ATODA
Alcohol Tobacco & Other Drug Association ACT

Chief Minister
Treasury and Economic Development Directorate
Email: budgetconsultation@act.gov.au

Submission to the ACT Budget 2022-23

Dear Chief Minister,

The Alcohol Tobacco and Other Drug Association ACT (ATODA) appreciates the opportunity to provide a submission to the ACT Budget 2022–2023 consultation process. ATODA is the peak body for the alcohol, tobacco and other drug (ATOD) sector in the ACT and seeks to promote health through preventing and reducing alcohol, tobacco and other drug related harms. The work of the ATOD sector makes a critical contribution to the wellbeing of the ACT community, particularly to those vulnerable to lower levels of wellbeing in relation to health outcomes and inclusion and belonging outcomes, as described in the ACT Wellbeing Framework.[1]

ATODA appreciates the additional funding committed to ATOD services made in the 2021–22 budget, the additional short-term funding for AOD services to reach the most disadvantaged during the COVID-19 pandemic, and the commitments made towards new services, including a supervised drug consumption site, fixed-site drug checking, and a dedicated alcohol and other drugs (AOD) residential facility for Aboriginal and Torres Strait Islander people.

With the likely passing of the *Drugs of Dependence (Personal Use) Amendment Bill 2021* within the 2022 calendar year, there is unique opportunity for the ACT Government to proactively increase investment in the ATOD sector, both in terms of specialist AOD service availability, suitability and reach (Recommendations 1, 2 and 3) and increased ATOD data analysis (Recommendation 4). This investment will support the implementation of partial decriminalisation in the ACT, and further demonstrate the ACT Government's nation-leading commitment to "investing in evidence based and practice-informed harm minimisation responses to alcohol, tobacco and other drugs", as articulated in the ACT Drug Strategy Action Plan 2018–2021.[2]

In addition, the role of the ATOD sector in supporting the ACT Government's public health response to COVID-19 has highlighted the importance of a viable, sustainable and accessible ATOD sector to facilitate relationships with priority populations with complex needs and low levels of trust in government. The ATOD sector has been critical in achieving high vaccine coverage amongst priority populations in the ACT, and this experience has highlighted the importance of continued investment in the ATOD sector.

There is a significant gap in investment in specialist AOD services both nationally and locally. At the national level investment in AOD treatment needs to at least double to meet the demand for services.[3] This accords with waiting lists for treatment programs and the experiences of people who use drugs in the ACT. **Findings from recent Drug and Alcohol Service Planning modelling (DASPM) specific to the ACT indicate that up to 4,750 more people need treatment than are currently being treated through exiting services, with an investment gap of approximately $24 million per annum**.[4] ATODA recommends a scaled approach to meeting this investment gap, with increased funding of $12 million (50% of the gap) in 2022–23. Enhanced investment will position the sector to increase and diversify services to meet current and future demand. As part of this increased funding, ATODA recommends the following specific investments:

- Conduct a comprehensive independent audit of specialist AOD service delivery infrastructure across government and non-government services, and fund the associated recommendations. This will address much needed building upgrades to ensure facilities meet consumer expectations, facilitate the highest standards of service delivery, and potentially increase efficiency.
- Expand the We CAN Program, noting that tobacco consumption remains the largest modifiable contributor to ill health in the ACT population. Funding the We CAN Program as proposed would provide a saving of health and social costs conservatively estimated at $2.9 for every $1 invested in the first year, with returns increasing annually.
- Fund ATODA as the peak body for the ATOD sector in the ACT to provide enhanced and innovative analysis of AOD data and information, to monitor the impact of partial decriminalisation and the implementation the new ACT Drug Strategy Action Plan, and to inform policy development, strategic planning and the commissioning of AOD services.

Making these proposed investments would assist the Government in responding to the Legislative Assembly's Select Committee Inquiry into the Drugs of Dependence (Personal Use) Amendment Bill 2021 Report's recommendations regarding increased investment in specialist AOD services, consideration of specialises models of care, and evaluation.[5] There is an urgent need to meet the Government's election commitments to AOD services in the 2022–23 Budget. Acting now to increase investment in the ATOD sector is critical to ensuring that the ATOD sector is sufficiently resourced to support vulnerable Canberrans and to support the ACT Government's nation-leading legal reforms.

Summary of costed funding priorities proposed

Priority area	Budget Recommendation	Costings
1. Increase investment in specialist AOD services	Boost funding by $12 million for specialist AOD treatment and harm reduction services, as part of a scaled approach to meeting a demonstrated investment gap of $24 million.	$12m in 2022-23 $24m in 2023-24
2. Upgrade specialist AOD service delivery infrastructure	Conduct a comprehensive independent audit into specialist AOD service delivery infrastructure across government and non-government services, and fund associated recommendations.	Audit: $0.4m (estimated) Response to audit recommendations: TBD
3. Prevent tobacco-associated chronic disease and death	Upscale successful We CAN Program and significantly reduce tobacco-associated disease burden among users of AOD specialist services.	$1.93m recurring annually
4. Enhance analysis and use of AOD service data	Fund ATODA to provide enhanced analysis of AOD data to monitor the impact of partial decriminalisation and the implementation of a new ACT Drug Strategy Action Plan and to inform policy development, strategic planning and commissioning.	$0.2m annually for two years

We are happy for this submission to be made public. Please do not hesitate to contact ATODA if you have any queries or require further information in support of this submission. The DASPM Report referenced is not yet published but has been provided to you along with this submission.

Yours sincerely

Dr Devin Bowles

Chief Executive Officer
Alcohol Tobacco and Other Drug Association ACT (ATODA)

Submission to the ACT Budget Consultation 2022-23

1. Introduction

ATODA welcomes the ACT Government's overall approach of taking 'a harm minimisation approach to drug and alcohol policy, treating drug use as a health issue rather than a criminal matter', and identifying this as the 'key value underpinning the ACT Drug Strategy Action Plan 2018-2021'.[6] We also welcome the funding and policy commitments made by Labor[6] and the Greens in their Policy Platform for the 10th Assembly[7] to increase support for alcohol and other drugs services over the current Assembly.

In Canberra, the alcohol and other drugs (AOD) sector provides a wide variety of high-quality services to different client groups experiencing issues with alcohol or other drugs. The organisations providing services meet a series of quality activities that constitute a quality framework, for example meeting national accreditation standards and employing staff who are required to obtain at least an AOD-specific Certificate IV. However, the sector is at capacity: current waiting times for some services are long, and service providers are often only able to provide low intensity treatment options to clients assessed as needing high intensity treatment. Findings from recent Drug and Alcohol Service Planning modelling (DASPM) of the ACT's AOD service system indicate up to 4,750 more people annually require treatment than are currently being treated through existing services, with an investment gap of approximately $24 million per annum.[4] It is important to note that this is likely an underestimate as the DASPM accounts for 93% of treatment presentations (as it is restricted to four drug classes), and assumes treatment for only 47% of those people who meet the criteria for dependence (further detail is provided at Appendix 1).

We welcome the Private Member's *Drugs of Dependence (Personal Use) Amendment Bill 2021* and its overall intent to decriminalise a range of illicit drugs, and note the inclusion of AOD programs, policy and funding in the associated Inquiry's Terms of Reference and the Inquiry's Report's subsequent recommendations. The decriminalisation proposed will result in reduced stigma and more people feeling comfortable to seek treatment for illicit drug use. However, this will also likely increase demand on an already overstretched service sector.

We welcome the steps taken by the government to fund several of its AOD commitments in the 2021-22 Budget, including enhancing drug checking, confirmed funding for an Aboriginal Community-Controlled residential rehabilitation facility, continued enhanced investment in opioid replacement treatment, drug diversion pathways for law enforcement via the Drug and Alcohol Sentencing List (DASL), and enhanced funding for people with mental health and AOD comorbidities. We also note that several of these commitments require allocation of funding in the 2022-23 budget to follow through on the initial investments made. Other commitments remain outstanding. As the ACT Government may be unable to guarantee funding in a 2023-24 Budget (depending on electoral outcomes), meeting outstanding election commitments as part of the 2022-23 budget is crucial. Further detail on specific election commitments and actions required in the 2022-23 Budget is provided at Table 1.

Table 1: Comparison of election commitments and 2021-22 Budget funding allocations

ATOD Commitments	2021-22 Budget	Status	Additional action required in 2022-23 Budget
"Deliver a culturally appropriate residential alcohol and other drug rehabilitation service for the ACT Aboriginal and Torres Strait Islander community" (Labor) "Establish a community controlled Aboriginal drug and alcohol residential rehabilitation facility" (Greens)	Funding for study and for construction across forward estimates.	On track	Continue to fund
"Explore the establishment of a pill testing pilot in the city entertainment area during the busy summer period." (Labor) "Introduce permanent pill testing at all ACT festivals and other sites" (Greens)	Funding for fixed-site pill testing pilot	On track	There will need to be funding in 2022-23 and beyond to implement the pilot's findings.
"Enhance drug diversion pathways for law enforcement" (Greens)	Additional funding of $1.4m for more support for the Drug and Alcohol Court	On track	It is unclear what proportion of this funding is allocation for the provision of treatment across the AOD sector and the courts: this should be clarified in the 2022-23 Budget.
"Work with providers such as Ted Noffs, Karralika and Directions to consider ways to renew their residential rehabilitation infrastructure" (Labor)	Funding for building study of Watson Health Precinct redevelopment.	At Risk	A more comprehensive audit is needed, with the scope to include all AOD services delivered out of buildings that are rented from non-government owners, and those owned by non-government AOD service providers.
"Consider expansion of intensive non-residential rehabilitation supports" (Labor)	Not included	At Risk	Given the high cost of residential treatment, investment is needed to support services to provide flexible and innovative non-residential treatment.
"Double the existing funding for services to address drug and mental health co-morbidity" (Greens)	Additional funding, primarily for mental health	At Risk	There remains a significant funding gap in provision of funding for specialist AOD services.
"Pilot a safe drug consumption site" (Greens)	Scoping study included — appears to be for 2022-23	At Risk	The ACT Government is likely to engage extensively with the community on site location. There will need to be funding in 2022-23 and beyond to implement the preferred model. Implementation is at risk of not be achieved within this government term.

ATODA notes the scrutiny of AOD service delivery performance and funding associated with the recent Inquiry and the upcoming debate on the *Drugs of Dependence (Personal Use)*

Amendment Bill 2021. Failure to follow through on its election commitments to support the AOD sector could leave the Government vulnerable to criticism. This is especially true in the context of the potential partial decriminalisation of many illicit drugs in which the emphasis is a shift from the justice system to the health system. Meeting the ACT Government's ATOD sector commitments is critical to ensuring that the ATOD sector is sufficiently resourced to support vulnerable Canberrans and the ACT Government's nation-leading legal reforms. The ACT Government also has a unique and time-limited opportunity to proactively invest in enhanced data analysis to support the implementation of these reforms.

2. ATODA's budget recommendations

ATODA's budget recommendations enable the ACT Government to action their ATOD commitments and proactively invest in their progressive and nation-leading legislative reforms. Modelling shows that AOD treatment and harm reduction services are a good investment. One analysis found that for every $1 invested in alcohol and other drug treatment, society gains $7.[8] Other studies have found similarly favourable cost-effective ratios across AOD treatment services and harm reduction programs.[9-11]

i) Increase investment in specialist AOD services

Findings from the recent Drug and Alcohol Service Planning modelling (DASPM) in the ACT (undertaken by the University of New South Wales) indicate up to 4,750 more people require treatment than are currently being treated through existing services, with an investment gap of approximately $24 million per annum, noting this is likely an underestimate.[4] This gap aligns with long waiting times for many treatment services, and with national modelling recommending a doubling of capacity in the ATOD sector.[3] Further evidence on the state of the sector and on the DASPM findings is provided at Appendix 1.

The need for increased investment in the broader NGO sector has also been highlighted by the recently published report commissioned a ACT Council of Social Service (ACTCOSS) and ACT Community Services Industry Strategy Steering Group, and funded by the ACT Government. [12] This report details the cost pressures experience by the community sector in the ACT, which includes the experience of some non-government AOD providers funded by the ACT Health Directorate. The report found that over the last three years 47% of survey respondents have incurred a loss on programs delivered for the ACT, along with other findings, and makes a number of recommendations regarding how funding can be most sustainable structured.[12] The ACT Government should also consider this report's recommendations in increasing investment to the ATOD sector.

The role of the ATOD sector in supporting the ACT Government's public health response to COVID-19 has highlighted the importance of a viable, sustainable and accessible ATOD sector to facilitate relationships with priority populations with complex needs and low levels of trust in government.[13] Increased connections have been made with people eligible for specialist AOD services, along with increased interest and uptake in treatment options, due to the strong engagement of AOD services during lockdown. Ensuring that specialist AOD services are sufficiently resourced to support these individuals is a priority. Further information is provided in ATODA's submission to the Select Committee Inquiry into the COVID-19 2021 pandemic response,[13] and the Select Committee's Report.[14]

Changes in policy likely to arise from partial decriminalisation will increase demand further, as more people are diverted towards treatment by the police, and greater numbers of people feel comfortable to seek treatment. It is critical that there is a significant boost in baseline funding levels for the AOD sector in the 2022-23 budget to support investment to enlarge the workforce, and to extend and diversify services. The proposed increase of $12 million (50%

of the demonstrated investment gap) will support the AOD sector to meet current and future demand, allowing for recruitment and training of new staff, the extension of existing programs and design of new programs as required. ATODA notes that the Select Committee Inquiry into the Drugs of Dependence (Personal Use) Amendment Bill 2021 Report included amongst its recommendation a significant increase in investment in AOD services – this recommendation was supported by all Committee members.[5]

The Capital Health Network (CHN), the ACT's Primary Health Network, funded ATODA in 2021 to undertake a needs assessment which has been published at this link: *Maintaining and Strengthening Specialist Alcohol and Other Drug Services for the ACT Community Needs Assessment Analysis, 2022-2025*.[15] This Needs Assessment is intended to inform a common understanding for enhanced service provision and future service design, both by the CHN and other funders of ATOD services in the Territory, including the ACT Government. In increasing investment to specialist AOD service, the findings of this Needs Assessment should be considered, in particular the identified priorities for investment.[15]

Another important component of increased investment in AOD services is the funding of other treatment modalities. Funding Labor's commitment to consider expansion of intensive non-residential rehabilitation supports is critical given the limited availability of residential rehabilitation beds. Specialist AOD services report that they have reached full capacity for most residential programs and often cannot offer further places for several weeks or months (see Appendix 1 for further detail). ATODA recommends the ACT Government consult with the ATOD sector to assess which intensive non-residential supports would most benefit from increased investment. ATODA can facilitate this engagement.

ATODA also supports the findings of the recent feasibility study into the establishment of a supervised drug consumption site.[16] It is important to develop a model which matches the ACT's unique context, meeting the needs of people who use drugs while optimising opportunities to connect to and layer on relevant services and ensuring value for money. ATODA notes the expense of a medicalised model and recommends a nurse- or peer-led model which emphasises the provision of other harm reduction services.[17, 18] Design should be largely consumer driven.[16]

Recommendation 1: Increase investment in specialist AOD services

Relevant Wellbeing Framework Domain: Health (all indicators: Overall health, Life expectancy, Mental health, Healthy lifestyle, Best start to life, and Access to health services)

1.1 Boost funding by $12 million for specialist AOD services, as part of a scaled approach to meeting a demonstrated investment gap of $24 million and to support service providers to meet current demand and future demand.

Note 1: funding any part of Recommendations 1 and 2 within this submission would contribute towards this increase in investment.

Note 2: the priorities for investment as articulated in the *Maintaining and Strengthening Specialist Alcohol and Other Drug Services for the ACT Community Needs Assessment Analysis, 2022-2025* should be considered to inform increased investment in the sector.

1.2 Expand provision of and funding for intensive non-residential rehabilitation supports.

1.3 Fund a permanent fixed drug-checking facility (pending the outcomes of the fixed site drug-checking pilot), and fund drug checking at all summer festivals.

1.4 Fund a nurse- or peer-led drug consumption site.

ii) Upgrade specialist AOD service delivery infrastructure

Infrastructure is a crucial component of planning and design for a sustainable specialist AOD service system. Critical to the effective delivery of any health services, including those delivering specialist AOD treatment, is the condition, and suitability of the building-, engineering- and information technology-infrastructure of these services. Failure of any of these infrastructure components risks undermining the availability and quality of specialist AOD treatment and can present a significant risk to the specialist AOD sector in the ACT.

Labor's commitment to 'work with (NGO service) providers… to consider ways to renew their residential rehabilitation infrastructure'[6] recognises that the buildings used for AOD residential rehabilitation treatment by many of the service providers are in a poor state of repair and/or not fit for purpose. Some AOD services are delivered from buildings rented from government, some from buildings rented from private providers, and several from buildings owned by community organisations.

ATODA recommends the ACT Government fund an independent audit of all AOD treatment infrastructure, to ensure it is fit-for-purpose and facilitates the highest standards of service delivery. This audit should include residential and non-residential AOD services, and regardless of whether the site is owned by government, NGOs or rented from a third party. We suggest an indicative estimate of funding required of $0.4m in 2022-23. The audit should consider any previous audits of specific sites, and should engage expertise in construction, clinical services and demographic modelling to recommend enhancements fit for current and projected future demand over a 20-year time horizon and result in a costed plan and clear recommendations for addressing gaps and implementing upgrades. We recommend the audit recommendations are funded. Conducting a comprehensive audit of AOD service delivery infrastructure and funding the associated recommendations will position the system to better address current demand as well as future increases in demand following partial decriminalisation of illicit drugs.

Recommendation 2: Upgrade specialist AOD service delivery infrastructure

Relevant Wellbeing Framework Domain: Health (all indicators)

2.1 Conduct an independent audit into all AOD service delivery infrastructure (regardless of whether the site is owned by government, NGOs or rented from a third party), and fund associated recommendations from the audit.

iii) Prevent tobacco-associated chronic disease and death — Scale-up funding for AOD clients to quit smoking

Of all modifiable risk factors, tobacco use contributes the most burden of disease in Australia (9.3%).[19] The overall daily smoking rate in the ACT is 8.3% (aged 15 and over).[20] Using the latest available Australian Bureau of Statistics population figures,[21] this equates to an estimated 29,100 people who still smoke in the ACT, as shown in Table 2.

*Table 2: Prevalence of smoking in ACT**

Entity	Daily smoking prevalence* (%)	Population (million)*	Estimated number of smokers (000)
Australia	11.2	20.92	2,343
ACT	8.3	0.35	29.1

*Daily smoking prevalence of people aged 15 and over, 2019.[20] Population data for people aged 15 and over, 30 June 2020.[21]

The annual health and social cost of tobacco in 2015-16 in Australia was estimated at $136.9 billion dollars: $19.2 billion in tangible costs and $117.7 billion in intangible costs (see *note a* at the end of this section).[22] Given that at that time there were about 2,433,000 smokers in Australia,[20, 21] this equates to **$56,268 dollars per annum per smoker**.

Users of AOD services have very high tobacco usage rates and are also serviced by a dedicated workforce with high capacity to provide support for tobacco cessation if funding is provided. Key facts are:

- 5,200 people accessed alcohol and other drug treatment in the ACT in 2019-20 (see *note b* at the end of this section).
- 77% of people accessing these AOD specialist services are smokers,[23] representing about 4,004 people in 2019-20.
- This indicates that approximately 14% of all people who smoke in the ACT visit an AOD service each year, and consequently prioritising this population will have a measurable impact on the ACT's smoking rates.

The We CAN Program is a small but successful intervention for this vulnerable target group, using best-practice nicotine dependence treatment. This includes vouchers for full courses of combination nicotine replacement therapy (NRT) complemented by specialist smoking cessation support[24] – see Appendix 2 for further detail on the Program.

Evaluation of the pilot We CAN Program (July 2015-March 2017) demonstrated that it successfully facilitates access to best practice nicotine dependence treatment and support for people utilizing specialist AOD services. 100% of these participating clients also received smoking cessation support from a specialist AOD treatment and support worker, complemented by support when attending the pharmacy.

In 2020-2021 the We CAN Program received $50,000 of funding, which was sufficient to supply 100 vouchers. Each voucher equated to one course of NRT and cost $300. Feedback from service providers was that clients continued to report high satisfaction rates with the program and that a high proportion made quality quit attempts.

Providing full financial interventions to smokers (such as the We CAN Program) increases the proportion of smokers who attempt to quit, use smoking cessation treatments, and succeed in quitting.[25] Using data from rigorous studies and systematic reviews, we can calculate that, on average, an additional 4.05 per 100 motivated smokers are likely to quit when accessing combination NRT (i.e., patches and an intermittent form of NRT such as gum, lozenges or spray) (see *note c* at the end of this section).[26-28]

With current funding, **only about 2.5% of smokers** accessing AOD treatment in the ACT can be offered a voucher for free NRT through the We CAN Program. Funding limitations also mean that they are limited to a single voucher. This successful program can be upscaled to reach the full cohort of smokers who access AOD specialist services annually and provide multiple courses of NRT where required. The skilled workforce of AOD service providers can be leveraged to provide complementary support to their clients along with vouchers. The estimated health and social savings from people who quit will be over $5.51

million in the calendar year following cessation, with additional savings each subsequent year, based on the following conservative assumptions:

- 2,419 (60.41% of 4,004) smokers accessing specialist AOD services in the ACT will make quit attempts (i.e., present their NRT vouchers to a pharmacy) (see *note d* at the end of this section).
- Based on a quit rate of 4.05% (see above), around 98 extra people would be expected to quit by accessing the We CAN Program annually.

There are positive relationships between supported quit attempts (like those made in the Program) and future attempts at quitting. Smoking cessation also helps cessation of other drug use, which further leverages the investment. Perhaps most importantly, public health benefits should last well beyond the first year as many who have quit will continue not to smoke. **Overall, the return on investment is likely to be over $2.9 for every $1 invested in the first year, with substantial additional returns in subsequent years, as people continue to not smoke.**

There are other smoking cessation projects in the ACT that complement the We CAN Program. If funded to expand the reach of the We CAN Program, ATODA will co-design with the ATOD sector any required adjustments to the program regarding training, support, referral pathways, coordination with other programs, etc.

Table 3: Budget for upscaling We CAN Program for smoking cessation

Item	Unit cost ($)	Number of smokers/ participants	Vouchers / person	Cost (000$)
Vouchers	300	3,834	1.4	1,610
Training (specialist, 3 day)	2,250	20	-	45
Project development/ management fee (including Project Manager)	175,000	-	-	175
Co-design	-	-	-	100*
Evaluation and continues quality improvement	-	-	-	100**
TOTAL Annually				**1,930**

* Year 1 only ** Year 2 onwards

Funding the We CAN Program will make a significant contribution to addressing the largest modifiable contributor to ill health in the ACT population – tobacco consumption. It would upscale a proven program for helping people seeking help for alcohol and other drug use to quit smoking, yielding high medium-term impacts on the overall budget. It is a highly cost-effective approach to reducing direct and indirect disease impacts on people who smoke, their carers, and the broader social and health systems. ATODA also notes that the We CAN Program through ATODA was included in the recommendations regarding specialist models of care in the Select Committee Inquiry into the Drugs of Dependence (Personal Use) Amendment Bill 2021 Report – *Recommendation 15: The ACT Government should work collaboratively with the sector and industry experts in a co-design process to expand capacity, address infrastructure constraints and develop new models of care. Specialised models for consideration include… the We CAN program through Alcohol Tobacco and Other Drug Association to target smoking amongst injecting drug users*.[5]

Recommendation 3: Investing in helping people quit smoking

Relevant Wellbeing Framework Domain: Health (Overall health, Life Expectancy, Healthy lifestyle and Best start to life indicators)

3.1 Provide **$1.93 million recurring annually** to upscale the successful We CAN Program and significantly reduce the tobacco-associated disease burden among users of AOD specialist services.

Notes:

a Tangible costs of premature mortality include: the present value of lost expected lifetime labour in paid employment; costs to employers of workplace disruption; the lifetime value of lost labour in the household; and a net cost saving of avoided lifetime medical expenditure by government. Intangible costs include the value of life lost, pain and suffering, both from premature mortality and from the lost quality of life of those experiencing smoking attributable ill-health.[22]

b Based on data from the AODTS-NMDS Dataset[29] and the National Opioid Pharmacotherapy Statistics,[30] 5,200 people accessed alcohol and other drug treatment in the ACT in 2019-20. This figure includes people accessing all tiers of opioid maintenance therapy but excludes those accessing needle and syringe programs (excluded due to maintaining confidentiality).

c The calculation that, on average, an additional 4.05 per 100 motivated smokers are likely to quit when accessing combination NRT is based on the following data: between 3% and 5% of smokers will quit on their own;[26] using any forms of NRT (on their own) will increase quitting rates by 50%-60%,[28] and using combination NRT (patches with an intermittent form of NRT) will further increase quit rates by 15-36%.[27]

d In the 2018 Service Users Satisfaction and Outcomes Survey (SUSOS), 60.41% of people accessing specialist AOD services reported that they were motivated to quit smoking.[23] This was used to calculate the number of smokers accessing specialist AOD services in the ACT who would make quit attempts.

iv) Enhance analysis and use of AOD service data

The ACT Government is to be commended for its investment in the ATOD sector and its progressive legislative reforms. The ACT Government has a unique and time-limited opportunity to proactively invest in enhanced data analysis to assess the impact of partial decriminalisation of personal possession of small amounts of illicit drugs on the ATOD sector and also to assess the implementation of the new ACT Drug Strategy Action Plan. The ACT Government's proposed partial decriminalisation is of national significance, and enhanced data analysis will support the ACT Government to demonstrate its evidence-informed commitment and associated outcomes across Australia. Investing in enhanced data analysis would also assist the Government in responding to the Select Committee Inquiry into the Drugs of Dependence (Personal Use) Amendment Bill 2021 Report's recommendations regarding evaluation of the enacted *Drugs of Dependence (Personal Use) Amendment Bill 2021* and *the Drugs of Dependence (Personal Cannabis Use) Amendment Act 2019*.[5]

The ACT Government has also embarked on a new commissioning approach to procuring health and community services, which involves working collaboratively with sector partners to plan, design and deliver appropriate services.[31] The ATOD sector is one of the first sectors impacted by the new approach, and enhanced data analysis can inform the ACT Government's strategic planning and commissioning priorities for the ATOD sector, as well as model best practice for other NGO sectors.

The development of an ACT Wellbeing Framework to inform Government priorities, policies and investment decisions also presents data analysis opportunities.[1] ATODA is keen to investigate how AOD service delivery data in the ACT can be mapped against the Wellbeing Framework indicators to provide insights for a specific population group vulnerable to lower levels of wellbeing than the broader population. Particular indicators to explore would include access to health services, overall health and healthy lifestyle (under the Health domain); and sense of belonging and inclusion (under the Identity and belonging domain).[1]

Overview

This submission recommends funding ATODA, as the peak body for the ATOD sector in the ACT and with demonstrated capability in developing high quality data analysis, to provide enhanced collection and analysis of AOD data to the ACT Government.

Upon receipt of funding and in consultation with AOD services and the ACT Government, ATODA would develop a data analysis plan identifying immediate priorities for enhanced data analysis, such as specific treatment types or for specific drug classes. The overarching objectives of the project would be to:

- Monitor the impact of partial decriminalisation on the sector, including changes in use and treatment seeking behaviour, and suggest any amendments to the sector's service offering or the legislative framework that may be required;
- Monitor the implementation of a new ACT Drug Strategy Action Plan;
- Explore opportunities to map AOD service delivery data against the ACT Wellbeing Framework indicators;
- Provide enhanced analysis of existing service data and DASPM findings to inform the commissioning of specialist AOD services from 2023 onwards; and
- Inform policy development and strategic planning.

To undertake this analysis ATODA would consider a broad range of ACT AOD related information from health, social and criminal justice data sources, including but not limited to:

- AOD Treatment Services National Minimum Data Set (AODTS-NMDS)
    - For timely analysis ATODA would require access to the AODTS-NMDS once it has been cleaned by the ACT Health Directorate.
- ACT Service Users Satisfaction and Outcomes Survey (SUSOS)
- ACT AOD Workforce Profile
- ACT Criminal Justice Statistical Profile
- ACT Prisoner Health Surveys
- Australian Secondary Students' Alcohol and Drug Surveys (ASSAD)
- Ecstasy and Related Drugs Reporting System (EDRS)
- Illicit Drug Reporting System (IDRS)
- National Drug Strategy Household Survey (NDSHS)
- National Opioid Pharmacotherapy Statistics Annual Data (NOPSAD)
- Needle Syringe Program National Minimum Data Collection (NSP NMDC)
- National Notifiable Disease Data Systems
- Drug Related Deaths and Coronial Data Systems
- ACT Ambulance and Hospital Data
- ACT Waste Water Analysis

ATODA would also conduct a supplementary survey to the ACT Service Users Satisfaction and Outcomes Survey to collect additional data in relation to decriminalization, and conduct a survey with university students through the University Drug and Alcohol Network (UDAN) in Canberra. ATODA would also consider options for qualitative research, in consultation with the ATOD sector.

Deliverables

These are proposed deliverables and timeframes only, and ATODA would expect to negotiate these with the ACT Health Directorate, with input from AOD services.

Table 4: Proposed Deliverables

Deliverable	Due date
Data analysis plan - Informed by consultation with ACT Government and ATOD sector	31 August 2022
Interim Report - Based on desktop analysis of previously published sources and student survey data	30 June 2023
Final Report - Including updated desktop analysis of recently published data sources and including all original qualitative and quantitative research	30 June 2024
Six Monthly Project Reports	31 December 2022 30 June 2023 31 December 2023 30 June 2024

Capacity

ATODA has demonstrated capacity to provide a high standard of data analysis, as evidenced by ATODA's work on the ACT Service Users Satisfaction and Outcomes Survey and the ACT AOD Workforce Profile. ATODA has also provided enhanced data analysis on an ad hoc basis as requested by the ACT Health Directorate, which can be utilized to inform policy making (for example, postcode data analysis can be used to inform commissioning).

ATODA has in-house—and a network of external—expertise in alcohol, tobacco and other drug research, policy, advocacy and capacity building, and a proven track record with engaging collaboratively and producing high-quality evidence-informed reports that provide practical expertise to inform policy and decision-making. In particular the following key ATODA staff members will support the highest standards of data analysis:

- ATODA CEO Dr Devin Bowles is an epidemiologist with considerable policy-relevant research experience in and out of government. Devin led a team of up to 20 staff at the Australian Institute of Health and Welfare to conduct complex, Institute-first statistical analyses for Aboriginal and Torres Strait Islander healthcare evaluation, leading to an AIHW Australia Day Award. He has been a lecturer in the Australian National University Medical School and the University of Canberra Faculty of Health. Devin was the Executive Director of the Council of Academic Public Health Institutions Australasia, the peak body for universities which research and teach public health in Australasia. In addition to ten AIHW publications, Devin has over 30 academic publications. He has sat on the boards of the Australian Institute of Health and Welfare and Public Health Association of Australia, and he is on the editorial board of the peer-reviewed journal *Pedagogy in Health Promotion*.
- ATODA Senior Research Manager Anke van der Sterren has twenty-five years experience in public health research and evaluation, applying mixed methods to a range of alcohol, tobacco and other drug issues. This has included working in Aboriginal Community-Controlled, academic, and non-government settings, engaging collaboratively with communities experiencing disadvantage and marginalisation. Anke has led ATODA's research activities since 2014, focusing on the development and implementation of, and data analysis for, the ACT Service Users Satisfaction and Outcomes Survey and the ACT AOD Workforce Profile. Anke applies her skills in

research and evaluation design to various capacity building projects, and her skills in data analysis and interpretation to informing ATODA's and the sector's advocacy and policy activities. As well as authoring many of ATODA's monographs and conference papers and posters, Anke is the ACT representative on the Council of the Australasian Professional Society on Alcohol and other Drugs (APSAD), and a member of the National Centre for Clinical Research on Emerging Drugs (NCCRED) Methamphetamine and Emerging Drugs Clinical Research Network Working Group.

- ATODA Workplace Development and Research Officer Dr Elisabeth Yarbakhsh has a background in social anthropology and a decade of research experience working with highly vulnerable populations. Elisabeth has undertaken policy-relevant research in an Australian context and has extensive data-collection experience in complex fieldwork environments both in Australia and overseas. Elisabeth has convened and lectured in undergraduate and postgraduate courses at the Australian National University. Elisabeth has a strong record of high-quality research and publication.

ATODA has in recent years completed several research and evaluation projects that have provided relevant insights for the ACT Government and the ATOD sector. Examples include:

- (Ongoing, tri-annually) ACT Service Users Satisfaction and Outcomes Survey (SUSOS), which analyses data collected from AOD service users on a single day. The ACT Service Users Satisfaction and Outcomes Survey is the only jurisdiction-wide survey of satisfaction and outcomes of people accessing specialist AOD services in Australia. It aims to:
    - Improve service responsiveness to the needs of people accessing specialist AOD services in the ACT and to inform quality improvement programs in the participating specialist AOD services; and
    - Inform policy development broadly, in particular through greater insights into AOD service clients, and indicate service need, both in relation to AOD and other social services (e.g., housing).
- (Ongoing, tri-annually) ACT AOD Workforce Profile, which collects and analyses data on the ACT AOD workforce across the specialist AOD services. The Workforce Profile aims to:
    - Provide a more detailed understanding of the sector, effective representation for the sector, future development needs and helps the sector to target current gaps in skills, knowledge and satisfaction.
- (2021) Needs Assessment: Maintaining and Strengthening Specialist Alcohol and Other Drug Services for the ACT Community Needs Assessment Analysis, 2022-2025. This Needs Assessment:
    - Will inform strategic planning and commissioning for specialist AOD services in the ACT.
- (2017) Secondary Analysis of 2015-16 ACT Data reported to the Alcohol and other Drug Treatment Services National Minimum Data Set (AODTS-NMDS). ATODA undertook and published (ATODA Monograph 7) a secondary analysis of publicly available ACT AODTS-NMDS data that:
    - Informed a more specific understanding of patterns of use of specialist alcohol and other drug treatment services, in particular as it related to two policy-relevant issues at the time: access by women to treatment services and the use of amphetamines by people accessing treatment.
- (2015 – 2017 and ongoing) Evaluation of the We CAN Program—**C**ommunities **A**ccessing all-types of **N**icotine replacement therapy. This program aims to reduce

smoking among people utilizing specialist AOD non-government organisations in the ACT by providing free access to 8 – 12 weeks-worth of any types of NRT through vouchers redeemable at partnering community pharmacies, complemented by smoking cessation advice and support. Ongoing monitoring and evaluation of the pilot program (2015 – 2017) and subsequent ongoing monitoring of the Program (2017 – ongoing) has:

- Informed an understanding of effective programs that can reach disadvantaged smokers where they access services and best support them with evidence-informed nicotine dependence treatment and smoking cessation support to quit, or reduce, their smoking.

ATODA has appropriate systems in place to ensure the secure storage and sharing of data and complies with best practice standards on information security.

Budget

It is anticipated that the staffing resources to deliver this project would be one full-time equivalent researcher plus associated project costs, administration, and supervision consisting of 20% of the Senior Research Manager's and 15% of the Chief Executive Officer's time. There would also be costs for the student surveys: proposed total cost would be $200,000 per annum.

Outcomes

This project would result in the following outcomes:

- Enhanced capacity to monitor the impact of decriminalisation on the ATOD sector;
- Enhanced capacity to use high quality treatment agency-level data to assess the implementation of a new ACT Drug Strategy Action Plan;
- Enhanced capacity to specifically consider the experiences of people who use alcohol or other drugs or who interaction with AOD services against the ACT Wellbeing Framework indicators;
- Enhanced capacity to strategically plan for and commission AOD services;
- Enhanced capacity to engage in critical analysis across multiple data sources;
- Enhanced capacity for the ACT Health Directorate to respond to public, media, Ministerial and other requests for information on treatment service delivery data; and
- Enhanced capacity to use high quality data analysis to inform service improvements and innovation.

Recommendation 4: Fund ATODA to provide enhanced data analysis of AOD service data

Relevant Wellbeing Framework Domains: Health, Identity and belonging, Housing and home, Social connection, Safety, Education and life-long learning

4.1 Provide **$0.2m** of funding annually for two years for ATODA to provide enhanced AOD service data analysis to monitor the impact of decriminalisation on the sector and to inform policy development, strategic planning and commissioning.

About ATODA

ATODA is the peak body for the alcohol, tobacco and other drug (ATOD) sector in the ACT. Its purpose is to lead and influence positive outcomes in policy, practice and research by providing collaborative leadership for intersectoral action on the social determinants of harmful drug use, and on societal responses to drug use and to people who use drugs.

ATODA's vision is a healthy, well and safe ACT community with the lowest possible levels of alcohol, tobacco and other drug related harms. Underpinning ATODA's work is a commitment to health equity, the social and cultural determinants of health, and the values of collaboration, participation, diversity, respect for human rights, social justice and reconciliation between Aboriginal and Torres Strait Islander people and other Australians.

ATODA represents the ACT's specialist alcohol and other drug (AOD) treatment organisations, both NGOs and the ACT Government specialist treatment service. Membership also includes distinguished drug academics with expertise in the criminal justice system and the health effects of drug use; the group representing families and friends who have lost loved ones to drugs; and the organisation which advocates for people who use drugs in the ACT.

Appendix 1 - State of ACT alcohol and other drug service system

1. State of the Sector

A 2018 survey found that 600-700 people access specialist AOD services each day in the ACT. These service users experience high levels of socio-economic disadvantage: nearly one-third were homeless or at risk of homelessness; 70% were unemployed or not working; and half had year 10 or less as their highest level of education.[23]

The alcohol, tobacco and other drug (ATOD) treatment sector in the ACT delivers more than thirty programs across the main treatment types. A description of these programs can be found in the ACT Alcohol, Tobacco and Other Drug Services Online Directory at www.directory.atoda.org.au. A key strength of the sector is the integration of government and non-government services to collaboratively provide a wide range of legally-permitted evidence-based harm reduction and treatment interventions.[32] Key facts are:

- Nine of the ten specialist service providers are community organisations (NGOs).
- There are several specific treatment and program types that are only provided by non-government service providers.
- The specialist alcohol, tobacco and other drug service sector includes programs catering for the needs of specific populations, for example: youth; Aboriginal and Torres Strait Islander people; women; families; and peers.
- Services are typically funded by a blend of ACT Government, federal (directly from the Commonwealth and through the Capital Health Network) and philanthropic sources.

2. Treatment and harm reduction in the ACT delivers positive outcomes and high levels of client satisfaction

The AOD sector in the ACT provides high quality evidence-informed harm reduction and treatment despite limited resources and high demand. The sector is cohesive and unified, working together across government and non-government services to provide the main AOD treatment types to those seeking support and treatment for AOD issues. The specialist AOD workers in these services are highly qualified in their fields of expertise and are committed to positive therapeutic and other outcomes for service users.

ACT treatment and harm reduction services deliver positive outcomes for people able to access services. In a 2018 survey, people accessing ACT AOD services reported:

- reduced substance use (75% of people receiving services)
- improved general health (81%)
- improved mental health (73%)
- reduced experience of AOD related harms, including reduced involvement in crime (80%)
- improved knowledge of preventing transmission of blood borne viruses (78%).[23]

3. Increasing demand for AOD services

The increasing demand overall for ACT specialist AOD services over time is illustrated through analysis of annually reported data to the AODTS-NMDS.[33]

In 2019-20, 6,438 ‘closed’ episodes of alcohol and drug treatment were provided in the ACT.[34] A treatment episode is ‘defined as the period of contact between a client and a

treatment provider or team of treatment providers'[35] and it is closed when treatment ceases. AODTS-NMDS[36] and NOSPAD data,[37] and ATODA's latest ACT Service Users Satisfaction and Outcomes Survey (SUSOS) data[23] suggest 600–700 people access ACT specialist AOD services on any one day. Table 4 shows the steady upward trend over the past decade. The reduction in treatment episodes during the 2019-20 period relates to the disruption caused by the COVID-19 pandemic.

Table 5: Total treatment episodes, ACT (2010-2020, AODTS-NMDS)[34]

	10-11	11-12	12-13	13-14	14-15	15-16	16-17	17-18	18-19	19-20
Treatment Episodes	3,156	4,080	4,416	4,652	5,222	5,914	6,389	6,931	6,700	6,438

Treatment types

The National Minimum Data Set indicates alcohol has been the leading drug of concern every year in the past decade, with 42.2% of treatment being alcohol-related in 2019-20.[34] Methamphetamine overtook cannabis to become the second drug of concern in 2014-15, and by 2019-20, 23.2% of treatment in the ACT was for this drug compared to 11.2% for cannabis. This is notable because of the relatively low prevalence of methamphetamine use in the general population. Service providers report anecdotally that these high rates of treatment concern a relatively small number of people who use the drug and face significant health issues.

Figure 1: Main treatment types in the ACT, 2010-2020[34]

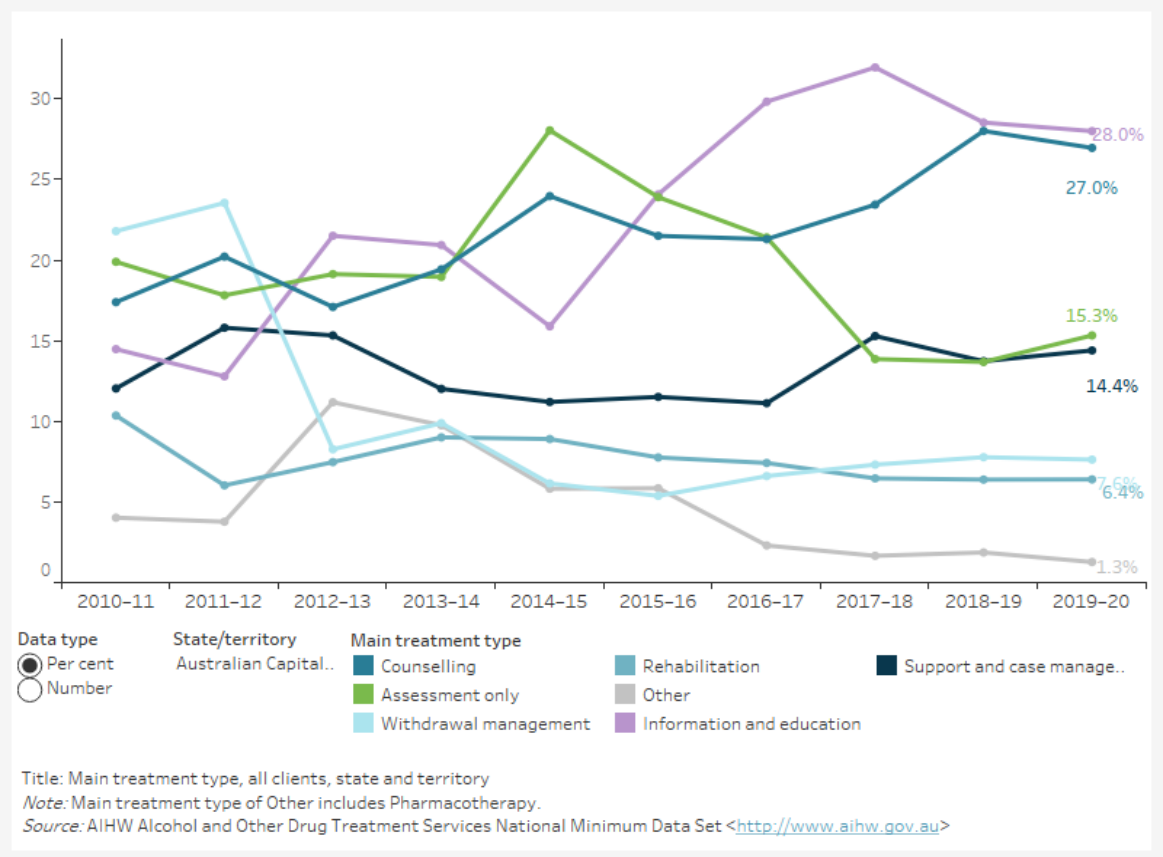

Figure 1 shows the type of treatment delivered to clients for their own drug use for different types of drugs over the past decade and is based on the analysis of AODTS-NMDS data.[33] Notable points are:

- the main treatment type was information and education (28.0%), closely followed by counselling (27.0%)
- more intensive treatment options, such as residential rehabilitation and withdrawal management, declined as a proportion of the service mix between 2010-2016, and after that remained relatively constant
- less intensive options, including information and education and counselling, have almost doubled during the decade from 2010-2020
- counselling rates have risen from 22% in 2015-16 to 27% in 2019-20.[33]

Residential treatment beds have not meaningfully increased in number over the past decade, and consequently data on 'withdrawal' and 'rehabilitation' offered in residential settings has remained relatively stable, as indicated in Figure 1. The latest Service User Satisfaction and Outcomes Survey indicated that service users often experience significant wait times to access residential services.[23] A concerning issue is that service providers report they regularly have to provide a lower intensity of care for many clients than assessed as appropriate due to insufficient funding.

Impact of COVID-19 lockdowns

Despite the COVID-19 lockdown period in the April–June quarter of 2019-20,[37] the number of opioid pharmacotherapy clients was practically identical compared to the previous year.[37] The distribution of sterile needles and syringes increased by 7% in 2020.[38] There was only a 4% percent decline in treatment episodes in 2019-20 compared to 2018-19 in the ACT.[36] This was largely accounted for by fewer counselling and information and education episodes. Rehabilitation episodes were 4% lower in 2019-20 than in 2018-19, in line with the general trend, and withdrawal episodes were 6% lower.[36] For comparison, NSW experienced a 15% fall in rehabilitation episodes, and withdrawal episodes fell 7% during the same period.[36] The relatively small impact on service delivery in the ACT during the pandemic speaks to the organisation, collaboration and commitment of the ACT specialist ATOD sector. Innovative responses from the sector included a pharmacotherapy service for individuals undergoing treatment and required to quarantine, assertive testing and vaccine outreach to people who use drugs and who interact with ATOD services, and support for people who use ATOD to maintain quarantine in challenging circumstances.

4. Treatment and Investment Gap in the ACT

Below is a condensed version of the *Demand and Service Modelling Project ACT Final Report* (2021), which was undertaken by Prof Alison Ritter and Dr Richard Mellor from the University of New South Wales (UNSW) Social Policy Research Centre.[4]

The application of the Drug and Alcohol Service Planning model (DASPM) to ACT datasets in consultation with the ATOD sector has provided an opportunity to interrogate existing and future demand more thoroughly. The findings indicate up to 4,750 more people require treatment than are currently being treated through existing services, with an annual investment gap of approximately $24 million.[4]

The DASPM is a population-based treatment planning tool, which starts with the general population of the ACT over the age of 10 years, regardless of AOD problem prevalence. The prevalence of drug dependence (by drug class) is then applied to the population to estimate the number of people who could receive intensive treatment. Of the total population who meet diagnostic criteria for dependence, only a proportion will receive treatment in any one year. The treatment rates reflect realistic estimates of the projected treatment demand volume.

The bulk of AOD treatment services are covered in the model, including screening and brief interventions; psychosocial interventions (group and individual counselling); assertive street work and assertive community outreach (19 years and under); withdrawal management: inpatient, community residential, and outpatient; residential rehabilitation; and Opioid Maintenance Treatment (OMT). There are a number of service types and clinical activities that are not covered in the current version of DASPM, including consultation liaison services, sobering up centres/services, childcare for children of people in residential treatment, and drop-in services. Prevention programs are also not currently included within DASPM.

This analysis is limited to the four drug classes covered by DASPM: alcohol, cannabis, methamphetamines, and opioids. Analysis of the ACT specialist treatment presentation data indicates that this covers 93.32% of treatment presentations. The current version of DASPM does not include an independent treatment package for tobacco cessation (as tobacco is not one of the four drug classes covered by DASPM). However, given the high proportion of people who attend AOD treatment who smoke, tobacco cessation interventions are built into all care packages across DASPM. This includes a brief intervention and nicotine replacement therapies and/or cessation medications. It is applied to 70% of all people who present for treatment (in 2018, 76.9% of clients of AOD services in the ACT reported smoking[23]). DASPM also focusses on the resources required for treatment of individuals (and treatment of their families when the individual is in treatment). It does not include providing support to family members, community education and other activities that AOD services are engaged in.

Projected out to 2030, the model suggests that 59,763 people will require some form of intervention. The model forecasts that the annual increase, in line with population forward projections is in the order of 2%. The remainder of the findings focus on the data for the single year 2021. Using DASPM it was estimated that 9,085 people should receive intensive interventions for alcohol and other drug problems in the ACT in the year 2021. It was also estimated that 42,332 people should receive brief interventions for risky alcohol and other drug consumption in the ACT in the year period 2021. In order to treat the 9,085 people requiring intensive interventions for alcohol and other drug problems in the ACT in 2021, it was projected that 396 clinical staff (FTE) are needed (in 2021 reference year), with this workforce cost estimated to be $48.8 million per annum. When the FTE and costs associated with clinical staff for the screening and brief interventions are then included, it is a total of 411 FTE and a workforce cost of $51.8 million per annum. The total costs associated with all treatment provision in the ACT in 2021 (both intensive interventions and screening/brief interventions) was projected to be $70.3 million, inclusive of 411 clinical staff (FTE), 164 beds, medications, OMT dosing costs, diagnostic testing, and digital support service costs.

The reference year for the data on current investment was 2019/2020, in order to not underestimate the number of people receiving care due to the reduced numbers caused by social distancing requirements under COVID-19. It was estimated that between 4,332 and 5,237 people are currently provided intensive interventions for alcohol and other drugs covered by DASPM in the ACT per annum. The size of the AOD workforce in the ACT was estimated at approximately 187 clinical FTE. To account for treatment only for the drug classes covered by DASPM (93.32% of all clients presenting in the ACT), 93.32% of all investment was taken as the best comparator for the gap analysis. This resulted in current ACT investment at $30,017,678.

The analysis resulted in a gap of between 3,848 and 4,753 more people needing treatment. As the treatment rate in DASPM is an average of 47%, that is the model projects demand to

treat on average 47% of all people who meet criteria for dependence, these figures represent the minimum gap.

The cost gap projected is $24 million per annum. Again as DASPM projects costs to treat on average 47% of people meeting diagnostic criteria for alcohol and or drug dependence in any one year, this is a conservative gap analysis. Additionally, Canberra's position as the major population centre in the local area means that people from nearby regional New South Wales access treatment in the ACT. ATODA analysed the data set of closed treatment episodes provided in 2019-20 by post code and found that 18.3% were provided to people whose home address was outside the ACT. The DASPM considers the total number of people receiving treatment in the ACT who are not residents of the ACT as per 2019-20 episodes of care data (n=737).

Importantly, the DASPM predicts the resources required for AOD treatment, but not resources required for other services, including social welfare services (housing and employment services), mental health services, or crisis interventions.

Extensive detail regarding the DASPM methodology and findings is provided in the Final Report which has been provided along with this submission.

5. Alignment with other processes

Lastly, ATODA notes the importance of aligning enhanced investment in the sector with other related processes including the commissioning process for Health Directorate contracts, Territory-wide Health Service Planning by the Health Directorate, and the development of the new ACT Drug Strategy Action Plan.

Appendix 2 – Background information on the We CAN Program

The We CAN Program—**C**ommunities **A**ccessing all-types of **N**icotine replacement therapy —aims to reduce smoking among people utilizing specialist AOD non-government organisations in the ACT by providing free access to 8–12 weeks-worth of any types of NRT through vouchers redeemable at partnering community pharmacies, complemented by smoking cessation advice and support.

The Program is managed by the Alcohol Tobacco and Other Drug Association ACT (ATODA), is funded by ACT Health, and is implemented in partnership with specialist AOD non-government organisations and community pharmacies. The Program was initiated by the ACT ATOD Workers' Group, has been endorsed by the Executive Directors of AOD services, and receives widespread support from front-line AOD workers.

Program description and rationale

- Provides a program to people accessing specialist AOD services who have very high smoking rates:
    - 77% of people who access specialist AOD services in the ACT report being smokers.[23]
    - people experiencing disadvantage often want to quit (or reduce) smoking and can often do so with the right support.
- Enables delivery of best practice nicotine dependence treatment.[27, 28, 39, 40]
    - NRT is an effective tool to aid smoking cessation and reduction.
    - service users can access best practice nicotine dependence treatment:
        - full courses of NRT
        - combination therapy that combines patches with an intermittent form of NRT (e.g., gum, inhalator, lozenges, spray)
        - complemented by specialist smoking cessation support.
- Provides access to free NRT for a disadvantaged and hard-to-reach target population:
    - for most of this service user group, only NRT patches are available on prescription
    - intermittent forms of NRT are largely un-affordable (as they are not available on PBS)[a]
    - low levels of contact with general health services means low access to scripts for NRT patches
    - cost has been identified by AOD workers as a significant barrier to cessation
    - there are better cessation outcomes when NRT is provided free of charge.
- Implemented as part of routine AOD treatment and support:
    - integrating nicotine dependence treatment into AOD treatment and support has been found to increase smoking cessation,[41] and improve AOD treatment outcomes for service users.[42, 43]
    - most of the residential AOD treatment sites are required to be completely smoke free; providing NRT is critical in these contexts.
    - service users receive ongoing smoking cessation advice throughout their treatment and support.

[a] NRT gum and lozenges have been listed on the Pharmaceutical Benefits Scheme from 1 February 2019 but are restricted to Aboriginal and Torres Strait Islander people, are only to be used independently of patches (i.e., not for combination therapy), and only for 12 weeks per year. (https://www.pbs.gov.au/publication/schedule/2021/05/2021-05-01-general-schedule-volume-1.pdf Accessed 28/5/21).

- Leverages and enhances specialist AOD services' treatment and support expertise and organisational tobacco management policies:
    - all participating services have a tobacco management policy and other workplace supports in place.
- Leverages on existing smoking cessation training and resources through ACT community pharmacies:
    - most community pharmacies in the ACT have been involved in the Pharmacy Guild ACT Smoking Cessation Project, thereby receiving training and resources to support people who want to cease/reduce smoking.
    - many community pharmacists are keen to engage further with people using AOD and with specialist AOD services.

Monitoring data from We CAN Program pilot phase

The We CAN program, which is still operational, was initially tested with a pilot. The following is operational data from the We CAN Program during a 20-month pilot phase (July 2015 – March 2017) in seven specialist AOD services in the ACT.[24] In the 20-month period:

- 325 vouchers were distributed to service users:
    - 59% of vouchers were given to men; 38% to women
    - the average age of service users was 34 years
    - 14.5% were given to Aboriginal and/or Torres Strait Islander service users.
- 82% of vouchers were presented at the pharmacy (representing potential quit attempts).
- At least 28 people made more than one quit attempt (i.e., received more than one voucher).
- Many service users who presented to the pharmacy to purchase NRT accessed sufficient NRT to make a quality quit attempt as demonstrated by:
    - Multiple visits to pharmacies to purchase NRT—average of 2.57 times per voucher.
    - Purchasing a full course of NRT—40% of vouchers were completely, or almost completely expended (i.e., at least $250 of NRT was purchased).
    - Purchasing combination NRT—81% of vouchers were used to purchase a combination of patches and intermittent forms of NRT.
- 100% of these participating clients also received smoking cessation support from a specialist AOD treatment and support worker, complemented by support when attending the pharmacy.
- Feedback from AOD workers, pharmacies, and clients has been extremely positive, with the Program working effectively to support quit attempts.

The We CAN Program has been successful at facilitating access to best practice nicotine dependence treatment and support for people utilizing specialist AOD services.

Monitoring data from phase two (March 2017 to August 2018)

Between February 2017 and 30 March 2018, operational data shows that:

- A total of 278 vouchers were issued (271 to service users and 7 as NGO vouchers)
- Of the 271 vouchers issued to service users, 83.8% were presented to the pharmacies (i.e., 83.8% of people continue with their quit attempt).
- Of the vouchers presented to the pharmacies, an average of $239.14 (79.7% of the total value of the $300 vouchers) is expended on NRT per voucher.
- 46.6% (109 of 234) of vouchers presented to the pharmacies are expended to a value of $280 or more.

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