



## 2022 Pre-Election Statement

### About us

The Australian Alcohol and other Drugs Council (AADC) is the national peak body representing the alcohol and other drugs sector. We work to advance health and public welfare through the lowest possible levels of alcohol and other drug related harm by promoting effective, efficient and evidence-informed prevention, treatment and harm reduction policies, programs and research at the national level. Through our members, AADC represents:

- over 550 specialist health services working to prevent and reduce harms which can be associated with the use of alcohol and other drugs, including more than 80% of the non-government organisations that receive federal funding to deliver services and support to people using alcohol and other drugs
- more than 1600 specialist practitioners working in alcohol and other drug services in the areas of prevention and early intervention, as well as all treatment settings
- researchers and policy specialists dedicated to building the evidence-base to support robust, high impact practice and programs, and
- people who use or have used alcohol and other drugs, and their families.

AADC's pre-election statement outlines six key reforms which it believes have the capacity to transform Australia's response to alcohol and other drugs (AOD) and dramatically reduce the prevalence of the harms that can be associated with their use.

### 1. Decriminalise the personal use of illicit drugs

The *2019 National Drug Strategy Household Survey* found an estimated 43% people aged 14 and over in Australia had used an illicit drug at some point in their lifetime. There is no evidence that the criminalisation of drug use leads to decreased demand; it does, however, dissuade people experiencing harms related to their drug use from seeking help.

Decriminalising drug use and pivoting from a criminal justice focus to a public health focus will positively redirect public perceptions, policy, resources, and services towards harm minimisation options, including treatment. It will decrease the stigma and discrimination experienced by people who use drugs, who often find themselves marginalised and excluded from mainstream health and other services as a result. It will also increase treatment access and other help-seeking behaviours affected by stigma and discrimination, thus reducing the total harms and health burden associated with the problematic use of alcohol and other drugs across the country.

*AADC calls for a national approach to promote decriminalisation of the personal use of illicit drugs, and focus government funding towards reinvestment in preventive approaches, harm reduction and other health-based interventions for people experiencing drug-related harms.*



## 2. Increase access to alcohol and other drug services in line with community need

AOD services are acutely underfunded in comparison with the real levels of community need. The 2014 *New Horizons Report* calculated that the \$1.261 billion being provided in total funding to deliver AOD services at the time met between only 30%-50% of total service demand. The magnitude of the long-term effects of COVID-19 on sector capacity and community need is still being calculated.

Service shortages result in unacceptable delays for people seeking information or treatment, which often means we miss the opportunity for intervention. AOD services should be funded commensurate with demand and informed by needs-based population planning to ensure services are delivered in those areas and to those people who need it most.

*AADC calls for the adoption of an independent and evidence-based national planning model, such as the Drug and Alcohol Services Planning Model (DASPM), to determine demand for AOD services and inform government planning to deliver long-term, sustained investment in specialist treatment services that meets the needs of the community.*

## 3. Invest in culturally appropriate and community controlled services for diverse communities

AOD services must be responsive to the needs of a culturally diverse Australia, both tailored to and informed by the unique needs of each service cohort.

AADC recognises the primacy of Indigenous knowledge, expertise and experience in addressing AOD issues experienced by Aboriginal and Torres Islander communities. Aboriginal and Torres Strait Islander communities, and community controlled services, should determine their own solutions to harmful alcohol and other drug use. Culturally and linguistically diverse communities and organisations should also be resourced to address the harms which can be associated with AOD use, through culturally sensitive service delivery.

*AADC calls for increased investment in culturally appropriate AOD services for Aboriginal and Torres Strait Islander and culturally and linguistically diverse communities, delivered through community controlled and culturally appropriate organisations.*

## 4. Support a strong and flourishing workforce in the specialist alcohol and other drugs sector

As noted in the *National Preventive Health Strategy 2021-2030*, the health workforce is a key enabler of Australia's health system and plays an integral role in its delivery. Investment in and support for a skilled, experienced and sustainable AOD health workforce is critical to achieving the national health goals relating to alcohol, tobacco and other drugs.

The *National Alcohol and other Drug Workforce Development Strategy 2015-2018* is currently being reviewed under the leadership of the Department of Health and the National Centre for Education and Training on Addiction (NCETA). Whilst this strategy recognised the need to deliver a sustainable specialist AOD prevention and treatment workforce and correctly identified many of the issues currently threatening that sustainability, it lacked an implementation plan or resources dedicated to ensuring its delivery, leaving it largely ineffectual.

Similarly the *National Aboriginal and Torres Strait Islander People's Drug Strategy 2014-2019*, which contains development goals for the Aboriginal and Torres Strait Islander AOD workforce, has been allowed to lapse without evaluation of whether it has enhanced the capacity and capability of Aboriginal community-controlled AOD services. In the meantime, the pressures placed on the health system and its workforce due to the COVID-19 pandemic have only exacerbated the sector's workforce issues and staff loss to other sectors and industries.



*AADC calls for the update of the 'National Alcohol and other Drug Workforce Development Strategy' and the workforce development goals in the 'National Aboriginal and Torres Strait Islander People's Drug Strategy 2014-19', and the development and funding of comprehensive implementation and evaluation plans for both.*

## **5. New and improved national governance structures for alcohol and other drugs system**

Since the 2020 disestablishment of the Council of Australian Governments (COAG) and the Ministerial Drug and Alcohol Forum, there has been no formal national structure for intergovernmental engagement, oversight and decision-making with respect to AOD. It is proposed that AOD issues will now be addressed through ad hoc structures only, in response to one-off issues or initiatives.

Australia continues to require ongoing leadership at the Ministerial level to coordinate transparent and workable cross-government, cross-sector and cross-portfolio governance structures that oversee the long-term design, implementation, evaluation and improvement of national AOD-related strategies and sub-strategies.

These structures should ensure all arms of Australia's AOD response system operate consistently and deliver outcomes consistent with the goals of the *National Drug Strategy*. They should be inclusive and provide equitable representation of government and non-government groups and agencies, including Aboriginal and Torres Strait Islander communities and people who use or have used alcohol and other drugs and their families.

*AADC calls for consultation by federal and state/territory governments, undertaken in partnership with the national and state/territory representatives of the AOD sector, to design and implement new national governance structures that oversee Australia's alcohol and other drugs response system.*

## **6. Efficient and effective funding mechanisms that minimise costs and maximise outcomes**

AOD services across Australia are commonly funded through a mix of federal and state/territory funding, with most services having multiple funders. Each funder uses their own commissioning practices and their own reporting requirements, which add to services' cost burden through administrative processes of tender-writing, data collection and acquittal. This drives up compliance costs for services, without contributing to improved service outcomes.

Commissioning is not well coordinated across funders, at times leading to a mismatch between services funded and services required. Funding contracts are often short-term, from non-continuing funding pools and/or subject to regular re-tendering. Re-tendering processes are onerous and costly to services; changes to funding disrupt service systems that require stability in the interests of client relationships and client outcomes.

*AADC calls for more sustainable funding practices through:*

- *performance-based contract extensions with a minimum two years' notice of funding expiration or re-tendering*
- *harmonisation of commissioning and contracting practices to ensure consistency across federal funding agencies whilst allowing for locally-based service planning*
- *consistent and streamlined reporting and regulatory requirements across funders*
- *the development of a nationally consistent performance measurement framework for AOD treatment, and*
- *improved coordination across jurisdictions to ensure complementary approaches to funding allocation, designed in consultation with the AOD sector.*