases to name a few. Additionally, ATOD use, and alcohol, is a factor associated with increased family, domestic and sexual violence, road accidents, workplace harms and broader community safety issues[ii]. Most of these harms are preventable[iii].

Alcohol continues to be the most common principal drug of concern in Tasmania representing 45 per cent of treatment episodes [iv]. Tasmanians on average drink more often and consume alcohol at greater risk compared to national averages [v].

One in six Tasmanians over 14 yrs had used any illicit drug in the past 12 months, with four in five of those people estimated to be aged between 18 yrs and 50 yrs[vi]. After alcohol, amphetamines and cannabis account for most treatment episodes for those engaging in treatment. Tasmania also

has the highest per capita rate of opioid dispensing in Australia [vii], with the associate risk of potential harms (e.g. dependence, overdose) on these drugs.

Tasmanians continue to smoke at higher rates than the national average, and the proportion of smokers 18 years and over is still the second highest rate in Australia [viii].

Alcohol, prescription drugs and amphetamines continued to be featured in lives lost. In 2023, overdose disproportionately affected men, mainly between 40 years and 60 years, and in those people experiencing poverty. Tasmania saw 29 unintentional drug-induced deaths and drug-deaths far outstrip road traffic accident deaths[ix]. Many of these deaths are preventable.

Tasmania has the second highest rate of drug- and alcohol-related ambulance attendances in Australia, at 912.6 per 100,000 people. These ambulance attendances were predominately for alcohol, pharmaceuticals, cannabis and amphetamines [x].

Rurality, Remoteness and Regionality

Tasmania has its own set of challenges when it comes to the delivery of ATOD services due to its geography and population distribution. With over 40 per cent of Tasmanians living in regional or remote areas, access to essential health services, including primary health (e.g. GPs and psychiatrists) and specialist ATOD services is limited[xi]. These challenges are exacerbated by Tasmania having the oldest population in Australia[xii] and high levels of socio-economic disadvantage: according to the Socio-Economic Indexes for Areas (SEIFA) index, Tasmania has the lowest proportion of people living in the most advantaged SEIFA areas (4.6 per cent) and the highest proportion of people living in the most disadvantaged SEIFA areas (37 per cent) compared to the rest of Australia[xiii].

One of the key issues is the distribution of GPs and other healthcare professionals, with rural Tasmanians often having fewer GPs per capita compared to their urban counterparts[xiv]. This scarcity limits timely access to medical interventions, exacerbating health issues before treatment is sought.

The Australian Institute of Health and Welfare highlights that rural and remote populations experience higher rates of health risk factors, including smoking and alcohol consumption, due to and in conjunction with these barriers to primary health services [xv].

Access to bulk-billing GP services in Tasmania, particularly in regional areas, has been in sharp decline. Tasmania consistently reports some of the lowest bulk-billing rates in Australia, with only 44.8 per cent of Tasmanians always being bulk-billed, compared to much higher rates elsewhere in the country, and this is despite Tasmanian families and individuals having lower median

incomes than the most of Australia. This has been attributed to a combination of GP shortages, especially in rural regions, and the increasing costs of providing healthcare services. As a result, residents in these areas are facing higher out-of-pocket expenses and difficulty accessing primary health care [xvi].

Tasmania also faces significant social determinants that drive substance use. The state has some of the highest levels of intergenerational trauma in Australia, influenced by family violence, child abuse, and neglect[xvii]. Unemployment rates, particularly in regional areas, further compound the problem, contributing to cycles of poverty, along with low education completion rates. In 2022, only 53 per cent of Tasmanians completed Year 12, compared to the national average of 76 per cent [xviii]. These statistics are linked to increased vulnerability to ATOD use, and such use is often employed by individuals as a coping mechanism for unemployment, trauma, poverty and disadvantage.

Improving ATOD services for people who live in rural Tasmania requires addressing these underlying factors with targeted funding, enhanced workforce support, and comprehensive care models that prioritise accessibility in rural, regional and remote areas.

ATDC member organisations across Tasmania serving regional, rural and remote areas regularly report challenges in finding 'ATOD-friendly' primary health services (e.g. GPs, psychologists, and psychiatrists) that provide non-judgemental and non-stigmatising physical and mental health support to people who use ATODs.

Providing accessible and affordable primary health services is vital to support people who use ATODs.

Equity and Access

Not all areas in Tasmania enjoy equity in accessing services (i.e. rural and remote areas). But there are also specific population groups in Tasmania that experience a compounding inequity based on multiple risk factors and intersectional stigma. The Tasmanian Drug Strategy 2024 to 2029 identifies a number of priority populations, including:

- Children and young people, including children whose parents use ATOD and young carers of people who use ATODs
- Aboriginal and Torres Strait Islander peoples
- People experiencing sexual abuse and family violence, including victims and survivors
- Pregnant women and their partners
- People in or leaving custodial settings, and individuals in contact with the criminal justice system, including the youth justice system

- Older people
- People living in rural or remote areas
- People with co-occurring conditions, including mental ill health, neurodiversity and disability
- People at risk of or experiencing homelessness
- People from culturally and linguistically diverse communities
- People who identify as Lesbian, Gay, Bisexual, Transgender, Intersex, Queer, Asexual, and other sexually and gender diverse people (LGBTIQA+)
- Families, friends and carers of people who use ATOD
- People who use performance and image enhancing drugs

Whilst it is beyond the scope of this submission, each priority population requires tailored approaches to support individual treatment, reduce harms associated with ATOD use, and health and prevention programs that reduce the uptake and use of ATODs. Individuals may also identify within a number of priority populations, which further amplifies their barriers to engaging in treatment or support.

To ensure equitable access to services for people from priority populations, adequate and sustainable funding reflecting the greater cost of delivering highly specialised services in regional areas is required.

More generally, people across the lifespan, and particularly in rural and promote parts of Tasmania, face a lack of services to support both their mental health and to support their service needs around ATOD use.

For young people, an identified priority population, who need supervised detoxification or residential treatment, there are almost no services available.

There is no community-managed residential secular AOD treatment service in Tasmania. This presents a challenge to certain population groups such as those from the LGBTIQA+ community, Aboriginal and Torres Strait Islanders and CALD communities including international students and refugees. The ATDC notes that many non-secular organisations in Tasmania provide exceptional support to people seeking help for their alcohol or drug use, however, we also recognise that there is still a gap for those who have been traumatised by past institutional abuse.

In 2023, the *Investment in the alcohol and other drugs sector in Tasmania final report*[xix], commissioned by the Tasmanian Department of Health provided further examples of service gaps that impact the equitable access to treatment and support when and where people need it:

- adequate longer term residential rehabilitation services on the far northwest coast
- funded withdrawal services in the northwest and north Tasmania

- greater access to pharmacotherapy treatment in regional areas
- availability of services for specific populations (e.g. women, young people, families and people living in rural areas)
- services and support for people exiting custodial settings[xx]

The ATDC notes that the Tasmanian government has been working to improve access to pharmacotherapy and medical detox services and address some gaps through the Reform Agenda for Alcohol and other Drugs Sector in Tasmania, but acknowledge that there is still far more to do. The ATDC, in consultation with members, have identified several opportunities to improve the equity for Tasmanians to access services within the broader AOD sector, including:

- the delivery of an inclusivity and diversity framework. Such a framework would support inclusion across priority populations including people with disabilities. Community-managed ATOD services in Tasmania have an appetite to provide these services, but it must be supported by funding and appropriate frameworks
- decriminalisation of the possession of small quantities of illicit substances for personal use, which is supported by most Tasmanians, would also encourage equity and access for people who use drugs. Such criminal penalties create barriers to accessing treatment and support when needed because individuals avoid seeking support due to the fear of policing and justice responses
- fixed and mobile site drug checking could also assist in equity and access, providing brief interventions in services operated by appropriately trained and qualified staff: drug checking sites, much like needle and syringe programs offer further gateways to support for people who use drugs
- peer workers are critical to an effective treatment sector. Peer workers have been found to support engagement in treatment and support programs, creating psychological safety through consistent support and connection, reducing stigma and normalising client experiences, supporting clients to feel safe to share their stories. Lack of funding and short-term grants mean most CSOs struggle to recruit and retain peer workers, despite the overwhelming desire for peer workers as a key part of the frontline ATOD workforce
- improving transportation in regional and rural Tasmanian could assist individuals to engage with treatment and counselling, as currently there are parts of the state where transport is a significant barrier to accessing services [xxi].

Current funding does not meet demand for AOD services in Tasmania.

One of the challenges for ATOD sector organisations is the lack of coordination and communication between and from the commonwealth and state governments. This speaks to

the need for governance structures and commissioning approaches that better target funding directly to the CSOs, regions and populations that need it.

> *The Tasmanian community-managed ATOD sector is currently shrinking at a time of increasing need.*

Recurrent investment in Tasmanian government and community managed ATOD services was an estimated $52.2 million in 2021–2022. However, service demand continues to far outstrip funding, with the cost of meeting demand for treatment for the same period estimated $60.2 million[xxii], leaving a significant funding gap.

In 2022 it was estimated that 35,000 Tasmanians were likely to "experience a substance use disorder in a 12-month period" and twice that number need screening and brief interventions[xxiii]. This is consistent with national estimates that between 27 and 56 per cent of demand may be remaining unmet[xxiv]. In 2017 it was estimated that unmet demand for ATOD treatment exceeded 7000 Tasmanians[xxv].

> *In 2022, Tasmania received only $4.9M through Primary Health Network Tasmania for AOD treatment services [xxvi]. There is an opportunity for the commonwealth to provide more direct investment to meet treatment demand.*

The Australian Drug Budget Expenditure Report for 2021 to 2022 conducted by the Social Policy Research Centre at the University of NSW highlights deficiencies in the balance of funding within the national harm-minimisation approach: between supply reduction (e.g. law enforcement) and the pillars of demand reduction and harm reduction (e.g. treatment, primary prevention, health promotion, needle and syringe programs). With approximately $2 in every $3 spent on law enforcement, treatment, prevention and harm reduction activities are underfunded despite the financial and social value provided. It is estimated that for every $1 spent on treatment, the community saves $7.40, and for every $1 spent on harm reduction, the community saves $27.50 [xxvii].

> *A national governance framework and commissioning approach with improved coordination between state and commonwealth funders,—attuned to the rising delivery costs in regional and remote areas—is essential for meeting treatment demand and ensuring effective resource allocation, supporting improved client outcomes.*

In 2017 in Tasmania, the Drug and Alcohol Services Planning (DASP) model was employed to provide contemporary planning figures, contribute to a better distribution of treatment resources and improve access for those seeking alcohol or other drugs treatment[xxviii]. In 2023, a further review was conducted, which identified and confirmed gaps and lack of funding[xxix]. The Tasmanian

Drug Strategy 2024 to 2029 will again conduct another DASP project by UNSW to model the service needs of Tasmanians. The ATDC is concerned that, as in the past, the modelling will indicate significant unmet demand, yet there will be an absence of the necessary funding by both state and commonwealth funders to meet identified service needs, address gaps and improve equity and access for Tasmanians who seek support, their families, friends and carers.

Against a backdrop of ongoing funding uncertainty, lack of appropriate indexation applied to commonwealth contracts, short-term contracts, lack of an effective national governance framework and coordinated funding through an effective commissioning process, continues to place significant pressure on CSOs that provide critical services to the community, including those in regional and remote areas.

What do CSOs in Tasmanian want, and what would this achieve?

The ATDC consults regularly with CSOs operating in the community-managed ATOD sector. Our members are calling for:

- greater investment from the commonwealth to deliver treatment services, prevention, harm reduction and early intervention
- indexation on contracts to reflect real cost increases in service delivery
- timely renewals of contracts with longer dates offering greater certainty
- funding for peer workers
- more funding for medically supervised residential withdrawal services in regional and rural Tasmania, run by CSOs
- more funding for sector capacity building, training and professional development
- more GPs, psychologists and psychiatrists to help manage client complexity and chronic health issues.

In conclusion, CSOs operating in the Tasmanian ATOD sector are facing a critical moment where growing demand for services continues to outpace available funding and resources. The compounded challenges of regionality, increasing client complexity, and insufficient investment from both the state and commonwealth governments place significant pressure on CSOs that deliver vital care to the most vulnerable.

Regards,

Dr. Jackie Hallam

Chief Executive Officer

[i] Primary Health Network (2023). Health in Tasmania: Primary Health Tasmania Health Needs Assessment 2022-23 to 2024-25 November 2023 (UPDATE)
[ii] Primary Health Network (2023). Health in Tasmania: Primary Health Tasmania Health Needs Assessment 2022-23 to 2024-25 November 2023 (UPDATE)
[iii] Primary Health Network (2023). Health in Tasmania: Primary Health Tasmania Health Needs Assessment 2022-23 to 2024-25 November 2023 (UPDATE)
[iv] Tasmanian Department of Health (2024). Tasmanian Drug Strategy 2024 - 2029
[v] Australian Institute of Health and Welfare (2024). National Drug Strategy Household Survey 2022–2023. https://www.aihw.gov.au/reports/illicit-use-of-drugs/national-drug-strategy-household-survey/data
[vi] Australian Institute of Health and Welfare (2024). National Drug Strategy Household Survey 2022–2023. https://www.aihw.gov.au/reports/illicit-use-of-drugs/national-drug-strategy-household-survey/data
[vii] Tasmanian Department of Health (2024). Tasmanian Drug Strategy 2024 - 2029
[viii] Tasmanian Department of Health (2024). Tasmanian Drug Strategy 2024 - 2029
[ix] Penington Institute (2024). *Australia's Annual Overdose Report*. August 2024. Melbourne: Penington Institute.
[x] Penington Institute (2024). *Australia's Annual Overdose Report*. August 2024. Melbourne: Penington Institute.
[xi] National Rural Health Alliance (2022). The rural and remote health workforce. https://www.ruralhealth.org.au/workforce
[xii] Council of The Ageing Tasmania (2019). Liveable communities toolkit: Tasmanias ageing population statistics. https://cotatas.org.au/wp-content/uploads/sites/3/2019/02/1.-Tasmanias-Ageing-Population.pdf
[xiii] Australian Bureau of Statistics (2018). 2071.0 - Census of Population and Housing: Reflecting Australia - Stories from the Census, 2016. https://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/2071.0~2016~Main%20Features~Socio-Economic%20Advantage%20and%20Disadvantage~123#:~:text=In%20contrast%2C%20Tasmania%20had%20the,most%20disadvantaged%20areas%20(37%25).
[xiv] Australian Institute of Health and Welfare (2021). Australia's health 2020: Rural and remote health. https://www.aihw.gov.au/reports/australias-health/rural-and-remote-health
[xv] Australian Institute of Health and Welfare (2021). Australia's health 2020: Rural and remote health. https://www.aihw.gov.au/reports/australias-health/rural-and-remote-health
[xvi] Medical Republic (2023). Bulk Billing Rates Tumble into 2023. https://www.medicalrepublic.com.au/bulk-billing-rates-tumble-into-2023/16444
[xvii] Australian Institute of Health and Welfare (2021). Australia's health 2020: Rural and remote health. https://www.aihw.gov.au/reports/australias-health/rural-and-remote-health
[xviii] ABC News (2024). *Tasmanian students still struggling to complete year 12 according to latest data, as Premier rejects call for a review*. 8 Feb 2024. https://www.abc.net.au/news/2024-02-08/tasmania-year-12-attainment-rates-fall-again/103435628
[xix] 360edge (2023). Investment in the alcohol and other drugs sector in Tasmania. Final report.
[xx] 360edge (2023). Investment in the alcohol and other drugs sector in Tasmania. Final report.
[xxi] Primary Health Network (2023). Health in Tasmania: Primary Health Tasmania Health Needs Assessment 2022-23 to 2024-25 November 2023 (UPDATE)
[xxii] 360edge (2023). Investment in the alcohol and other drugs sector in Tasmania. Final report.
[xxiii] 360edge (2023). Investment in the alcohol and other drugs sector in Tasmania. Final report.
[xxiv] Ritter at al. (2019). Measuring Unmet Demand for Alcohol and Other Drug Treatment: The Application of an Australian Population-Based Planning Model. DOI: 10.15288/jsads.2019.s18.42
[xxv] Siggins Miller (2017). A single Tasmanian alcohol and other drugs (AOD) service system framework. Final report.
[xxvi] 360edge (2023). Investment in the alcohol and other drugs sector in Tasmania. Final report.
[xxvii] Rethink Addiction and KPMG (2022). Understanding the cost of addiction in 2022.
[xxviii] Siggins Miller, 2017. A single Tasmanian alcohol and other drugs (AOD) service system framework. Final report.
[xxix] 360edge, (2023). Investment in the alcohol and other drugs sector in Tasmania. Final report.