



Statement about the release of the National 'Ice' Taskforce Report, release of two Review report and various announcements by the Australian Government

9 December 2015

The Network of Australian State and Territory AOD Peak Bodies welcomes the release of the National 'Ice' Taskforce's Final Report, and the release of the two reviews commissioned by the Australian Government (a) the Drug Policy Modelling Program's *New Horizons* report and (b) the National Drug Research Institute's *Harnessing Good Intentions* report.

The Network also welcomes the multiple announcements made by the Australian Government on 6 December, particularly with regards to increasing funding for specialist alcohol and drug services and the continuation of existing funding contracts until June 2017. However we are cautious given the lack of detail.

We strongly support the Taskforce's view that 'we can't arrest our way out of this problem' and the importance of having a greater focus and investment in the demand and harm reduction pillars of the National Drug Strategy.

The New Horizon report found that:

- Demand for drug and alcohol treatment is at least double the available places. It is estimated that there is unmet demand for AOD treatment for between 200,000 and 500,000 people in any one year.
- Drug and alcohol treatment works and is well grounded in evidence.
- Drug and alcohol treatment is a good investment. For every \$1 invested in alcohol and drug treatment society gains \$7 in health and social benefits.
- There is a relationship between funding processes and AOD treatment outcomes and longer contract terms should be pursued.

The Network has been calling on the Australian Government over recent months to take several actions as listed below. The recent announcements represent some important steps forward.

Action 1: Provide direct and increased recurrent funding for specialist alcohol and other drug services (including as a specific action in the National 'Ice' Strategy and the National Drug Strategy).

Comments on progress:

Increased funding for specialist AOD treatment services is welcomed however the scope and role of funding particularly for harm reduction services is unclear

- We welcome the commitment to increase funding for specialist alcohol and drug services, we await detailed clarification of how this will be enacted.
- Of the 38 recommendations in the National Ice Taskforce Report none mention harm reduction. This is not consistent with the three pillars approach of the National Drug Strategy.

Commissioning AOD treatment services through Primary Health Networks is a significant shift in Australian Government funding responsibility

- The Australian Government has announced \$241.5 million over four years for: “delivery of further treatment services, with commissioning of these services undertaken by Primary Health Networks [formerly known as Medicare Locals]... this includes funding to support the delivery of Indigenous-specific treatment services.”
- In line with the recent announcement that contestable mental health services will be commissioned, not delivered, through the recently established Primary Health Networks (PHNs), the Prime Minister Malcolm Turnbull announced a similar process for specialist AOD services.
- The Network is cautious in our response to this announcement, noting that while some PHNs are working effectively in some jurisdictions, many are yet to be fully established.
- Many specialist AOD services (a) provide state or region-wide services, and there is concern that a strategy that is primarily focused on local PHN boundaries may not effectively meet need (b) may not fit within, and provide more than, medical or primary health models (c) PHNs may not have existing relationships and these can take considerable time and effort to build and (d) and would then be moved from 1 (the Commonwealth) to 31 (the PHNs) commissioners with associated administrative costs and burdens.
- The New Horizon report found:

“The second option is to use an existing planning framework. The Commonwealth could rely on plans developed by others. One idea we explored early in the project was the possibility that the Medicare Local planning process could be a springboard for the Commonwealth planning and specifically to assist with allocative funding decisions. Since that time, Medicare Locals have been subject to changes. Furthermore it became apparent that the Medicare Local planning option was not a well-supported by key informants, who were largely negative about their experiences of Medicare Local planning: it appears to remain highly variable across different agencies, there is little attention to alcohol or illicit drugs treatment in most Medicare Local plans and in those that do consider it, it is limited to alcohol and tobacco; and, finally, the focus for Medicare Local’s has been on primary healthcare – AOD treatment extends beyond primary health care. We do not consider this option further.” (p.273)
- Primary Health Networks will need to embrace genuine partnership with the AOD sector to fully realize the potential of the increased funding provided by the Australian Government.
- With reference to Aboriginal and Torres Strait Islander specific services, The Harnessing Good Intentions report found:

“Among some service providers, there is concern that community control is being undermined by top-down planning, exclusion from decision-making processes, and contracting of service provision to non-Indigenous organisations.”

Procurement processes

- The Network notes that some funding has been directly provided to agencies through this announcement.
- The Network would expect that distribution of the funding for specialist AOD services will have strong, evidence informed and transparent processes in place to ensure funds achieve the maximum benefit for Australian communities.
- As experts and representative bodies, the Network hopes to be involved in the development of any new commissioning and procurement models.

Importance of consulting with NGO treatment and harm reduction stakeholders

- The Network notes that it was not consulted on the proposal to commission specialist AOD services through PHNs. The Network represents 435 organisations (primarily non-government), which includes 80% of organisations funded to provide AOD services by the Commonwealth.
- We reiterate to the Australian Government the importance of engaging beyond the Australian National Advisory Council on Alcohol and Drugs (ANACAD) for expert advice.
- The Network is seeking regular meetings with government and other representatives and hopes to be embedded within processes moving forward.

Action 2: Extend the current alcohol and other drug service contracts, which expire on 30 June 2016, with the Australian Government Department of Health and provide 5 year contract terms. The Federal funding in scope includes:

- Non-Government Treatment Grants Program (NGOTGP)
- Substance Misuse Service Delivery Grants Program (SMSDGF)
- Substance Misuse Prevention and Service Improvement Grants Program
- Aboriginal and Torres Strait Islander specific AOD funding

Comment on progress:

- We welcome the statement from Minister Nash that current Department of Health NGOTGP and SMSDGF contracts will be extended for 12 months. This provides a short-term reprieve and an opportunity for continuity of service provision and staff retention.
- This is the second concurrent year that the Australian Government has chosen extend specialist AOD non-government contracts by a single year.
- Specialist AOD services need security of tenure particularly given the changes in methamphetamine related harms and the often long term nature of problematic drug use. Five year contract terms are needed; this is consistent with the New Horizons report and developments in other jurisdictions.
- Further information is needed on the amount of funding and the funding streams in scope, including for Aboriginal and Torres Strait Islander AOD services which were moved away from the Department of Health to Prime Minister and Cabinet.

Action 3:

Publicly release the Australian Government commissioned (a) Review of the Drug and Alcohol Prevention and Treatment Services Sector Report and the (b) Aboriginal and Torres Strait Islander specific Review Report.

Comment on progress:

- We welcome the release of the *Review of the Aboriginal and Torres Strait Islander Alcohol, Tobacco and Other Drugs Treatment Service Sector: Harnessing Good Intentions* and congratulate the National Drug Research Institute for developing the report, particularly with Aboriginal and Torres Strait Islander communities and AOD services.
- We welcome the release of the *New Horizons: The Review of Alcohol and Other Drug Treatment Services in Australia* and congratulate the Drug Policy Modeling Program for developing the report with the Australian AOD sector.
- These reports provide an evidence-based framework for the State, Territory and Australian governments to determine future planned and coordinated funding models.
- The Network hopes that these reports will inform the current and future decision-making by Australian governments, including through the Council of Australian Government discussions in December.

The Network will be meeting with Minister Nash and is seeking further information, particularly with regards to contract extensions and commissioning through the Primary Health Networks.

For further information please contact the CEO of your State or Territory AOD Peak.

About the Network of Australian State and Territory AOD Peak Bodies**Our vision**

An Australian community with the lowest possible levels of alcohol, tobacco and other drug related harm, as a result of the alcohol, tobacco and other drug sector's evidence-informed prevention, treatment and harm reduction policies and services.

Who we are

The AOD Peaks Network comprises of all state and territory peak bodies:

- Alcohol Tobacco and Other Drug Association ACT (ATODA)
- Alcohol, Tobacco and other Drugs Council Tasmania (ATDC)
- Association of Alcohol and other Drug Agencies Northern Territory (AADANT)
- Network of Alcohol and other Drug Agencies (NADA)
- Queensland Network of Alcohol and other Drug Agencies (QNADA)
- South Australian Network of Alcohol and Drug Services (SANDAS)
- Victorian Alcohol and Drug Association (VAADA)
- Western Australian Network of Alcohol and other Drug Agencies (WANADA)

Our reach and who we represent

We provide a conduit for immediate access to alcohol and other drug services in all Australian jurisdictions. We represent at September 2014:

- 435 organisations (primarily non-government), which includes 80% of organisations funded to provide AOD services by the Commonwealth;
- All specialist treatment types (counselling, withdrawal, residential and non-residential rehabilitation, opiate replacement therapy) and harm reduction services;
- \$377,905,578 of State, Territory and Commonwealth AOD services funding investment; and
- 80,000 Australians who receive an episode of care annually.