ATODA MONOGRAPH SERIES NINE

Service Users' Satisfaction and Outcomes Survey 2018:

A census of people accessing specialist alcohol and other drug services in the ACT

ATODA
Alcohol Tobacco & Other Drug Association ACT

ATODA Monograph Series

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Service Users' Satisfaction and Outcomes Survey 2018: A census of people accessing specialist alcohol and other drug services in the ACT

June 2020

ATODA

This monograph forms part of the Alcohol Tobacco and Other Drug Association ACT (ATODA) Monograph Series.

ATODA is the peak body for the alcohol, tobacco and other drug sector in the Australian Capital Territory (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 works to provide alcohol, tobacco and other drug related expertise in the areas of policy; sector workforce development and capacity building; research, data and evaluation; health services planning; coordination and partnerships; training and education; communication; information and resources.

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, human rights, social justice and reconciliation between Aboriginal and Torres Strait Islander people and other Australians.

ATODA strives to achieve better interaction and integration between alcohol, tobacco and other drug researchers, services, policy workers, practitioners, consumers and their friends and families in the ACT and region.

Monographs in the series are:

No 1. Reducing smoking in the ACT among Aboriginal and Torres Strait Islander women who are pregnant or who have young children

No 2. ACT Alcohol, Tobacco and Other Drug Workforce Qualification and Remuneration Profile 2014

No 3. Strengthening Specialist Alcohol and Other Drug Treatment and Support: Needs and Priorities for the ACT 2016–2017. An independent expert paper for the ACT Primary Health Network's Baseline Needs Assessment.

No 4. Service User Satisfaction and Outcomes Survey 2015: A census of people accessing specialist alcohol and other drug services in the ACT.

No 5. The specialist alcohol, tobacco and other drug sector: a description and examination of treatment and support approaches.

No 6. ACT Alcohol and Other Drug Safer Families Program 2017 – 2021: Design, Model, Implementation Plan and Evaluation Framework.

No 7. Secondary analysis of 2015 – 16 ACT Data reported to the Alcohol and Other Drug Treatment Services National Minimum Data Set (AODTS-NMDS).

No 8. ACT Alcohol and Other Drug Workforce Profile 2017: Qualifications, Remuneration and Wellbeing

We hope this monograph contributes to the sector, and is a useful resource towards our shared goal of a healthy, well and safe ACT community.

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

June 2020

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ATODA acknowledges the Traditional Custodians of the lands of the ACT and region and pays its respects to the Elders, past, present and emerging. ATODA is committed to advancing self-determination and reconciliation between Aboriginal and Torres Strait Islander peoples and other Australians.

We would like to thank the 621 service users of ACT specialist alcohol and other drug treatment and support services who participated in the 2018 Service Users' Satisfaction and Outcomes Survey (SUSOS), as well as the staff and Executive Directors who facilitated the implementation of the Survey in their services. The ten organisations that participated were:

- Alcohol and Drug Services (ADS), Canberra Health Services
- Canberra Alliance for Harm Minimisation and Advocacy (CAHMA)
- CatholicCare Canberra & Goulburn
- Directions Health Services
- Gugan Gulwan Youth Aboriginal Corporation
- Karralika Programs Inc
- Ted Noffs Foundation ACT
- The Salvation Army
- Toora Women Inc
- Winnunga Nimmityjah Aboriginal Health and Community Services

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The design of this 2018 report is built upon the previous reports of the Service Users' Satisfaction Survey.[1,2,3] Many sections of this report replicate and/or update text from the earlier reports, and we acknowledge the original authorship of this text by David McDonald.

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List of Acronyms

ACT	Australian Capital Territory
ADS	Alcohol and Drug Services (Canberra Health Services)
AHCS	(Winnunga Nimmityjah) Aboriginal Health and Community Services
AOD	alcohol and other drug(s)
AODTS-NMDS	(AIHW's) Alcohol and Other Drug Treatment Services National Minimum Data Set
ATOD	alcohol, tobacco and other drug(s)
ATODA	Alcohol Tobacco and Other Drug Association ACT
BBV	blood-borne virus
CALD	culturally and linguistically diverse
CAHMA	Canberra Alliance for Harm Minimisation and Advocacy
CALM	Continuing Adolescent Life Management (Ted Noffs Foundation)
CSQ	Client Satisfaction Questionnaire
LGBTIQ	lesbian, gay, bisexual, transgender, intersex, and queer
NRT	Nicotine Replacement Therapy
NSP	Needle and Syringe Program
NSW	New South Wales
OTS	Opioid Treatment Services (ADS, Canberra Health Services)
PALM	Program for Adolescent Life Management (Ted Noffs Foundation)
SUSOS	Service Users' Satisfaction and Outcomes Survey
SUSS	Service Users' Satisfaction Survey

Executive Summary

A Service Users' Satisfaction and Outcomes Survey (SUSOS) was conducted across publicly funded specialist alcohol and other drug organisations, both government and non-government, on a single day. It largely replicated earlier ACT Service Users' Satisfaction Surveys (SUSS, conducted in 2009 and 2012), and the 2015 ACT Service Users' Satisfaction and Outcomes Survey (SUSOS). This is a report on the findings of the 2018 Survey, including the survey data and discussion of the implications of this data—where appropriate, comparisons are made between the four survey waves.

The 2018 SUSOS aims to:

- provide a demographic profile of the population of services users accessing alcohol and other drug (AOD) treatment and support services in the ACT, thereby pointing to the potential needs of the alcohol and other drug treatment population
- investigate service users' experiences of accessing ACT publicly funded specialist alcohol and other drug services
- investigate the perspectives of service users on the quality of these alcohol and other drug services by assessing their levels and patterns of satisfaction
- investigate self-reported outcomes as a result of using these alcohol and other drug services.

Information from the Survey can be used to improve responsiveness to the needs of people accessing specialist alcohol and other drug services in the ACT, and will inform quality improvement in the participating services and broader service planning processes in the alcohol, tobacco and other drug sector in the ACT. The SUSOS also provides a profile of the population of services users accessing AOD treatment and support services in the ACT. Further, the Survey data from the four waves can be compared to investigate changes in satisfaction, service use experiences and outcomes over time.

Twenty-five sites at all of the ten AOD specialist organisations in the ACT participated in the 2018 SUSOS, with 621 surveys completed. Just over one-fifth of survey participants came from the Opioid Treatment Services (OTS), Alcohol and Drug Services (ADS), and this should be borne in mind when interpreting the data.

The level of participation in the 2018 SUSOS (n=621) compares to 469 respondents in the 2015 SUSOS. This represents a 32.4% increase that is likely to reflect an increase in demand for specialist AOD services. It is estimated that between 600 and 700 people access specialist AOD treatment and support services on any single day in the ACT.

The ACT AOD Service Users' Satisfaction and Outcomes Survey is, as far as ATODA is aware, the only survey of its kind in Australia—a whole of jurisdiction single-day measure of the profile, satisfaction, experiences and outcomes of service users accessing specialist alcohol and other drug services.

Characteristics of service users

In the 2018 SUSOS, the following characteristics of the service users of AOD treatment services were noted:

- 58.3% were men
- the mean age was 37.5 years, with the largest 10-year age group the 30–39 year olds (27.8%), and with seventy percent aged between 20 and 49 years old
- 9.7% of service users identified as lesbian, gay, bisexual, intersex or queer
- nearly one-third (31.0%) of all respondents indicated that they were of Aboriginal and/or Torres Strait Islander origin—17.9% of respondents who attended mainstream AOD services identified as Aboriginal and/or Torres Strait Islander
- 13.3% identified as being from a culturally and linguistically diverse background
- one-in-five (20.4%) identified that they had a physical or intellectual disability of some sort
- at least 61.2% of adult service users are parents; and of these, 70.8% have children aged under 18 years
- 69.5% of service users stated that they were unemployed or not working
- 30.1% of service users were homeless or at risk of homelessness
- 88.6% were living in the ACT at the time of the survey, or in the week prior to entering a specialist AOD residential service; of those service users resident in the ACT, 20.9% were living in the Tuggeranong area
- 31.0% were living alone all, or most, of the time
- 49.9% of service users aged 18 and over had achieved Year 10 or less than year 10 as their highest level of education
- 32.9% use public transport as their main mode of transportation, with 40.7% owning their own car or motorcycle.

Socio-economic disadvantage is clearly a characteristic of the AOD service user population and has implications for AOD service delivery (particularly for the provision of ancillary services, such as housing support).

Overall satisfaction levels

The overall level of satisfaction was high, with 92.4% of Survey respondents stating that they were overall 'mostly satisfied' or 'very satisfied' with the service that they had received, and 93.1% indicating that they would come back to this service if they needed help again.

The scores obtained from a composite index of satisfaction, the Client Satisfaction Questionnaire (CSQ-8)©, in which the lowest possible level of satisfaction is scored 8 and the highest possible is scored 32, had a mean of 27.3 and median of 28.0, both well above the mid-point of the scale of 20.

All organisations had high satisfaction scores—all were well above the mid-point score of 20. The differences in these scores reflect, in part, the different types of service users, and the services provided, in the different organisations.

Across the entire sampled population, high satisfaction scores were related to the following variables:

- being in settled/permanent accommodation versus having no fixed place of living
- having year 11 or more level of education versus having year 10 or less
- convenience of the location and opening hours, and ease of getting appointments
- being aware of having a treatment plan, having adequate input into their own treatment, and having a treatment plan that reflects their goals and needs
- positive attitudes towards staff and the service generally (for example on measures of: trust, safety, adequate support, being treated with respect, etc)
- being asked to provide feedback on the service or treatment received, being encouraged to make complaints, and perceiving that the service acts on suggestions and complaints
- positive self-reported service user outcomes, with good outcomes on all variables being associated with higher levels of satisfaction with the service.

Characteristics of service attendance

The 2018 SUSOS data reflects the long term and recurring engagement that programs—particularly non-residential programs—have with service uses accessing specialist alcohol and other drug services in the ACT. Fifty-nine percent of service users accessing non-residential services have been engaged with these services for more than one year. The frequency of attendance varies according to the service modality.

The data reflects long waiting times for service users wishing to enter residential AOD programs, with 73.9% indicating that they had to wait to enter a residential service, and 40.7% waiting between 1 and 3 months to do so. Satisfaction scores were not significantly associated with length of waiting time, perhaps because of the ongoing communication and supports received from these services while waiting to enter them.

Accessibility of the services

High proportions of service users indicated that they 'agree' or 'strongly agree' that the service's location and opening hours are convenient and that they can usually get appointments at times when they want them. People who were employed full-time were significantly less likely to be satisfied with the service's opening hours than those who were unemployed or not working.

Treatment plans

For alcohol and other drug programs where service users would be expected to have a treatment plan, just under half said that they did not have a treatment plan, and 13.3% indicated that they did not know if they had a plan or not. Service users with a treatment plan indicated strong agreement with statements about measures of quality of these plans.

Attitudes to staff and services

The 2018 SUSOS includes two scales measuring 'attitudes to staff' (5 items) and 'attitudes to services' (9 items). Responses to the individual items on these scales indicated high proportions of agreement ('agree' and 'strongly agree') with the statements. Scores on the aggregated scales were also high: 'attitudes to staff' scoring a mean of 22.6 and median of 25.0 (on a scale of 5.0 to 25.0); and 'attitudes to services' scoring a mean of 38.1 and median of 37.0 (on a scale of 9.0 to 45.0).

Being asked to give comments

Equal proportions of service users indicated that they had been asked to give comments on how satisfied or dissatisfied they are with the service (around 42% in each case), and about one-third indicated that they would like to have a greater say in the operations of the service.

Ancillary services

Most organisations provide some ancillary services, such as support to access housing, legal advice, debt management, care and protection, and so on.
The most frequently *requested* type of support was with respect to housing (13.8% of respondents), with 19.5% receiving such support within the service and 10.0% being referred out. 'Mental health' was the most frequently *received* type of support *within the organisation* (27.2%). For all types of ancillary services, the proportion of respondents receiving the service within their organisation was higher than the proportion requesting it.

Outcomes

The Survey assessed the self-reported service outcomes of the participating service users on thirteen domains. High levels of positive outcomes (i.e. 'agreed' or 'strongly agreed' with the statements) were reported under each of the generally accepted primary objectives of AOD treatment:

- To reduce the client's level of substance use
    - Drug use has reduced—75.3%
- To reduce the client's experience of alcohol and other drug-related harm
    - Less involved in crime—80.4%
    - Improved knowledge of prevention of blood borne virus transmission—77.9%
    - Better understanding of the harms and risk associated with alcohol and other drug use—85.4%
    - Have developed skills and strategies for reducing the harms from using alcohol and other drugs—80.8%
    - Have used some of the skills and strategies to keep you safer when using alcohol and other drugs—84.2%
- To improve the client's health and wellbeing.
    - Improved general health and wellbeing—80.7%
    - Improved mental health—73.4%
    - Improved family, parenting and/or other relationships—65.0%

Participating service users also reported high levels of positive outcomes for ancillary services that are beyond the direct remit of most alcohol and other drug treatment services:

- Improved capacity to manage finances—59.9%
- Improved housing situation—54.2%
- Improved dental health—57.5%
- Improvements in employment situation—46.8%

Improvements in these and other treatment outcomes were associated with high levels of overall satisfaction, with most reporting a medium to high strength of association.

Seventy-seven percent of service users identified that they were smokers when they first entered or started using the service. Reporting on their changes in smoking behaviour, over half of service users who self-identified as smokers on entry to the service reported having either quit smoking completely (13.0%) or reducing smoking (44.1%) since first entering or starting with the service. The highest proportions of smoking cessation supports received from the services were 'advice and support' (43.0%) and nicotine replacement therapy (34.0%). Of smokers, 64.3% reported planning to quit at some time in the future, and of these 24.1% were 'very sure' or 'extremely sure' that they could succeed if they decided to give up smoking completely in the next six months.

Other comments

Respondents provided a range of additional comments about their satisfaction with services and other services that they believe should be offered in the ACT but are currently unavailable. A large proportion of comments received were positive or neutral. The issues mentioned most often were in relation to opioid maintenance therapy, in particular the need for extended opening hours.

Conclusions and recommendation

As with the previous satisfaction surveys in 2009, 2012, and 2015, the 2018 Service Users' Satisfaction and Outcomes Survey has provided valuable information demonstrating the high overall level of service user satisfaction at the sector wide level, with some variations on a service-by-service basis. This information provides opportunities for the participating organisations to review their strengths and build upon them, and to explore opportunities for service quality enhancement in areas where client satisfaction levels are relatively low.

The observation of an across-the-board stability in the level of satisfaction from 2012 to 2018 is encouraging. Despite an increase in demand for their services, AOD treatment organisations in the ACT are managing to provide services that service users rate highly in terms of satisfaction. In general, they are reporting positively on their experiences when accessing these services and on the outcomes achieved while using these services. However, the Survey data also provides information for participating services to further enhance aspects of their service delivery.

It is recommended that the Survey be conducted again in 2021/22 with the aim of continuing to monitor levels and patterns of service user satisfaction, service user experiences and outcomes in the ACT alcohol and other drug services.

1 Introduction

The 2018 ACT Alcohol and Other Drug (AOD) Service Users' Satisfaction and Outcomes Survey (SUSOS) was conducted across specialist ACT alcohol and other drug agencies, both government and non-government, on a single day. The 2018 Service Users' Satisfaction and Outcomes Survey (SUSOS) aims to:

- improve service responsiveness to the needs of people accessing specialist alcohol and other drug services in the ACT
- inform quality improvement programs in the participating specialist alcohol and other drug services
- inform broader policy and service planning processes in the alcohol, tobacco and other drug (ATOD) sector.

To meet these aims, the survey seeks to:

- provide a demographic profile of the population of services users accessing alcohol and other drug treatment and support services in the ACT, thereby pointing to the potential needs of the alcohol and other drug treatment population
- investigate service users' experiences of accessing ACT publicly funded specialist alcohol and other drug services
- investigate the perspectives of service users on the quality of these alcohol and other drug services by assessing their levels and patterns of satisfaction
- investigate self-reported outcomes as a result of using these alcohol and other drug services.

The 2018 SUSOS builds on the 2015 SUSOS, and on two earlier Service Users' Satisfaction Surveys (SUSS)[a] that were conducted across ACT AOD services, both government and non-government, in 2009 and 2012. The 2018 survey is a slightly revised version of the earlier surveys, incorporating additional demographic questions and questions that investigate outcomes-related information. Many questions can be broadly compared across these years.

The 2018 SUSOS, including the development of the survey questions and tools, has been informed by a review of the literature around conducting service satisfaction and outcome surveys—this review is included in Appendix A.

1.1 Methods

All ACT publicly funded specialist alcohol and other drug services that have direct contact with service users agreed to participate in the 2018 Service Users' Satisfaction and Outcomes Survey (SUSOS). The Alcohol Tobacco and Other Drug Association ACT (ATODA) liaised with Executive Directors of each service to nominate survey sites and Contact Persons charged with implementing the SUSOS at each site. A total of

[a] The title of the survey has been changed from 'Service Users' Satisfaction Survey (SUSS)' in 2009 and 2012 to the 'Service Users' Satisfaction and Outcomes Survey (SUSOS)' in 2015 and 2018. This change reflects the additional emphasis of the 2015 and 2018 surveys on outcomes related to accessing alcohol and other drug services.

twenty-five sites were identified across all ten ACT publicly funded specialist alcohol and other drug organisations:[b]

- Alcohol and Drug Services, Canberra Health Services[c]
    - Counselling and Treatment Service
    - Opioid Treatment Services
    - Inpatient Withdrawal Unit
- Canberra Alliance for Harm Minimisation and Advocacy (CAHMA)[d]
- CatholicCare Canberra & Goulburn
    - Sobering Up Shelter
    - Reaching Out[e]
    - Alcohol and Other Drug Support Connections[e]
- Directions Health Services[f]
    - Woden (Treatment and Support Service & Althea Wellness Centre)
    - Arcadia House
    - Needle and Syringe Program (NSP): Primary—Civic
    - Needle and Syringe Program (NSP): Primary—Phillip[g]
- Drug and Alcohol Program, Gugan Gulwan Youth Aboriginal Corporation
- Karralika Programs Inc.[h]
    - Karralika Therapeutic Community Adult Program
    - Karralika Family Program
    - Community Programs/Justice Counselling Program[e]
- Ted Noffs Foundation ACT
    - Continuing Adolescent Life Management (CALM) Program
    - Program for Adolescent Life Management (PALM)
    - Engagement House[e]
- Canberra Recovery Services, The Salvation Army
    - Bridge Program
    - Extended Care Program[i]
- Toora Women Inc.[j]

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[b] For a description of alcohol and other drug interventions available at each site, please see the ACT Alcohol, Tobacco and Other Drug Services Online Directory at www.directory.atoda.org.au.

[c] Following a restructure in 2018, Alcohol and Drug Services is part of Canberra Health Services; at the time of the previous 2015 SUSOS, Alcohol and Drug Services were located within ACT Health.

[d] CAHMA has relocated from Civic to Belconnen Town Centre since the 2015 SUSOS.

[e] A new program since the last SUSOS in 2015.

[f] Directions Health Services was known as Directions ACT in the previous (2015) SUSOS.

[g] Participated as part of 'Woden (Treatment and Support & Althea Wellness Centre)' in the 2015 SUSOS.

[h] In the 2015 SUSOS, the Karralika Family Program participated as part of the Karralika Therapeutic Community Adult Program; Nexus did not participate in 2018 as there were no residents in the program on the day of the survey.

[i] The Extended Care Program is equivalent to the 'Re-entry/Halfway House' program in the 2015 SUSOS.

[j] The participation of service users at Toora Women was clustered differently in the 2015 SUSOS (Lesley's Place Drug and Alcohol Residential and Outreach Service, and Marzenna Drug and Alcohol Residential Service), but map directly to the programs that participated in 2018 (i.e. the AOD Residential Program and AOD Outreach Program included residents in both the Lesley's

- AOD Residential Program (Lesley's Place and Marzenna Drug and Alcohol Residential Service)
  - Alcohol and Other Drug Outreach Program
  - Alcohol and Other Drug Day Program
  - Alcohol and Other Drug Counselling Service[e]
- Alcohol, Tobacco and Other Drug Services, Winnunga Nimmityjah Aboriginal Health and Community Services[k]

At twenty-one sites, the Survey was conducted on Tuesday 27 November 2018, and at three sites it was conducted later that same week (as the services were closed on the survey date). Further, for one organisation additional time was required to negotiate issues around data collection, use and reporting, and to find a more convenient date for survey administration; consequently, the Survey was implemented in this organisation at a later date, although still on a single day.

Questionnaires were delivered to each of the participating services before the Survey date and collected on the day following the Survey's administration. On the day of the Survey, each service user attending at each site was invited to participate in the SUSOS. They completed an anonymous and confidential survey that on completion was sealed in an envelope and placed in a sealed collection box. They were offered $25 in cash as reimbursement, as per the approval received from the ACT Health Human Research Ethics Committee (ETHLR.12.107; amendments approved 19 November 2018). Appendix B provides a detailed description of the methods used to implement the Survey.

Alongside this report, ATODA will provide a poster and/or other material, in plain English, summarising the results of the Survey, for distribution through ACT specialist AOD services to their service users, to feed back to them the results of the Survey.

1.1.1 About the Survey instrument

While broadly similar, the survey tool for the 2018 SUSOS was modified since the 2009, 2012 and 2015 Surveys.

As with previous SUSS and SUSOS surveys, the 2018 Survey includes a validated instrument called the Client Satisfaction Questionnaire—8 (CSQ-8)©. This instrument, developed by a research team at the University of California San Francisco, produces a composite index of satisfaction derived from eight scale items. The psychometric properties of the CSQ–8 have been validated with a variety of different service user populations, including with people using alcohol and other drugs.[4,5] The CSQ-8 has good internal consistency, with a Cronbach alpha coefficient ranging from .83 to .93.[4] In this survey, the Cronbach's alpha coefficient was 0.885 showing very good internal

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Place and Marzenna services). The AOD Day Program was known as the WIREDD Day Program in the 2015 SUSOS.

[k] Winnunga Nimmityjah Aboriginal Health and Community Services was known as Winnunga Nimmityjah Aboriginal Health Service in the 2015 SUSOS.

consistency (i.e. reliability) for the scale with this population. As noted in the acknowledgments, the instrument was used under licence from the copyright owner.[l] The 2018 SUSOS was also informed by the *Queensland Alcohol and Other Drug Treatment & Harm Reduction Outcomes Framework* which was used to identify key outcomes indicators that could be included in the survey.[6] We sought to use relevant questions that had been part of previous Service User Satisfaction Surveys (2009 and 2012) and the 2015 SUSOS, and that had come from the instrument used by the United Kingdom National Treatment Agency for Substance Misuse.[7] The chosen statements covered several items related to satisfaction and outcomes that were not specifically included in the CSQ-8, such as: feeling welcomed and respected; feeling comfortable in the physical and cultural environment; feeling listened to and understood; feeling safe; having a level of trust in the worker/service; being involved in goal setting; and cultural responsiveness of the service. Statements were grouped to form two scales that measured: attitudes to staff (five items, total score between 5 and 25) and attitudes to the services (nine items, total score between 9 and 45). While not externally validated scales, the internal consistency of these scales with this population were excellent with Cronbach alpha coefficients of 0.944 and 0.942 for the staff and service scales respectively.

This 2018 version of the SUSOS questionnaire received further input from Executive Directors of ACT specialist AOD services, from the ACT ATOD Workers Group, and from the Canberra Alliance for Harm Minimisation and Advocacy (CAHMA). These inputs informed the modification or inclusion of several survey items, in particular demographic items (e.g. gender identity and sexual orientation), and the wording of questions.[m] Changes and additions to the 2018 questionnaire are listed in Appendix C.

1.2 About the reporting of the data

Each question has been analysed based on the number of people who answered that particular question. That is, if service users did not answer or gave a contradictory or incoherent answer, they were not included in the calculation of that particular data item. So, unless specifically indicated, the proportions reported are the ‘valid percents’. Where proportions appear in tables in the report, these may not add up to 100% owing to rounding or where multiple responses to a question were possible.

At some points in this report, the levels of satisfaction with services as expressed by respondents are presented on an organisation-by-organisation basis. As the sample size at some of the service sites was small (most notably at the Sobering Up Shelter), some data should be interpreted cautiously. In general, where respondent numbers are fewer than 5, and may affect the anonymity of service users, these numbers/proportions are not reported. Occasionally, where it is deemed important to understanding the data respondent numbers fewer than 5 are reported, but only where

[l] Because of the copyright and licensing agreements associated with the CSQ–8, the survey tool is not publicly available, and so the questions contained in the tool are not provided in this report.

[m] Additional stakeholders were consulted to inform the wording of several of these items. For example, the AIDS Action Council provided guidance on the wording of the question about sexual orientation.

it is assessed that doing so will not affect the anonymity of service users. The higher proportion of representation of service users attending some services—most notably, the Opioid Treatment Services (Alcohol and Drug Services)—should also be borne in mind when interpreting the data.

In addition, comparisons should be used with caution owing to the presence of confounders, particularly the differences in types of services and service users in the different organisations. The key point is that the appropriate comparisons are not one organisation with another, but comparing each measure across the Survey years. This highlights the value of repeating the Survey at regular intervals, preferably every three years.

1.2.1 Statistical note

The data were initially entered into an Excel spreadsheet, and then exported to, and analysed using, IBM SPSS Statistics.[8]

At various points in this report, statistics are provided that may not be familiar to some readers. These statistics tell the reader whether there is a real difference or change between two reported items. When the difference or change is 'not statistically significant', the difference or change can be by chance. A difference or change that is reported as 'statistically significant' has more than a 95% chance of being a real difference or change. The 'p' value is used to indicate the probability of the observed relationships between variables having occurred by chance. 'P' values of less than (shown as <) 0.05 (5%) are conventionally considered to be statistically significant, i.e. the observed relationships are taken not to have occurred simply by chance.
Statistics used in this report include:

- Mann-Whitney U test: compares two independent samples with non-parametric distributions on a continuous measure. This test reports the 'U' and 'z' values, and the related 'p' values (see above)
- Kruskal-Wallis test (also non-parametric): used to compare more than two groups of an independent variable and a continuous dependent variable (e.g. CSQ-8). This test reports: the 'Chi square' (χ^2) value; median values (reported as 'Md') and mean values (reported as 'M')—where relevant; and the related 'p' value (see above). Where an overall significant difference is found, a post-hoc test (using, for example,Tukey's Honestly Significant Difference (HSD) test) can be used to show where the significant differences in mean scores among the groups occur.
- Spearman's Rank Order correlation: used to assess the relationship between two continuous variables (with non-parametric distribution). This test reports the Spearman correlation coefficient 'r', and the related 'p' value.
- Chi-square test for independence: compares the relationship between two categorical variables. This test reports the χ^2 value (or Pearson χ^2 where more than two categories are used), phi (or Cramer's V for more than two categories), and the related 'p' value.

- Cronbach's alpha: measures internal consistency of a scale, by examining how closely related a set of items—that are intended to be used as a scale—are as a group. It is used as a measure of scale reliability.

Where relationships have been found to be statistically significant, a correlation coefficient may also be reported to assess the 'effect size' (or strength of association). Cohen's guidelines (1988) have been used to interpret the strengths of these correlations, with:[9]

- small correlation r = .10 to .29
- medium correlation r = .30 to .49
- large correlation r = .50 to 1.0

The reporting of statistical values uses the guidelines recommended by Julie Pallant in the *SPSS Survival Manual: a step by step guide to data analysis using IBM SPSS* (6th edition).[10]

2 Results from the 2018 Service Users' Satisfaction and Outcomes Survey

2.1 Survey coverage and response

Twenty-five different sites at ten organisations participated in the 2018 Service Users' Satisfaction and Outcomes Survey (SUSOS), with the number of questionnaires returned, by organisation and program, being shown in Table 1. This represents *all* of the specialist AOD treatment and support services in the ACT, although there are additional AOD programs within individual services that were not included in the survey; for example, the Solaris Program at the Alexander Maconochie Centre, and participants in the Community Opioid Maintenance Therapy Program (Tiers 2 and 3).[n]

In all, 621 service users completed questionnaires. Just over one-fifth of respondents (21.4%) came from one program, Canberra Health Services' Alcohol and Drug Services (ADS) Opioid Treatment Services (OTS), with a further 11.9% coming from the Alcohol Tobacco and Other Drug Services at Winnunga Nimmityjah Aboriginal Health and Community Services (AHCS), and 10.5% from the Needle and Syringe Program in Civic (Directions Health Services).

Service users of non-residential programs made up the majority of participants (85.7%), with 14.3% of participants being from residential programs (residential programs are shaded in Table 1).[o] A total of 18.4% of participants were accessing specialist AOD services through Aboriginal Community Controlled Services (i.e. Winnunga Nimmityjah AHCS and Gugan Gulwan Youth Aboriginal Corporation).

Each service was asked to note the number of service users who declined to participate in the Survey. Across all of the participating services, thirty-eight (38) service users were recorded as not wanting to fill out the questionnaire, and a further four (4) returned blank surveys.

[n] For a description of the treatment interventions offered by each program at each service, see: directory.atoda.org.au.

[o] Residential programs are settings that offer service users 'live-in', structured intensive supports and therapeutic approaches. Residential settings include residential rehabilitation programs, residential withdrawal programs (inpatient hospital or community residential), and supported accommodation.[14]

Table 1 Numbers and proportions of respondents to the 2018 ACT AOD SUSOS, by specialist AOD organisation and program
(2018 ACT AOD Service Users' Satisfaction and Outcomes Survey)

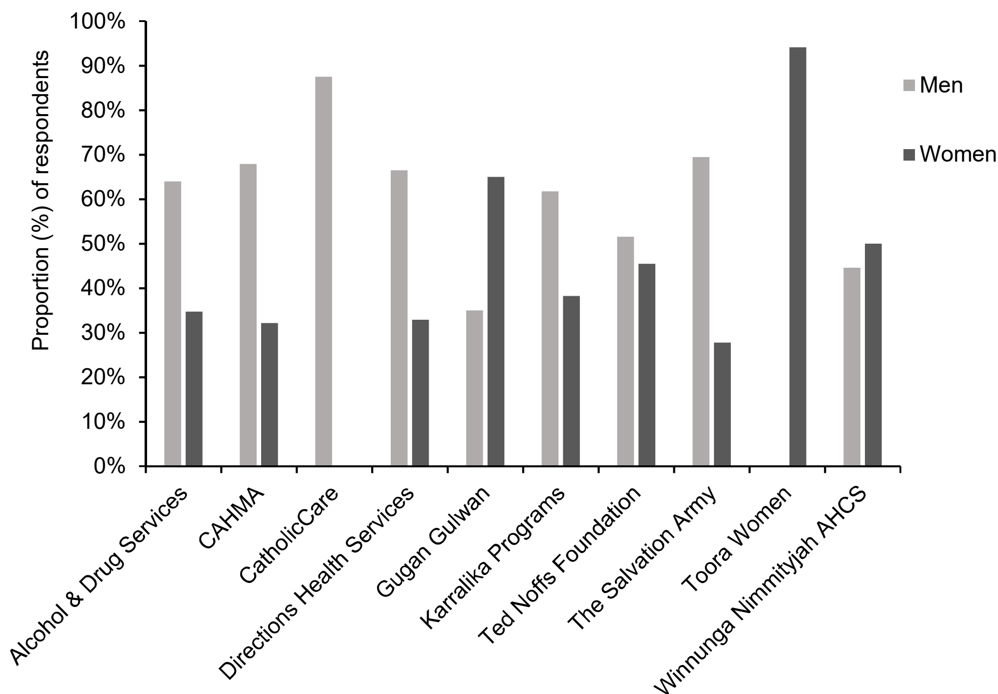
Organisation/program (residential programs are shaded)	Number of respondents	Proportion of respondents (%)
Alcohol and Drug Services, Canberra Health Services	**148**	**23.8**
Counselling and Treatment Service	11	1.8
Opioid Treatment Services	133	21.4
Inpatient Withdrawal Unit	4	0.6
Canberra Alliance for Harm Minimisation and Advocacy	**28**	**4.5**
CatholicCare Canberra & Goulburn	**16**	**2.6**
Sobering Up Shelter	3	0.5
Reaching Out (Counselling)	8	1.3
Support Connections (Case Management)	5	0.8
Directions Health Services	**159**	**25.6**
Woden	49	7.9
Arcadia House	8	1.3
Civic NSP	65	10.5
Phillip NSP	37	6.0
Drug & Alcohol Program, Gugan Gulwan Youth Aboriginal Corporation	**40**	**6.4**
Karralika Programs Inc	**34**	**5.5**
Karralika Therapeutic Community	14	2.3
Karralika Family Program	8	1.3
Community Programs/Justice Program	12	1.9
Ted Noffs Foundation ACT	**67**	**10.8**
Continuing Adolescent Life Management (CALM)	56	9.0
Program for Adolescent Life Management (PALM)	9	1.4
Engagement House	2	0.3
The Salvation Army	**37**	**6.0**
Canberra Recovery Services	30	4.8
Extended Care Program	7	1.1
Toora Women	**18**	**2.9**
AOD Residential Program	7	1.1
AOD Outreach Program	5	0.8
AOD Day Program	6	1.0
AOD Counselling Service	0	0
Alcohol, Tobacco and Other Drug Services, Winnunga Nimmityjah Aboriginal Health and Community Services	**74**	**11.9**
Total	**621**	**100.0**

2.2 Service users' characteristics

2.2.1 Gender and age

Of the service users who indicated their gender (n=616), 58.3% responded 'man', 39.8% 'woman', and 1.3% 'non-binary' or 'self-described' (0.6% indicated that they 'prefer not to say'). Proportions of men and women varied between organisations as shown in Figure 1.

Figure 1 Proportions of genders at each ACT specialist AOD service
(2018 ACT AOD Service Users' Satisfaction and Outcomes Survey)



Note: Owing to small numbers the figure does not show proportions of service users who responded 'other' or 'prefer not to say'.

The ages of respondents ranged from 15 to 71 years, with a mean age of 37.5 years and a median (the point above and below which half the cases fell) of 37 years. The largest 10–year age groups were 30–39 year olds (27.8% of the total), followed by 40–49 year olds (23.8%). Service users under the age of 30 years represented 29.2% of respondents (Table 2).

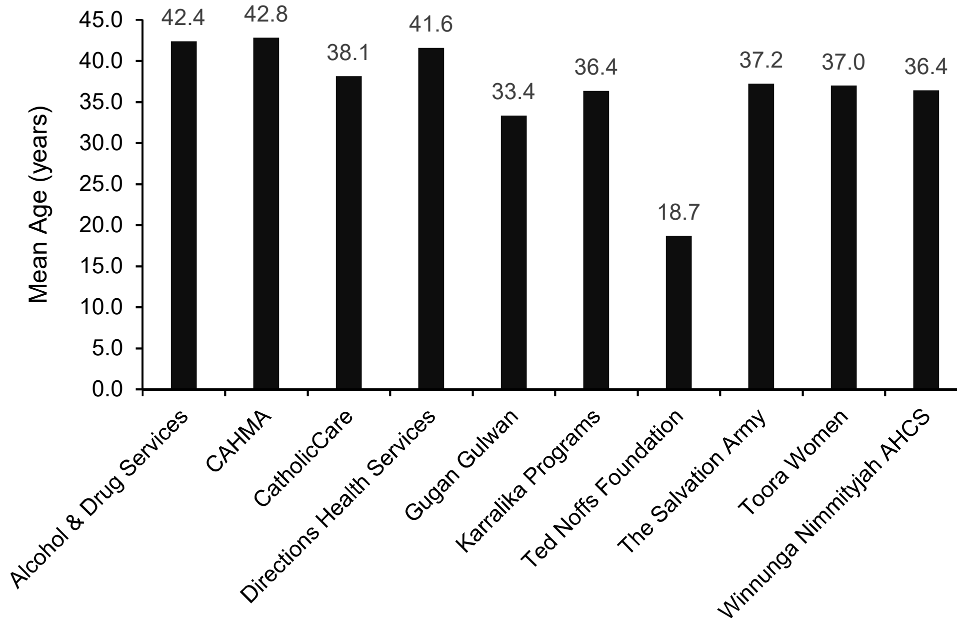
Table 2 Numbers and proportions of service users accessing ACT specialist AOD services, by 10-year age group
(2018 ACT AOD Service Users' Satisfaction and Outcomes Survey)

10-year age group	Number of respondents	Proportion of respondents (%)
10 - 19 years	64	10.7
20 - 29 years	111	18.5
30 - 39 years	167	27.8
40 - 49 years	143	23.8
50 - 59 years	85	14.2
60+ years	30	5.0
Total	**600**	**100.0**

The mean (average) ages of service users accessing each organisation are shown in Figure 2. Not surprisingly, Ted Noffs Foundation (as a youth-specific service) had service users with the youngest average age (18.7 years), and the Canberra Alliance for Harm Minimisation and Advocacy (CAHMA), ADS and Directions Health Services the oldest average ages (42.8, 42.4 and 41.6 years respectively).

Although also a youth-specific service, Gugan Gulwan Youth Aboriginal Corporation respondents had an average age of 33.4 years, accounted for by the family- and community-focus of service delivery at this organisation (i.e. support is more routinely provided to the entire family as clients, not just the individual young person). People aged under 30 years made up 45.9% of their service users. Other than the Ted Noffs Foundation (at 100.0%), CatholicCare programs (40.0%) and Winnunga Nimmityjah AHCS (33.9%) also had considerable proportions of service users aged under 30 years.

Figure 2 **Mean ages of service users accessing each ACT specialist AOD service**
(2018 ACT AOD Service Users' Satisfaction and Outcomes Survey)



2.2.2 Sexual orientation

For the first time, the 2018 SUSOS asked respondents to identify their sexual orientation. As shown in Table 3, almost one in ten (9.7%) service users self-identified as lesbian, gay, bisexual, intersex or queer (LGBTIQ), with 1.6% indicating 'other', and 2.6% who preferred not to say (n=608). Organisations with the highest proportions of service users who identified as lesbian, gay, bisexual, intersex, and queer were: The Salvation Army (19.4%), CAHMA (17.9%), and Winnunga Nimmityjah AHCS (16.2%).

Table 3 **Sexual orientation of service users accessing ACT specialist AOD services**
(2018 ACT AOD Service Users' Satisfaction and Outcomes Survey)

Self-identified sexual orientation	Number of respondents	Proportion of respondents (%)
Heterosexual/Straight	523	86.0
LGBTIQ	59	9.7
Other	10	1.6
Prefer not to say	16	2.6
Total	**608**	**100.0**

2.2.3 *Aboriginal and/or Torres Strait Islander origin*

The respondents included 191 people (31.0%) who indicated that they were of Aboriginal and/or Torres Strait Islander origin (with 2.8% preferring not to say). Around ninety percent of service users at the two Aboriginal Community-Controlled Services identified as Aboriginal and/or Torres Strait Islander—90.0% at Gugan Gulwan Youth Aboriginal Corporation and 87.8% at Winnunga Nimmityjah AHCS. The higher proportion of Aboriginal and Torres Strait Islander people in the 2018 SUSOS, when compared to the 2015 SUSOS is due to the higher proportionate participation by Gugan Gulwan Youth Aboriginal Corporation and Winnunga Nimmityjah AHCS in the 2018 SUSOS (i.e. those accessing Gugan Gulwan Youth Aboriginal Corporation and Winnunga Nimmityjah AHCS made up 18.3% of all survey respondents in 2018, compared to 7.5% in 2015).

When considering only the service users accessing mainstream specialist AOD services[p] on the census date, 17.9% of respondents identified as being of Aboriginal and/or Torres Strait Islander origin.

2.2.4 *Other cultural and linguistic diversity*

The 2018 SUSOS included, for the first time, an exploratory question that asked service users whether they identified as being from a culturally and linguistically diverse (CALD) background. CALD background was defined as including any one or more of: being born overseas; speaking a language other than English at home or with family/friends; speaking a language other than English while growing up; and identifying with a culture or religious group that is different from the dominant mainstream. If answering in the affirmative, service users were invited to specify their background.

Sixty-three (13.3%) service users identified as being from a CALD background; 18 of these service users also indicated that they were of Aboriginal and/or Torres Strait Islander background. Other backgrounds included: United Kingdom or Irish; Western European; Balkan or Eastern European; Middle Eastern; African; South or East Asian; Maori or Pacific Islander.

2.2.5 *Disability*

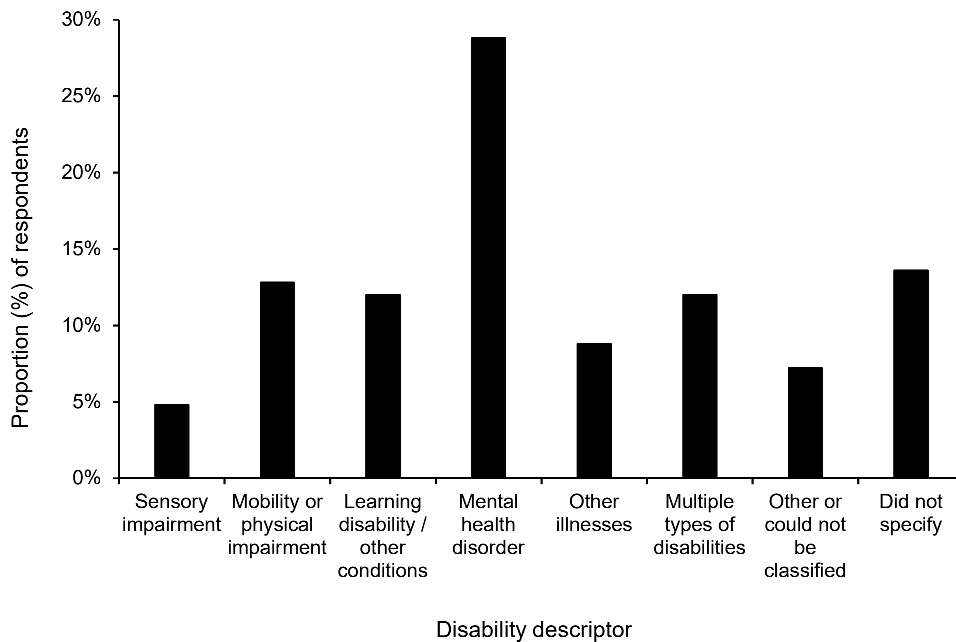
Another exploratory question included for the first time in the 2018 SUSOS asked service users whether they identified as someone with a physical or intellectual disability. If responding in the affirmative, service users were invited to specify the type of disability. It should be noted that the wording of the question was “Do you identify as someone with a physical or intellectual disability?”. It did not specifically ask service users if they had a mental health disorder, although some service users did nominate a mental health disorder as one of their disabilities.

One in five service users (20.4%) identified that they had a disability of some sort; figure 3 indicates the types of disabilities identified by service users. More than a quarter of

[p] The term ‘mainstream services’ refers to services that are not Aboriginal and Torres Strait Islander community-controlled organisations, and so do not have Aboriginal and Torres Strait Islander governance structures.

service users who identified a disability (28.8%) indicated that they identified as someone with a mental health disorder. However, because of the limitations of the question—that asks about 'physical' and 'intellectual' disability—this is likely to be an underestimate of people experiencing a mental health disorder.

Figure 3 Types of disability indicated by service users of ACT specialist AOD services (of those indicating that they identified as having a physical or intellectual disability, n=125)
(2018 ACT AOD Service Users' Satisfaction and Outcomes Survey)



2.2.6 Parenting situation

Fewer than five service users under the age of 18 indicated that they had a child, and so analysis focuses on service users aged 18 and over.

Of service users aged 18 and over, 346 indicated that they are parents; so, at least 61.2% of adult service users are parents.[q]

Of the 346 adult service users who indicated that they have children, 70.8% have children aged under 18 years.

Of those with children aged under 18 years (n=245):

- 90 (36.7%) have all of these children (aged under 18 years) living with them
- 104 (42.4%) have all of these children (aged under 18 years) not living with them

[q] Because of the way in which this question was worded, the proportion could be higher. The open-ended question asked 'How many children do you have?'. If service users chose not to answer this question (i.e. left it blank), their non-response could be incorrectly interpreted as 'not having children'.

- 51 (20.8%) have some of these children (aged under 18 years) living with them and others not living with them

The 346 adult service users who indicated that they have children had a total of 1,022 children, with 677 of these aged under 18.

2.2.7 *Employment and study*

More than two-thirds of the adult respondents, aged 18 years and over (69.5%), stated that they were unemployed or not working[r,11], with 25.2% employed (full-time, part-time or casually). An additional 5.4% stated that they engaged in volunteer or unpaid work (Table 4).

Table 4 Employment status of service users of ACT specialist AOD services, adults aged 18 years and over
(2018 ACT AOD Service Users' Satisfaction and Outcomes Survey)

Employment status	Respondents—adults aged 18 years and over (%)	
	Number	Proportion
Employed full-time	48	8.7
Employed part-time	38	6.9
Employed casually	53	9.6
Unemployed or not working	385	69.5
Volunteer or unpaid work	30	5.4
Total	**554**	**100.0**

At the time of the Survey, of those aged 18 and over, 10.5% were studying—6.7% part-time and 3.8% full-time. Of those service users who indicated that they were unemployed or not working, 6.5% indicated that they were studying full- or part-time, and of those volunteering or in unpaid work, 20.0% were studying full-or part-time.

2.2.8 *Housing and living situation*

Service users were asked about their housing situation, with those in residential programs being asked to specify their housing situation 'just before coming to this residential AOD treatment program'. As this question was asked differently in the 2015 SUSOS, the results cannot be directly compared.[s]

Table 5 shows that at least 30.1% of service users were (or had been) homeless or at risk of homelessness, with 13.5% indicating 'no fixed place of living' and 16.6%

[r] The use of the terms 'unemployed' and 'not working' is consistent with the definitions used in Australian Bureau of Statistics Surveys. 'Not working' is used to refer to 'persons not in the labour force', that is, those 'who are neither employed nor unemployed'. This includes, for example, people who are: 'retired or voluntarily inactive'; 'performing home duties or caring for children'; 'experiencing a long-term health condition or disability'; etc. See reference 11.

[s] The 2015 SUSOS asked *all* service users—regardless of residential or non-residential setting—"What is your current housing situation?", and included among the response options "Residential treatment program" (see Appendix C for further details).

indicating ‘other temporary accommodation’. ‘Other temporary accommodation’ includes: ‘couch surfing’, crisis or transitional accommodation, staying temporarily with someone else, boarding house, hotel or motel, prison, hospital, community residential service. Of note, a greater proportion of those in residential AOD services had been homeless or at risk of homelessness (in the week prior to coming to the service) than service users accessing non-residential services (44.3% compared to 27.7%).

Table 5 Housing situation of service users accessing non-residential and residential ACT specialist AOD services (n=608)
(2018 ACT AOD Service Users’ Satisfaction and Outcomes Survey)

Housing situation	Proportion of non-residential service respondents (%)	Proportion of residential service respondents (%)	Proportion of all respondents (%)
Settled/permanent accommodation	70.0	53.4	**67.6**
Other temporary accommodation	15.6	22.7	**16.6**
No fixed place of living	12.1	21.6	**13.5**
Other	2.3	2.3	**2.3**
Total	100.0	100.0	**100.0**

Service users were asked if they were on the waiting list for Social Housing (Public, Community or Affordable)—22.4% indicated that they were, with a slightly higher proportion among those in residential services (24.7%) than among those accessing non-residential services (22.1%).

The 2018 SUSOS has asked for the first time for service users to specify the state/territory and postcode where they were ‘currently living’ (non-residential service users), or where they were living in the week before they came to their residential program (residential service users).[t] Table 6 shows the proportions of people from within and outside the ACT accessing ACT specialist AOD services (after removal of incomplete or inconsistent data).[u] Of service users accessing specialist AOD services in the ACT, 88.6% were living in the ACT at the time of the survey, or in the week prior to entering their specialist AOD residential service.

[t] Postcodes 2618 and 2620 are shared across the New South Wales (NSW)/ACT boundaries; service users were, therefore, asked for both their state/territory of residence (question 11) and their postcode (question 12) to differentiate residents across the boundaries.
[u] For example, service users who indicated that they were living (or had been living) in the ACT (in response to question 11), but who gave a postcode in NSW (other than postcodes shared across the ACT and NSW, see footnote t), were excluded from the analysis.

Table 6 State/territory and region of residence of service users accessing ACT specialist AOD services—current place of residence (for non-residential AOD programs) or place of residence in the week before attending their residential program (for residential programs)
(2018 ACT AOD Service Users' Satisfaction and Outcomes Survey)

Region of residence	Number of respondents	Proportion of respondents (%)
ACT – Total	**521**	**88.6%**
NSW – immediate Canberra surrounds (e.g. Queanbeyan)	**14**	**2.4%**
NSW – Canberra Region	**14**	**2.4%**
NSW – Other	**13**	**2.2%**
NSW – Can't say because I don't have a fixed address	**11**	**1.9%**
NSW – don't know	**10**	**1.7%**
Other states (including other states 'no fixed address' and 'don't know')	**5**	**0.9%**
Total	**588**	**100.0%**

Of those residents of the ACT (at the survey date, or prior to entering the residential service), about one-fifth were living in the Tuggeranong area (20.9%), with significant proportions also living in the North Canberra (14.2%), Belconnen (13.5%) and Woden (11.0%) areas (Table 7).

Table 7 Numbers and proportions of service users accessing ACT specialist AOD services residing in the ACT and in the immediate NSW surrounds—current place of residence (for non-residential programs) or place of residence in the week before attending their residential program (for residential programs)
(2018 ACT AOD Service Users' Satisfaction and Outcomes Survey)

	Number of respondents	Proportion of respondents (%)
ACT – Belconnen	**72**	**13.5**
ACT – North Canberra	**76**	**14.2**
ACT – South Canberra	**36**	**6.7**
ACT – Gungahlin & Hall	**18**	**3.4**
ACT – Jerrabomberra & Majura	**12**	**2.2**
ACT – Tuggeranong	**112**	**20.9**
ACT – Weston Creek & Molonglo Valley	**51**	**9.5**
ACT – Woden Valley	**59**	**11.0**
ACT – Can't say because I don't have a fixed address	**41**	**7.7**
ACT – don't know	**44**	**8.2**
NSW - Queanbeyan etc	**14**	**2.6**
ACT and immediate surrounds – Total	**535**	**100.0**

Note: Postcodes were assigned to regions as follows: Belconnen (2614 – 2617); North Canberra (2601, 2602,2612); South Canberra (2600, 2603, 2604); Gungahlin & Hall (2911 – 2914, 2618); Jerrabomberra & Majura (2609, 2620); Tuggeranong (2900 – 2906); Weston Creek & Molonglo Valley (2611); Woden Valley (2605 – 2607); NSW-Queanbeyan, etc (2618, 2620). Note that postcodes 2618 and 2620 are shared across NSW and the ACT.

A further analysis has been undertaken of non-residential programs that were accessed by 20 or more people on the census day. Table 8 shows the residing regions of service users attending these non-residential programs, with the shaded cell in each row indicating the region in which each program is located. In general, non-residential specialist alcohol and other drug programs are mostly being accessed by service users who reside in the same and surrounding postcode region as the program.

Table 8 **Numbers and proportions of service users attending selected non-residential ACT specialist AOD programs, by residing regions of service users, and showing the region in which each program is located (shaded cells)**
(2018 ACT AOD Service Users' Satisfaction and Outcomes Survey)

	ACT - Belconnen	ACT - North Canberra	ACT - South Canberra	ACT - Gungahlin & Hall	ACT - Jerrabomberra & Majura	ACT - Tuggeranong	ACT - Weston Creek & Molonglo Valley	ACT - Woden Valley	NSW - immediate Canberra surrounds	NSW - Canberra Region	Can't say because I don't have a fixed address	Don't know	Total attending each program
Alcohol & Drug Services – Opioid Treatment Services	9	10	10	<5	<5	29	19	23	<5	0	5	9	**120**
	7.5%	8.3%	8.3%	-	-	24.2%	15.8%	19.2%	-	0.0%	4.2%	7.5%	**100.0%**
CAHMA	13	8	0	<5	0	<5	0	<5	0	0	<5	0	**27**
	48.1%	29.6%	0.0%	-	0.0%	-	0.0%	-	0.0%	0.0%	-	0.0%	**100.0%**
Directions – Woden	5	<5	<5	<5	<5	16	<5	10	0	<5	<5	<5	**49**
	10.2%	-	-	-	-	32.7%	-	20.4%	0.0%	-	-	-	**100.0%**
Directions – Civic NSP	8	25	<5	<5	0	<5	0	<5	0	<5	8	7	**62**
	12.9%	40.3%	-	-	0.0%	-	0.0%	-	0.0%	-	12.9%	11.3%	**100.0%**
Directions - Phillip NSP	5	0	<5	<5	0	6	7	6	<5	0	<5	<5	**35**
	14.3%	0.0%	-	-	0.0%	17.1%	20.0%	17.1%	-	0.0%	-	-	**100.0%**
Gugan Gulwan – Drug and Alcohol Program	<5	0	0	0	0	28	<5	<5	<5	<5	0	<5	**37**
	-	0.0%	0.0%	0.0%	0.0%	75.7%	-	-	-	-	0.0%	-	**100.0%**
Ted Noffs Foundation – CALM	11	9	<5	<5	0	7	7	<5	0	0	6	7	**55**
	20.0%	16.4%	-	-	0.0%	12.7%	12.7%	-	0.0%	0.0%	10.9%	12.7%	**100.0%**
Winnunga Nimmityjah – ATOD Services	<5	12	10	<5	<5	<5	<5	8	5	0	14	11	**70**
	-	17.1%	14.3%	-	-	-	-	11.4%	7.1%	0.0%	20.0%	15.7%	**100.0%**

Note: Non-residential specialist alcohol and other drug services were only included in the table if they were attended by 20 or more service users on the day of the census. See note to Table 7 for postcodes included in each region; in addition, 'NSW – Canberra Region' includes postcodes 2533 – 2551, 2580 – 2594, 2619 – 2633, 2649, 2720 – 2727.

Service users were asked to identify who they live with, and could indicate multiple responses if necessary – about 88% gave only one response. Table 9 shows that 30.0% of service users were living alone, with a further 1.0% living mostly alone but with others (usually a child) some of the time. Of those living with other people: 11.0% lived with their partner only; 5.9% with their partner and children; 10.8% with their children only; 11.8% with their parents only; and 11.8% with their friends only. Of those who indicated that they live with 'others', most were either homeless, 'couch surfing' or lived in some type of group housing situation (but not with those identified as 'friends').

Table 9 Living situation of service users accessing ACT specialist AOD services—responses to questions: "Who do you live with?" (non-residential survey) or "In the week before you came to this residential AOD treatment program, who were you living with?" (residential survey) (n=609)
(2018 ACT AOD Service Users' Satisfaction and Outcomes Survey)

Living status	Proportion of respondents (%)
Alone only	30.0
Alone with another (sometimes)	1.0
Partner only	11.0
Partner and child(ren)	5.9
Child(ren) only	10.8
Parent(s) only	11.8
Relative(s) only	6.7
Friend(s) only	11.8
Other only	5.7
Combination of two responses (other than 'alone with another' or 'partner and child(ren)'	4.6
Combination of 3 responses	0.5
Total	**100.0**

2.2.9 Education

The 2018 SUSOS asked for the first time about the highest level of education attained by service users. Table 10 shows that 49.3% of service users aged 18 and over had achieved Year 11 or higher as their highest level of education, 40.2% had achieved year 12 or higher; 49.9% of service users aged 18 and over had achieved Year 10 or less than Year 10 as their highest level of education.

Table 10 Highest level of education attained by service users aged 18 and over accessing ACT specialist AOD services (n=558)
(2018 ACT AOD Service Users' Satisfaction and Outcomes Survey)

Highest education	Proportion of respondents aged 18 and over (%)
Less than Year 10	26.2
Year 10	23.7
Year 11	9.1
Year 12	18.5
Certificate or Diploma	16.7
Bachelor Degree or Higher	5.0
Other	0.9
Total	**100.0**

2.2.10 Transportation

Service users indicated the main mode of transportation that they usually use to get around. After respondents providing multiple responses were removed, 40.7% indicated that they use their own car or motorcycle and 32.9% use public transport. Other responses are shown in Table 11. Further, 47.8% indicated that they can easily get to the places they need to, and 35.8% indicated that they sometimes have difficulty getting to the places they need to. Around five percent (4.6%) cannot get to the places they need to (Table 12).

Table 11 Main mode of transportation usually used by service users of ACT specialist AOD services to get around (n=508)
(2018 ACT AOD Service Users' Satisfaction and Outcomes Survey)

Transportation mode	Proportion of respondents (%)
Own car or motorbike	40.7
Public transport	32.9
Family/friends take me where I need to go	8.7
Walking	7.9
Bicycle (bike)	3.9
Borrow car or motorbike	2.2
Taxi/Uber/Rideshare	1.4
Other	2.4
Total	**100.0**

Table 12 Description of overall transportation situation of service users of ACT specialist AOD services (n=611)
(2018 ACT AOD Service Users' Satisfaction and Outcomes Survey)

Ease of transportation	Proportion of respondents (%)
I can easily get to the places I need to	47.8
I sometimes have difficulty getting to the places I need to	35.8
I often have difficulty getting to the places I need to	11.8
I can't get to the places I need to	4.6
Total	**100.0**

2.3 Overall Satisfaction

Overall satisfaction was measured using a validated composite index from eight scale items, the Client Satisfaction Questionnaire (CSQ-8)©. The CSQ–8 scores in this report are only for the 574 'valid' responses; that is, people who answered all eight of the questions related to the scale. Furthermore, this means that relationships between CSQ-8 scores (satisfaction levels) and other variables (e.g. characteristics of service attendance, accessibility, etc.) only use data from these 574 respondents. Anyone who did not respond to one or more of the eight CSQ-8 questions was excluded from these analyses.

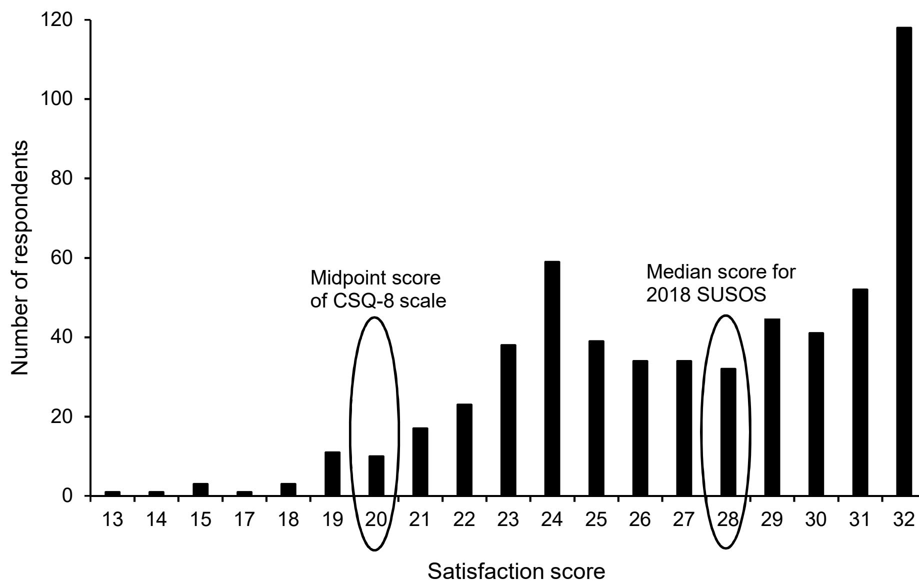
The CSQ-8 responses are summarised in Table 13. Possible values range from eight (the lowest possible level of satisfaction) to 32 (the highest possible level of satisfaction). The mid-point of the 8–32 range is 20. The modal (the most frequent) score in the 2018 SUSOS was 32. This is also the highest possible score and was provided by 20.6% of respondents. The lowest score was 13. The mean (average) score was 27.3 and the median was 28; so half of respondents scored below 28 and half above. The distribution of scores is illustrated in Figure 4, below.

Table 13 Frequencies (and proportions) of CSQ-8 scores for service users accessing ACT specialist AOD services, 2018 (n=574)
(2018 ACT AOD Service Users' Satisfaction and Outcomes Survey)

Satisfaction score	Number of respondents	Proportion of respondents (%)
13	1	0.2
14	1	0.2
15	3	0.5
17	1	0.2
18	3	0.5
19	11	1.9
20	10	1.7
21	17	3.0
22	23	4.0
23	38	6.6

24	59	10.3
25	39	6.8
26	34	5.9
27	34	5.9
28	32	5.6
29	57	9.9
30	41	7.1
31	52	9.1
32	118	20.6

Figure 4 Distribution of CSQ-8 scores for service users accessing ACT specialist AOD services, showing the midpoint score and the median score (n=574)
(2018 ACT AOD Service Users' Satisfaction and Outcomes Survey)



Respondents were asked as part of the CSQ-8 questions, 'In an overall, general sense, how satisfied are you with the service you have received?'. A high level of satisfaction was reported, with 92.4% of those who answered the question stating that they were 'mostly satisfied' or 'very satisfied'—this compares with the 2015 response of 90.4%. (see details in Table 14).

Table 14 Responses by service users accessing ACT specialist AOD services to the question: "In an overall, general sense, how satisfied are you with the service you have received?"*
(2018 ACT AOD Service Users' Satisfaction and Outcomes Survey)

Response	Number of respondents	Proportion of respondents (%)
Very satisfied	307	51.7
Mostly satisfied	242	40.7
Indifferent/mildly dissatisfied	30	5.1
Quite dissatisfied	15	2.5
Total	**594**	**100.0**

* Includes all respondents who answered this question, even if they did not produce a valid CSQ-8 score (i.e. even if they did not answer all eight CSQ-8 questions).

Similarly, when asked 'If you were to seek help again, would you come back to this service?', 93.1% replied in the affirmative (see Table 15). This is the same proportion as for the 2015 SUSOS.

Table 15 Responses by service users accessing ACT specialist AOD services to the question: "If you were to seek help again, would you come back to this service?"*
(2018 ACT AOD Service Users' Satisfaction and Outcomes Survey)

Response	Number of respondents	Proportion of respondents (%)
Yes, definitely	330	55.5
Yes, generally	224	37.6
No, not really	33	5.5
No, definitely not	8	1.3
Total	**595**	**100.0**

* Includes all respondents who answered this question, even if they did not produce a valid CSQ-8 score (i.e. even if they did not answer all eight CSQ-8 questions).

2.3.1 Mean and median satisfaction scores by organisation and site

There were overall statistically significant differences in CSQ satisfaction scores between the participating organisation (χ^2(9, n=574)=60.681, p=.000). Table 16 reports the mean (average) and median CSQ–8 scores for each organisation and program.

Table 16 Mean and median CSQ-8 (satisfaction) scores for each ACT specialist AOD organisation and program, 2018
(2018 ACT AOD Service Users' Satisfaction and Outcomes Survey)

Organisation/program		Number of valid responses	2018 CSQ-8 scores Mean	Median
Alcohol and Drug Services, Canberra Health Services		**133**	**27.3**	**28.0**
	Counselling and Treatment Service	11	27.1	25.0
	Opioid Treatment Services	119	27.4	28.0
	Inpatient Withdrawal Unit	*	*	*
CAHMA		**27**	**26.8**	**27.0**
CatholicCare Canberra & Goulburn		**14**	**28.7**	**30.0**
	Sobering Up Shelter	*	*	*
	Reaching Out (Counselling)	8	29.6	30.5
	Support Connections (Case Management)	*	*	*
Directions Health Services		**150**	**27.5**	**29.0**
	Woden	47	28.9	30.0
	Arcadia House	8	25.5	26.5
	Civic NSP	62	26.8	26.0
	Phillip NSP	33	27.4	27.0
Drug and Alcohol Program, Gugan Gulwan Youth Aboriginal Corporation		**35**	**27.5**	**28.0**
Karralika Programs Inc		**33**	**28.2**	**29.0**
	Karralika Therapeutic Community	13	26.9	26.0
	Karralika Family Program	8	27.3	27.0
	Community Programs/Justice Program	12	30.3	32.0
Ted Noffs Foundation ACT		**61**	**28.7**	**30.0**
	Continuing Adolescent Life Management (CALM)	50	28.5	29.0
	Program for Adolescent Life Management (PALM)	9	29.9	32.0
	Engagement House	*	*	*
The Salvation Army		**37**	**27.8**	**28.0**
	Canberra Recovery Services	30	27.5	28.0
	Extended Care Program	7	28.9	30.0

Toora Women	**17**	**29.4**	**31.0**
AOD Residential Program	7	28.1	30.0
AOD Outreach Program	5	29.0	30.0
AOD Day Program	5	31.6	32.0
Alcohol, Tobacco and Other Drug Services, Winnunga Nimmityjah Aboriginal Health and Community Services	**67**	**23.9**	**24.0**
Total	**574**	**27.3**	**28.0**

*Indicates fewer than five responses

2.3.2 Association between respondents' characteristics and levels of satisfaction

This survey did not find an association between satisfaction—as measured using the CSQ-8 scale—and the following factors:

- Gender (χ^2(3, n=569)=9.396, p=.024)[v]
- Age group (χ^2(5, n = 554)=10.805, p=.055)
- Employment status (χ^2(4, n=560)=6.144, p=.189)
- Living alone—versus living with someone else (U=37,151.5, z=1.541, p=.123)
- Residential vs non-residential program (U=22,113, z=.656, p=.512)

This survey found a statistically significant association between satisfaction—as measured using the CSQ-8 scale—and the following factors:

- Housing (χ^2(3, n=564)=10.779, p=0.13)
    - Post hoc analysis shows that service users who had 'no fixed place of residence' (Md=26.0) had lower levels of satisfaction than service users living in 'settled/permanent accommodation' (Md=29.0)—although the effect size is small (r=.134).
- Education
    - Service users with 'Year 10 or less than Year 10' education (Md=27.0, n=282) had lower levels of satisfaction than service users with 'Year 11 or higher' education (Md=28.0, n=285)—although the effect size is very small (U=44,287, z=2.117, p=.034, r=.089).
- Aboriginal and/or Torres Strait Islander origin
    - Service users of Aboriginal and/or Torres Strait Islander origin (Md=26.0) had lower levels of satisfaction than respondents who were neither Aboriginal nor Torres Strait Islander (Md=29.0)—although the effect size is small (U=22,901, z=-5.696, p=.000, r=.242).

[v] Post hoc pairwise comparisons (applying the Bonferroni adjustment) show no significant differences.

2.4 Characteristics of service attendance

The Survey asked service users about the length of time that they had been attending their service, the frequency of attending (for those accessing non-residential services), and the waiting times that they had experienced.

2.4.1 Length of time attending the service

Service users were asked 'How long have you been coming to this service?' (for non-residential services) or 'How long have you been in this service?' (for residential services). As shown in Table 17, for service users accessing non-residential services, the length of time reported ranged from one week or less (6.2% of respondents) to more than one year (58.8%). Of those service users who reported attending non-residential services for more than one year, more than half were attending the Opioid Treatment Services, the Needle and Syringe Program in Civic, or Winnunga Nimmityjah AHCS. For service users in residential services, about half (49.4%) had been in their service for between one to six months.

Table 17 Service users' lengths of time attending ACT AOD services—responses to the questions: 'How long have you been coming to this service?' (non-residential survey) or 'How long have you been in this service? (residential survey)
(2018 ACT AOD Service Users' Satisfaction and Outcomes Survey)

Length of time attending	Non-residential services		Residential services	
	Number of respondents	Proportion of respondents (%)	Number of respondents	Proportion of respondents (%)
1 week or less	33	6.2	15	16.9
1 – 4 weeks	25	4.7	8	9.0
1 – 3 months	33	6.2	26	29.2
4 – 6 months	29	5.5	18	20.2
7 – 12 months	47	8.9	16	18.0
More than 1 year	311	58.8	5	5.6
Unsure	51	9.6	1	1.1
Total	**529**	**100.0**	**89**	**100.0**

Service users who had been attending for between seven and 12 months had the highest overall satisfaction scores (Md=30.0), with those attending between one and four weeks having the lowest satisfaction scores (Md=26.0)—however, the differences in scores by length of time were not statistically significant ($\chi^2(5, n=529)=8.741$, $p=.120$).

2.4.2 Frequency of attending the service

The frequency of attending non-residential programs varied markedly, reflecting the service modality (Table 18). Of clients of all non-residential programs, 58.0% were attending weekly or more often, with daily attendance recorded by 143 respondents (27.1%). Most of these daily attenders (117 of the 143 respondents, or 81.8%) were service users of the Opioid Treatment Services (Alcohol and Drug Services).

Of the service users of the Needle and Syringe Programs in Civic and Woden, 38.6% were attending weekly, 15.8% were attending two to three times per month, and 14.9% were attending monthly (Table 18). Of respondents attending non-residential programs other than the Opioid Treatment Services or the Needle and Syringe Programs (Civic and Phillip), the largest proportion (40.5%) were attending weekly or two to three times per month.

The relationship between this variable and overall satisfaction (CSQ scores) was not statistically significant ($\chi^2(7, n=484)=9.398, p=.225$).

Table 18 Frequency of attending various types of non-residential ACT specialist AOD programs—numbers and proportions of service users in each category
(2018 ACT AOD Service Users' Satisfaction and Outcomes Survey)

	Opioid Treatment Services, ADS		**Needle and Syringe Programs (Civic and Woden)**		**Other non-residential programs**		**Total**	
Frequency of attending	**No.**	**%**	**No.**	**%**	**No.**	**%**	**No.**	**%**
Daily	117	88.6	10	9.9	16	5.4	**143**	**27.1**
5-6 times per week	3	2.3	2	2.0	4	1.4	**9**	**1.7**
2-4 times per week	4	3.0	5	5.0	36	12.2	**45**	**8.5**
Weekly	1	0.8	39	38.6	69	23.5	**109**	**20.7**
2-3 times per month	1	0.8	16	15.8	50	17.0	**67**	**12.7**
Monthly	0	0	15	14.9	42	14.3	**57**	**10.8**
Less than monthly	2	1.5	9	8.9	35	11.9	**46**	**8.7**
Unsure	4	3.0	5	5.0	42	14.3	**51**	**9.7**
Total	**132**	**100.0**	**101**	**100.0**	**294**	**100.0**	**527**	**100.0**

2.4.3 Waiting times

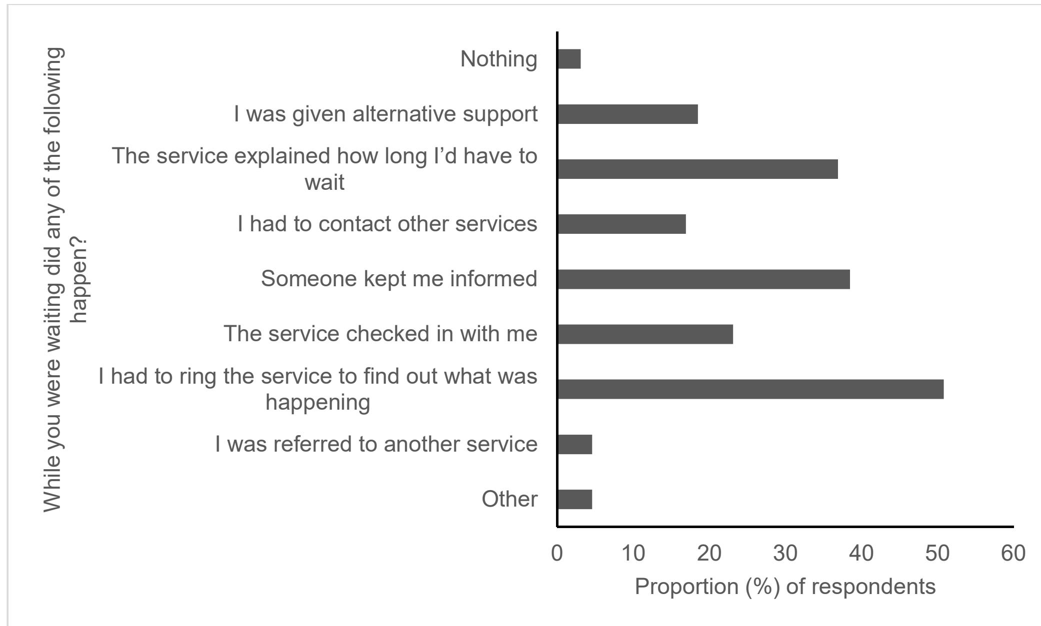
Service users were asked to indicate agreement with one of two options to the statement, “When accessing this service”: either “I could access this service right away” or “I had to wait to access this service”. Of people who were accessing residential programs, 73.9% indicated that they had to wait to access the service, and 45.4% of these service users had waited between three weeks and two months (Table 19)

Table 19 Waiting times for service users who indicated that they had to wait to access an ACT residential AOD service—numbers and proportions of service users in each category
(2018 ACT AOD Service Users’ Satisfaction and Outcomes Survey)

Waiting times	**Residential programs**	
	Number of respondents	**Proportion of respondents (%)**
1 week or less	3	4.7
1 – 2 weeks	5	7.8
3 – 4 weeks	20	31.3
1 – 2 months	9	14.1
2 – 3 months	17	26.6
3 – 6 months	6	9.4
6 months or longer	3	4.7
Unsure	1	1.6
Total	**64**	**100.0**

Waiting times to access residential specialist AOD programs are unfortunately unavoidable in a sector where there is an overall high demand for services. Specialist AOD services have tried to implement processes to support service users while they wait to access treatment. Service users who indicated that they had to wait to access the services were asked to nominate the types of communication and support that they had from these services while waiting to access them—multiple responses were possible (Figure 5).

Figure 5 **Types of communication and support received from ACT residential AOD services while waiting to access the service (of service users who indicated that they had to wait to access the service; multiple responses possible)**
(2018 ACT AOD Service Users' Satisfaction and Outcomes Survey)



While CSQ-8 scores were higher for service users (accessing AOD residential services) who had waited 'one week or less' (Md=31.00) or between 'one to two weeks' (Md=30.0) to access their service than service users who had waited 'two to three months' (Md=28.0) or 'three to six months' (Md=26.0), the differences are not significant (χ^2(6, n=73)=3.898, p=.691).

2.5 Other measures of service quality and accessibility

2.5.1 Location, convenience of opening hours, and ease of getting appointments

Service accessibility can be operationalised in terms of the location of services, their opening hours and ease of getting appointments. All three were assessed in the 2018 SUSOS. Service users were presented with the following statements and were asked to indicate their levels of agreement or disagreement with the statements:

- 'This service's location is convenient for you'
- 'This service is open during hours that are convenient to you'
- 'You can usually get appointments at this service at the times you want them'

As seen in Table 20, in the case of each of these statements, more than three-quarters of respondents 'agreed' or 'strongly agreed' with the statements about convenient service location, convenient opening hours, and ease of getting appointments (79.8%, 83.2% and 83.8% respectively).

When the responses are considered as a scale ('strongly disagree' = 1.0 to 'strongly agree' = 5.0), the mean scores were above 4.0 (out of 5.0) for each of the statements about convenient service location, convenient opening hours, and ease of getting appointments (4.05, 4.08 and 4.11 respectively). The scores for these statements were not significantly different between people accessing non-residential programs versus residential programs.

Table 20 Responses by service users of ACT specialist AOD services to statements about 'convenience of location', 'convenience of opening hours', and 'ease of getting appointments'—proportions (%) in each response category and mean score out of 5.0
(2018 ACT AOD Service Users' Satisfaction and Outcomes Survey)

	Proportion in each response category (%)					Mean score on scale out of 5.0
Statement	**Strongly disagree**	**Disagree**	**Neither agree nor disagree**	**Agree**	**Strongly agree**	
This service's location is convenient for you (n=609)	3.6	5.3	11.3	42.5	37.3	**4.05**
This service is open during hours that are convenient to you (n=603)	2.0	4.6	10.1	49.4	33.8	**4.08**
You can usually get appointments at this service at the times you want them (n=580)	1.6	4.0	10.7	49.1	34.7	**4.11**

Table 21 shows the mean scores for statements of convenience of location, convenience of opening hours and ease of getting appointments by organisation and program. There were differences—that were significant—observed among programs on measures of convenience of location ($\chi^2(23, n=609)=43.084, p=.007$) and ease of getting appointments ($\chi^2(23, n=580)=39.616, p=.017$), but not for convenience of opening hours ($\chi^2(23, n=603)=26.960, p=.258$).

Table 21 Comparisons of mean scores (out of 5.0) for statements about 'convenience of location', 'convenience of opening hours', and 'ease of getting appointments', by ACT specialist AOD organisation and site
(2018 ACT AOD Service Users' Satisfaction and Outcomes Survey)

	Mean score on scale out of 5.0		
Organisation/program	This service's location is convenient for you (n=609)	This service is open during hours that are convenient to you (n=603)	You can usually get appointments at this service at the times you want them (n=580)
Alcohol and Drug Services, Canberra Health Services	**4.00**	**3.99**	**4.19**
Counselling and Treatment Service	3.82	4.27	4.18
Opioid Treatment Services	4.02	3.96	4.21
Inpatient Withdrawal Unit	*	*	*
CAHMA	**3.82**	**4.00**	**4.18**
CatholicCare Canberra & Goulburn	**4.31**	**4.44**	**4.33**
Sobering Up Shelter	*	*	*
Reaching Out (Counselling)	4.75	4.63	4.63
Support Connections (Case Management)	4.40	4.80	4.60
Directions Health Services	**4.25**	**4.21**	**4.14**
Woden	4.29	4.23	4.13
Arcadia House	3.63	4.25	3.71
Civic NSP	4.30	4.16	4.10
Phillip NSP	4.24	4.24	4.29
Drug and Alcohol Program, Gugan Gulwan Youth Aboriginal Corporation	**4.26**	**4.18**	**4.05**
Karralika Programs Inc	**3.88**	**4.21**	**4.09**
Karralika Therapeutic Community	3.69	4.08	3.92
Karralika Family Program	3.88	4.25	3.88
Community Programs/Justice Program	4.08	4.33	4.42
Ted Noffs Foundation ACT	**4.17**	**4.14**	**4.28**
Continuing Adolescent Life Management (CALM)	4.19	4.17	4.21
Program for Adolescent Life Management (PALM)	4.00	3.89	4.63
Engagement House	*	*	*

The Salvation Army	**4.03**	**4.31**	**4.50**
Canberra Recovery Services	3.97	4.24	4.00
Extended Care Program	4.29	4.57	4.43
Toora Women	**3.89**	**4.17**	**4.22**
AOD Residential Program	4.14	4.14	4.14
AOD Outreach Program	3.60	4.00	4.00
AOD Day Program	3.83	4.33	4.50
Alcohol, Tobacco and Other Drug Services, Winnunga Nimmityjah Aboriginal Health and Community Services	**3.61**	**3.67**	**3.71**

*Responses are not reported as there were fewer than 5 respondents

Although the effect size was small, agreement with ‘convenience of location’ corresponded with satisfaction, with respondents who stated that they ‘strongly agree’ that ‘the location is convenient’ having a higher median satisfaction score (Md=30.0) than those responding in all of the other categories—agree (Md=27.0), neither agree nor disagree (Md=24.5), disagree (Md=26.0), and strongly disagree (Md=25.0) (χ^2(4, n=567)=55.333, p=.000).

Similarly, across all of the services, the perception of convenience of opening hours also predicted higher satisfaction scores, with service users who responded ‘strongly agree’ (Md=30.0) or ‘agree’ (Md=27.0) reporting higher satisfaction scores than the categories of ‘neither agree nor disagree’ (Md=24.0) and ‘disagree’ (Md=23.5) (χ^2(4, n=565)=66.342, p=.000).

The perceptions of the convenience of organisations’ opening hours (as measured using the mean score on a scale where ‘strongly disagree’ = 1 and ‘strongly agree’ = 5) were significantly different based on employment status (χ^2(4, n=589)=13.516, p=.009). Post hoc comparisons indicate that the scores for service users who were ‘employed full-time’ (Md=4.0, M=3.6, n=53) were significantly lower than for service users who were ‘unemployed or not working’ (Md=4.0, M=4.1, n=412) and those who were doing ‘voluntary or unpaid work’ (Md=4.0, M=4.3, n=31).

Higher satisfaction scores also corresponded with perceptions of the ease of getting appointments (χ^2(4, n=545)=77.047, p=.000), with post hoc comparisons showing significant differences between service users who responded ‘strongly agree’ (Md=30.0) and ‘agree’ (Md=27.0) and those who responded ‘neither agree nor disagree’ (Md=24.0) and ‘disagree’ (Md=24.5).

2.5.2 *Satisfaction with treatment plans*

A treatment plan is a document that shows your goals, your service or treatment needs, and explains how they will be met—not everyone will have a treatment plan with the AOD service they are using. Service users were asked, “Do you have a treatment plan for your alcohol and/or other drug needs?”. Of all service users who responded to the question, 222 service users (42.4%) indicated that they have a treatment plan, 203 (38.8%) indicated that they did not have a treatment plan, 64 (12.2%) answered ‘don’t know’, and 34 (6.5%) specifically indicated that the question was ‘not applicable’ to them.

When the analysis included only service users attending programs where they were likely to need a treatment plan,[w] 53.2% of these service users knew that they had a treatment plan. Importantly, 14.1% of service users in these programs indicated that they did not know if they had a treatment plan or not. Having (or not having) a treatment plan was not significantly associated with overall satisfaction with the service (U=6,530.5, z=-1.921, p=.055).

Clients with a treatment plan (n=222) were asked to specify their level of agreement with various aspects of those treatment plans that reflect quality (i.e. treatment plan reflects their needs, they were involved in the development of their plan, they had a say in their treatment, their views were taken into account, and they have made progress towards their goals). As shown in Table 22, high proportions of service users (over 84%) ‘agreed’ or ‘strongly agreed’ with each of the statements.

Further, when the responses are considered as a scale (‘strongly disagree’ = 1.0 to ‘strongly agree’ = 5.0), the mean scores were above 4.0 (out of 5.0) for each of the statements about treatment plans.

[w] In some program types, service users may not be expected to have a treatment plan and were excluded from this analysis. These programs were: CAHMA; the Sobering Up Shelter; the two primary Needle and Syringe Programs; Gugan Gulwan Youth Aboriginal Corporation; CALM (Ted Noffs Foundation); and Winnunga Nimmityjah AHCS.

Table 22 Of those service users accessing ACT specialist AOD services with a treatment plan, responses to statements about their treatment plans—proportions (%) in each response category and mean score (out of 5.0)
(2018 ACT AOD Service Users' Satisfaction and Outcomes Survey)

	Proportion in each response category (%)					Mean score on scale out of 5.0
Of those clients with a treatment plan…	**Strongly disagree**	**Disagree**	**Neither agree nor disagree**	**Agree**	**Strongly agree**	
Your treatment plan reflects what you need from treatment or from the service (n=216)	1.4	3.2	9.7	47.7	38.0	**4.18**
You contributed to the development of your treatment plan (n=217)	1.4	3.2	11.1	39.6	44.7	**4.23**
You have enough say in decisions about your treatment (n=212)	0.9	3.3	10.8	37.3	47.6	**4.27**
Your views were taken into account when deciding on your goals and needs (n=217)	1.4	3.7	8.8	41.0	45.2	**4.25**
You have made progress toward your treatment plan goals (n=216)	0.9	0.9	11.6	40.7	45.8	**4.30**

As might be expected, for service users who indicated that they have a treatment plan, higher mean satisfaction scores (CSQ-8) were significantly associated with increasing levels of agreement for each of these measures of treatment plan quality (i.e. mean satisfaction scores were significantly higher for 'strongly agree' and 'agree' responses than for 'neither agree nor disagree', 'disagree' and strongly disagree').[x]

[x] Kruskal-Wallis tests show the following: 'Your treatment plan reflects what you need from treatment or from the service'— χ^2(4, n=203)=79.266, p=.000; 'You contributed to the development of your treatment plan'— χ^2(4, n=204)=73.260, p=.000; 'You have enough say in decisions about your treatment'— χ^2(4, n=199)=70.281, p=.000; 'Your views were taken into account when deciding on your goals and needs'— χ^2(4, n=204)=72.668, p=.000; 'You have made progress toward your treatment plan goals'— χ^2(4, n=203)=72.337,p=.000.

2.5.3 Attitudes to staff

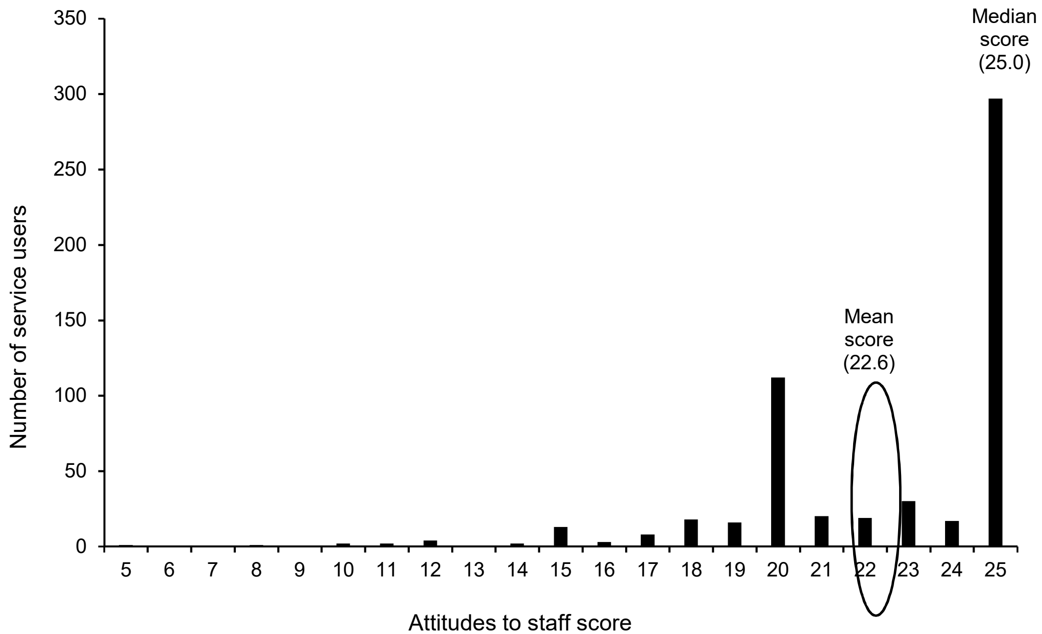
Service users were asked to indicate their level of agreement or disagreement with five statements about staff at the specialist AOD services. Responses to each of these statements is reported in Table 23; in all cases, over 88% of service users 'agreed' or 'strongly agreed' with each of the statements. Mean scores were all high (4.5 or above) and the median scores—the point at which half the respondents scored above and below—are all the maximum 5.0.

Table 23 Responses by service users accessing ACT specialist AOD services to statements related to attitudes to staff—proportions (%) in each response category and mean and median (out of 5.0) (2018 ACT AOD Service Users' Satisfaction and Outcomes Survey)

In general staff at this service…	% in each response category					Mean score (out of 5.0)	Median score (out of 5.0)
	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree		
Treat me with respect (n=606)	0.8	1.2	3.6	30.9	63.5	**4.6**	**5.0**
Make me feel welcome (n=602)	0.5	1.7	3.7	30.6	63.6	**4.6**	**5.0**
Listen carefully to me (n=599)	0.3	1.5	8.8	30.2	59.1	**4.5**	**5.0**
Are trustworthy (n=598)	0.5	1.8	6.9	30.1	60.7	**4.5**	**5.0**
Focus on things that are important to me (n=595)	0.8	1.8	8.4	27.7	61.2	**4.5**	**5.0**

The five statements were combined into a scale to make a score out of 25 (see section 1.1.1). Composite scores were excluded from the analysis if respondents had not answered all five statements (n=581). Figure 6 shows the distribution of scores and their relationship to the mean (22.6) and median (25.0) scores. More than half of the respondents (with valid composite scores) scored 'attitudes to staff' at 25.0—the maximum score.

Figure 6 Distribution of composite 'attitudes to staff' scores (range: 5.0 to 25.0) given by service users accessing ACT specialist AOD services, showing mean (22.6) and median (25.0) scores
(2018 ACT AOD Service Users' Satisfaction and Outcomes Survey)



An analysis of the correlation between the 'attitudes to staff' score and the satisfaction score (CSQ-8)—using Spearman's Rank Order correlation and Cohen's interpretation of r[y]—shows a statistically significant large correlation (r=.608, p=.000). Greater scores for 'attitudes to staff' correlate with greater scores for satisfaction. Analysis using the Kruskal-Wallis Test shows significant differences across organisations ($\chi^2(9, n=581) = 60.192, p = .000$).

2.5.4 Attitudes to services

Service users were asked to indicate their level of agreement with nine statements about the specialist AOD services. Responses to each of these statements is reported in Table 24; in all cases, over 73% of service users 'agreed' or 'strongly agreed' with each of the statements. Mean scores were all 4.0 or above and the median scores—the point at which half the respondents scored above and below—were all 4.0.

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[y] Using Cohen's guidelines (1988), correlations can be interpreted as: Small, r = 0.10 – 0.29; Medium, r = 0.30 – 0.49; Large, r = 0.50 – 1.00.[9]

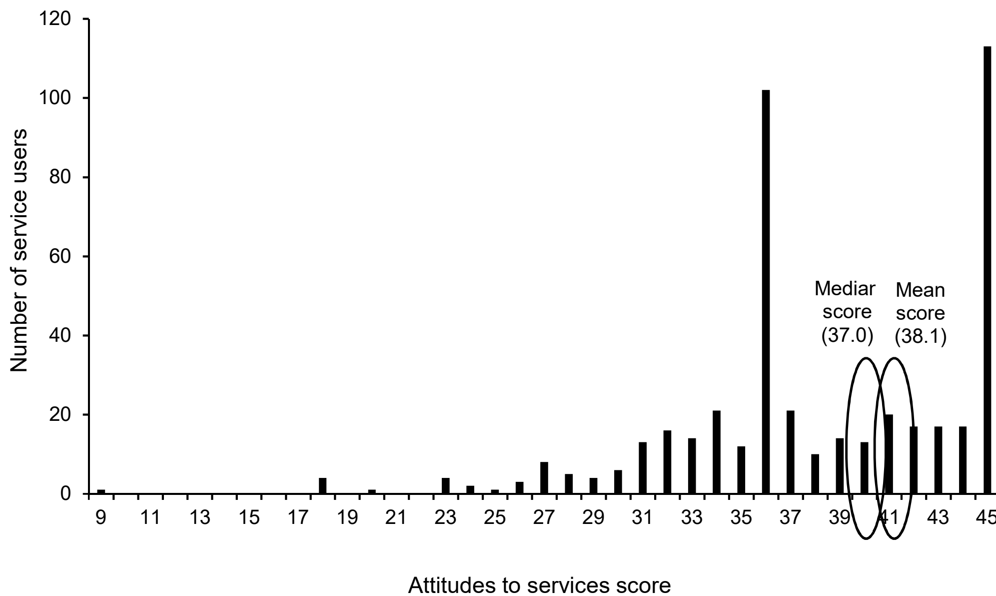
Table 24 Responses by service users accessing ACT specialist AOD services to statements related to attitudes to services—proportions (%) in each response category and mean and median (out of 5.0)
(2018 ACT AOD Service Users' Satisfaction and Outcomes Survey)

How much do you agree with the following statements?	Proportion in each response category (%)					Mean score (out of 5.0)	Median score (out of 5.0)
	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree		
This service meets your needs (n=593)	0.5	3.5	5.7	49.7	40.5	**4.3**	**4.0**
This service is organised and well run (n=599)	1.5	2.2	8.0	45.4	42.9	**4.3**	**4.0**
This service respects your cultural values (n=575)	0.2	1.7	8.9	40.3	48.9	**4.4**	**4.0**
You feel safe accessing this service (n=575)	0.5	2.0	6.7	41.5	49.3	**4.4**	**4.0**
Other service users at this service treat you with respect (n=588)	0.7	3.6	11.1	43.5	41.2	**4.2**	**4.0**
This is the right service for you (n=588)	1.4	1.9	10.5	37.9	48.3	**4.3**	**4.0**
Family members/ partners get enough support at this service (n=518)	1.2	5.2	19.9	37.8	35.9	**4.0**	**4.0**
This service encourages service users to make	1.4	4.3	17.5	40.5	36.2	**4.1**	**4.0**

complaints (n=555)							
This service acts on service users suggestions and complaints (n=531)	2.1	2.8	16.6	41.6	36.9	**4.1**	**4.0**

The nine statements were combined into a scale to make a score out of 45 (see section 1.1.1). Composite scores were excluded from the analysis if respondents had not answered all five statements (n=459). Figure 7 shows the distribution of scores and their relationship to the mean (38.1) and median (37.0) scores.

Figure 7 Distribution of composite 'attitudes to services' scores (range: 9.0 to 45.0) given by service users accessing ACT specialist AOD services, showing mean (38.1) and median (37.0) scores
(2018 ACT AOD Service Users' Satisfaction and Outcomes Survey)



An analysis of the correlation between the 'attitudes to services' score and the satisfaction score (CSQ-8)—using Spearman's Rank Order correlation and Cohen's interpretation of the correlation coefficient r[y]—shows a statistically significant large correlation (r=.637, p=.000). Greater scores for 'attitudes to services' correlate with greater scores for satisfaction. Analysis using the Kruskal-Wallis Test shows significant differences across organisations (χ^2(9, n=459)=40.374, p=.000).

2.5.5 Asked to give comments

Service users were asked, 'Have you ever been asked by this service to give comments on how satisfied or dissatisfied you are with the service or treatment you receive?'. As seen in Table 25, about equal proportions of service users responded that they had been asked to give comments (42.4%) and had not been asked (42.3%)—15.3% were unsure as to whether they had been asked or not. Respondents who indicated that they had been asked to comment were significantly more likely to be satisfied with the service (Md=29.0, n=242 vs Md=27.0, n=239; U=23,532.5, z=-3.559, p=.000, r=.16).

Table 25 Responses by service users accessing ACT specialist AOD services to the question, 'Have you ever been asked by this service to give comments on how satisfied or dissatisfied you are with the service or treatment you receive?'
(2018 ACT AOD Service Users' Satisfaction and Outcomes Survey)

Response	Number of respondents	Proportion of respondents (%)
Yes	253	42.4
No, not really	252	42.3
Don't know	91	15.3
Total	**596**	**100.0**

2.5.6 Service user input into service operations

Service users were also asked, 'would you like to have a greater say in how this service operates?', and 'if yes, how would you prefer to make this input?'. Of those service users who answered the question (n=589), 32.1% indicated that they would like greater say in how the service operates (40.2% responded 'no', and 27.7% responded 'don't know'). Table 26 shows the preferences on making this input of those who answered 'yes' (multiple responses were possible).

Table 26 Preferences of service users of ACT specialist AOD services on making input into how the service operates (of service users who indicated that they would like greater say in how the service operates, n=189; multiple responses were possible)
(2018 ACT AOD Service Users' Satisfaction and Outcomes Survey)

Preferred input	Number of respondents (n=189)
I'm already involved	50
Filling out surveys	46
Volunteer program	41
Community Board	31
Invited to planning day	30
As a consumer representative on a committee run by this service	25
Through a consumer or service user representative	18
As a consumer representative on a committee run by an outside organisation	13
Other	7

2.6 Ancillary services

Most organisations provide some services that are ancillary to their core services, such as referral to legal advice, debt management, and so on.[z] Information on fifteen ancillary services are reported from the Survey. Respondents were asked:

- If they had *requested* the particular type of support from the service
- If they had *received* it within the service
- If they had been *referred* to another service for the support
- If they had requested the particular type of support from their service but *had not received* it

It is important to note that these categories are not mutually exclusive; multiple responses are possible, so the percentages for each ancillary service do not add up to 100%.

As seen in Table 27, the most frequently *requested* type of support was with respect to housing (13.8% of respondents), with 19.5% receiving such support within the service and 10.0% being referred out. 'Dental health' (13.2%) was also a frequently requested type of support. 'Mental health' was the most frequently *received* type of support *within the organisation* (27.2%), followed by 'Centrelink or related payments' (21.6%) and 'Legal or criminal justice issues (21.3%). Among *referrals out* to other services, support for 'employment/skills training' (11.6%), 'education' (11.3%), and 'dental health'

[z] Previous Service User Satisfaction (and Outcomes) Surveys included 'smoking cessation advice or support' as an ancillary activity. As specialist alcohol and drug services deliver nicotine dependence treatment and smoking cessation support as core business alongside alcohol and other drug treatment, smoking cessation is no longer considered as an ancillary activity, but is discussed separately in section 2.7.1.

(11.1%) were the most frequent. Only small proportions reported *requesting services but not receiving them*. In this category, support with dental health (4.8%) and housing (4.0%) had the highest frequencies. It should be noted that, for all types of ancillary services, the proportion of respondents receiving the service within their organisation was higher than the proportion requesting it.

Table 27 Ancillary services requested and received by service users accessing ACT specialist AOD services (proportion of all respondents, n=621; multiple responses possible)
(2018 ACT AOD Service Users' Satisfaction and Outcomes Survey)

	Proportion of all respondents requesting and/or receiving ancillary services (n=621)			
Type of support	I have *requested* this type of support from the service	I have *received* support from *within* this service	I have been *referred* to another service for support	I have requested this type of support from this service *but have not received it*
Employment/skills training	10.0	15.6	11.6	3.1
Education	9.2	18.0	11.3	2.3
Debt management	7.4	15.5	10.6	3.1
Housing	13.8	19.5	10.0	4.0
Legal or criminal justice	8.7	21.3	8.4	2.6
Care and protection issues	6.8	18.4	7.4	3.1
Centrelink or related payments	10.5	21.6	7.4	2.7
Sexual health	7.2	15.9	8.9	2.6
Dental health	13.2	20.3	11.1	4.8
Mental health	11.6	27.2	9.7	3.7
Blood borne viruses (e.g. hepatitis B, hepatitis C, HIV information and support)	9.7	20.5	8.1	3.2
Hepatitis C treatment	6.4	17.2	7.2	2.9
Other general health services	7.7	19.6	9.5	2.6

Parenting/ relationships	9.5	20.6	9.3	2.6
Domestic and family violence	7.6	15.8	8.2	2.1
Other	7.5	17.7	7.7	3.2

2.7 Outcomes

Outcomes were assessed in thirteen domains, as detailed in Table 28. The table excludes responses where the service users classified the question as not being applicable to them, e.g. NSP service users would not necessarily expect to have reduced their drug use since commencing use of the service.

The three most frequently reported positive outcomes were with respect to understanding harms and risks associated with AOD use, using some of the skills and strategies to keep them safer, and developing skills and strategies for reducing the harms from using AOD. As seen in Table 28, 85.4%, 84.2%, and 80.8% of service users stated that they ‘agree’ or ‘strongly agree’ with the corresponding statements.

This was followed in frequency by: improved general health and wellbeing (80.7%); reduced involvement in crime (80.4%); improved knowledge of blood-borne virus (BBV) transmission prevention (77.9%); reduced use of drugs (75.3%); and improved mental health (73.4%).

On all of these outcome variables, the level of agreement with the statements is positively associated with CSQ-8 satisfaction scores, i.e. reported good outcomes are associated with high levels of satisfaction with the service. For most outcome measures, there is a medium to high correlation between these specific outcome measures and satisfaction scores (i.e. r>0.30).

Table 28 also shows the changes between 2015 and 2018 for the combined ‘agree’ and ‘strongly agree’ proportions. These were significantly lower in 2018 compared to 2015 for the three measures of: drug use has reduced; reduced involvement in crime; and improved knowledge of blood borne viruses. Differences noted between the other outcome measures for these years are not significant. It is possible that differences may be partly accounted for by the slightly changed format of the response options in the survey (‘not applicable’ was a more obvious response option, and ‘don’t know’ was added as an option).

Table 28 Outcomes of treatment self-reported by service users accessing ACT specialist AOD services ('not applicable' responses have been removed)—mean scores, correlations with satisfaction, proportions in each response category for 2018, and comparisons of combined 'agree' and 'strongly agree' scores (2018 and 2015)
(2018 ACT AOD Service Users' Satisfaction and Outcomes Survey)

Since starting to receive this service…	Mean score (out of 5.0)	Correlation (r) with satisfaction (CSQ-8)	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Combined 'Agree' and 'Strongly Agree'	
								2018	2015
You have a better understanding of the harms and risks associated with your AOD use (n=567)	4.25	.535*	1.4	1.6	11.6	41.3	44.1	85.4	
You have used some of the skills and strategies to keep you safer when using AOD (n=531)	4.21	.488*	1.1	1.5	13.2	43.5	40.7	84.2	
You have developed skills and strategies for reducing the harms from using AOD (n=552)	4.16	.511*	0.9	2.7	15.6	41.1	39.7	80.8	
Your general health and wellbeing has improved (n=564)	4.20	.516*	1.2	3.2	14.9	35.5	45.2	80.7	79.4
You are less involved in crime (n=480)	4.27	.445*	1.5	2.5	15.6	28.3	52.1	80.4	91.3
Your knowledge of preventing transmission of blood borne viruses has improved (n=521)	4.13	.423*	1.2	2.7	18.2	37.6	40.3	77.9	84.9
Your drug use has reduced (n=538)	4.07	.442*	3.0	4.6	17.1	32.9	42.4	75.3	85.5
Your mental health has improved (n=554)	4.05	.488*	2.9	4.0	19.7	32.1	41.3	73.4	78.2
Your family, parenting and/or other relationships have improved (n=534)	3.86	.455*	3.7	6.4	24.9	30.5	34.5	65.0	69.5
Your capacity to manage your finances has improved (n=541)	3.73	.391*	2.8	8.9	28.5	32.7	27.2	59.9	64.3
Your dental health has improved (n=517)	3.67	.276*	5.0	10.1	27.5	27.5	30.0	57.5	53.6
Your housing situation has improved (n=499)	3.64	.340*	4.2	9.8	31.9	26.3	27.9	54.2	60.9
Your employment situation has improved (n=492)	3.46	.273*	6.9	11.0	35.4	22.8	24.0	46.8	47.4

*Statistically significant, p = .000; correlations can be interpreted as: small, r = 0.10 – 0.29; medium, r = 0.30 – 0.49; large, r = 0.50 – 1.00 (Cohen 1988)[9]

2.7.1 Smoking status and outcomes

Service users were asked about their smoking status when they first entered or started using this service. Of those who responded to the question (n=536), 76.9% identified themselves as 'a smoker', and 20.3% responded 'no' (Table 29).

Of those who responded that they were smokers when they started using the service, 56.1% were male. Among women, a slightly higher proportion indicated that they were smokers (81.7%) than among men (77.4%)—but this small difference was not significant—i.e. the observed difference could be due to chance (Pearson χ^2(df=3, n=518)=6.492, Cramer's V=.112, p=.090).[aa]

Similarly there was no significant differences in proportions of smokers across age groups (Pearson χ^2(5, n=505)=6.167, Cramer's V=.111, p=.290). Among smokers: 20.0% were aged between 20 and 29 years old; 28.9% were in the 30 – 39 years age group; and 24.0% were aged between 40 and 49 years old.

Being a smoker was related to being unemployed and to having education levels at year 10 or less than year 10, but the effect sizes were small (Employment: χ^2(1, n=512)=5.081, phi=-.105, p=.024; Education level: χ^2(1, n=517)=3.951, phi=.092, p=.047). Among smokers, 70.9% reported being 'unemployed or not working' and 52.1% reported having 'Year 10 or less than Year 10' level of education.

Among respondents who identified as 'Aboriginal and/or Torres Strait Islander' people, 76.9% reported that they were smokers, while 80.5% of service users who were 'neither Aboriginal nor Torres Strait Islander' identified as smokers. The difference between these proportions was not significant (χ^2(1, n=504)=.679, phi=.042, p=.410).

Table 29 Smoking status of service users accessing ACT specialist AOD services—smoking status when they first entered or started using the service
(2018 ACT AOD Service Users' Satisfaction and Outcomes Survey)

Response	Number of respondents	Proportion of respondents (%)
Yes	412	76.9
No, not really	109	20.3
Don't know	15	2.8
Total	**536**	**100.0**

Service users were asked about their change in smoking behaviour (Table 30). Of those who responded to the question, 12.2% responded 'I have quit smoking completely', and 36.2% responded that they 'smoke less now'.

[aa] Analysis excludes service users who responded 'don't know' for their smoking status.

Table 30 Changes in smoking behaviour of service users accessing ACT specialist AOD services, by self-identified smoking status on entry to service
(2018 ACT AOD Service Users' Satisfaction and Outcomes Survey)

Change in smoking behaviour	Respondents self-identifying as smoker on entry to service		Respondents self-identifying as non-smoker on entry to service		Total respondents	
	Number	Proportion (%)	Number	Proportion (%)	Number	Proportion (%)
I wasn't smoking and I'm still not smoking	5	1.3	75	74.3	**80**	**16.0**
I have quit smoking completely	52	13.0	9	8.9	**61**	**12.2**
I smoke *less* now	176	44.1	5	5.0	**181**	**36.2**
I smoke *about the same* now	153	38.3	3	3.0	**156**	**31.2**
I smoke *more* now	13	3.3	9	8.9	**22**	**4.4**
Total	**399**	**100.0**	**101**	**100.0**	**500**	**100.0**

Service users who indicated that they were smokers when they first entered or first started using the service were asked about the sorts of supports that they received from the service to quit or reduce their smoking. Table 31 shows that the highest proportions of support were 'advice and support' and 'nicotine replacement therapy'—note that multiple responses were possible.

Table 31 Types of supports to quit or reduce smoking received by service users who identified as 'smokers' when they first entered or started using the specialist AOD service
(2018 ACT AOD Service Users' Satisfaction and Outcomes Survey)

What sorts of supports did this service provide to help you to quit or reduce your smoking?	Number of respondents	Proportion of respondents (%)
Nothing	84	20.4
Advice and support	177	43.0
Nicotine replacement therapy (NRT)	140	34.0
Referral to the Quitline	60	14.6
Other prescription medications—like Zyban (bupropion) or Champix (varenicline)	21	5.1
Pamphlets and brochures	83	20.1

Quit support group	55	13.3
Counselling sessions	58	14.1
Other	13	3.2

Service users who are current smokers—note that this is different to those identifying as smokers on entry to the service reported above—were asked whether they are planning to quit smoking. Table 32 shows that 64.3% of these smokers stated that they are planning to quit or reduce smoking at some point in the future (with 13.1% planning to do so within the next month)—about a quarter (23.8%) are not planning to quit or reduce smoking.

Table 32 Quit, or smoking reduction, intentions of service users who are 'current smokers' accessing specialist AOD services
(2018 ACT AOD Service Users' Satisfaction and Outcomes Survey)

Response	Number of respondents	Proportion of respondents (%)
No—I'm not planning to quit or reduce smoking	105	23.8
Yes—within the next month	58	13.1
Yes—within the next 6 months	113	25.6
Yes—sometime in the future, beyond 6 months	96	21.7
Don't know	70	15.8
Total	**442**	**100.0**

Service users who identified as 'current smokers' were also asked about their level of confidence that they could succeed if they decided to give up smoking completely in the next six months. As seen in Table 33, 29.3% of service users were 'not at all sure' that they would be successful, while 18.2% were either 'very sure' or 'extremely sure'.

Table 33 Self-assessed level of confidence among 'current smokers' accessing specialist AOD services that they could succeed if they decided to give up smoking completely in the next six months
(2018 ACT AOD Service Users' Satisfaction and Outcomes Survey)

Response	Number of respondents	Proportion of respondents (%)
Extremely sure	23	5.1
Very sure	59	13.1
Moderately sure	110	24.4
Slightly sure	64	14.2
Not at all sure	132	29.3
Don't know	62	13.8
Total	**450**	**100.0**

2.8 Written comments from respondents

Service users were asked to provide written comments to three questions:

- Question 20: 'Would you like to make a comment on the location and/or opening hours of this service?'
- Question 34: 'If you could change one thing about this service, what would it be?
- Question 35: 'Are there any drug or alcohol services or programs that should be offered in the ACT that are not being offered at present? If so, what are they?'

Of all the respondents, 431 (69.4%) wrote some type of response to one or more of these questions. For ease of reporting and to avoid repetition, any qualitative responses relating to location and opening hours, regardless of where the service user had written the response, were analysed together. Similarly, as there was overlap in the themes in the responses to Questions 34 and 35, these were pooled and analysed together.

2.8.1 Comments about locations and opening hours

Of the survey respondents, 186 provided specific feedback about the location and/or opening hours of the service that they were accessing—of the remaining surveys, service users either responded that they had no specific comment to make or left the question blank. Of the 186 responses, most (168) were from service users accessing non-residential services, and 18 were from service users accessing residential services. Proportionately, more service users of non-residential services (31.6%) commented on locations and opening hours than service users of residential services (20.2%).

Among service users accessing residential services, there were a mix of positive (11) and negative (7) responses mostly in relation to the location of the service; whether these locations were convenient or not was naturally determined by the individual circumstances of the service user. For instance, two service users commenting about the same residential service wrote: “It’s good because it’s not near anyone I know”, and “Buses suck to get here”. Although the “great central location” of one service was a positive for one service user, the location of another service close to the shops was problematic for another: “This service is located right near a large alcohol shop. Walking distance. Not very ideal.” Two service users specifically commented about being far away from their family/children: “Location is a little hard for my family to get to, so I don’t get to see my children much. The hours they can come is very late in the day”.

Among service users accessing non-residential services, there were approximately equal numbers of comments about locations and/or opening hours that were positive (87), and that highlighted problems (83). Sixteen service users made comments that could not be clearly interpreted—for example, just writing “location” without specifying whether this was problematic or not. The majority of respondents from non-residential services who provided comments were from: the Opioid Treatment Services (56); Winnunga Nimmityjah AHCS (18); Civic NSP (17); CALM (Ted Noffs Foundation) (17);

Woden—Treatment and Support Service & Althea Wellness Centre (17); and Phillip NSP (10).

Table 34 shows the issues raised by service users accessing non-residential AOD programs, and the numbers of times that each issue was mentioned. Note that the numbers of mentions may not total the 'number of service users', as some service users mentioned multiple issues in their comments. Of the 186 respondents, 58 made general positive comments about the location and opening hours (e.g. "it's all good"; "easy for me to access"; "I'm happy with it"; "Have never had a problem"), and 1 made a general comment about the service being inconvenient to access because they relied on other people to get there (it was not clear if this was due to location and/or opening times). Other comments about the location (both positive and 'problems') were not surprisingly focused on: the 'centrality' of the location; how close it was to their residence; and the proximity to amenities (parking, shops, transport).

More service users indicated problems with opening hours (69). Almost half of these (48%) were from the Opioid Treatment Services, and a further 9 service users commented that they would like longer opening hours at CALM (that operates a youth drop-in program). The single most commonly cited reason for the need for longer opening hours was that they are inconvenient for people who work—eleven people cited this as a concern for them.

Table 34 Service users' comments on the location and/or opening hours of the non-residential services they were accessing on the day of the SUSOS 2018, arranged by theme (multiple responses were possible)
(2018 ACT AOD Service Users' Satisfaction and Outcomes Survey)

Comments by theme (made by service users accessing non-residential services) (numbers in brackets indicate number of responses; where no number is indicated, only one response was given) *Some quotes from service users are included in italics*	**Number of service users**
Location of the non-residential service	
Positive comments • General positive comments (5): e.g. "the location is convenient"; "great location for me"; "it's a good spot" • 'Central' location (3) • Service located close to their home (3) *Service times and location are good for me because I live on south side, but wonder how people go getting from North side (i.e. is there a place in Civic?).*	**18**

- Close to public transport and other amenities such as shops (3): “Nice and close to bus interchange”
- Close to car parking
- Close to family
- Outreach facilitates access: “The counsellor comes to my residence”
- Comments (3) that acknowledge that while the location may not be very convenient, service users believe the service they receive is worth the trip.

> *I live in far south and taking the bus for 2 hours is so worth it with the support I get.*
>
> *Long bus ride here but I don’t mind.*

Problems **14**

- General comments on problems (4)
- Too far away (5): “A bit too far”; “[need it] closer to home”
- Need more or other locations (2)
- Not ‘central’
- Not easily accessible from home
- Transportation
- Cost of car parking

<u>**Opening hours of non-residential services**</u>

Positive comments **11**

- General comments (8): e.g. “Happy with open hours”; “The hours are fine as they are”
- Comments (3) that acknowledge that while the opening hours may not be very convenient, service users are nevertheless able to manage around the times, and are grateful for the service’s availability

> *It’s a free service, so I come when they’re open, can’t complain.*
>
> *There’s not much availability at times, but understandable and not too difficult to organise around.*
>
> *The more organised I am, the easier it is to manage your opening hours.*

Problems **69**

- Longer opening hours/open more/open later or earlier (46)
    - Includes general comments from OTS service users (21), and service users of CALM suggesting longer opening hours (9)
- Specific comments about opening earlier and/or later to better cater for people who work (11):

Would be a lot better for workers if clinic opened at 6am so people can get to work without waiting for 7:15am

As a worker, sometimes it is difficult to get in before work due to meetings. It would be useful to offer later services on occasions. Later hours for workers.

- Open at lunchtime/more services at lunchtime (4)
- Open on weekend (5) and changes to weekend times—e.g. longer hours, earlier opening (4)
- After hours appointments or accessibility of services (3)

2.8.2 Comments about services and the service system

Service users were asked 'If you could change one thing about this service, what would it be?" (Question 34) and 'Are there any drug or alcohol services or programs that should be offered in the ACT that are not being offered at present?' (Question 35). As there was an overlap of responses to these two questions, they have been analysed and reported together.

Of the survey respondents, 366 provided a response to either or both of these questions. This includes a large number (99) who responded that 'nothing' needs to change, and one service user who said 'everything [needs to change]'. Of the 366 respondents, 295 were service users accessing non-residential services, and 71 were service users accessing residential services. In contrast to the question about locations and opening hours, a greater proportion of service users of residential services (79.8%) provided comments about these questions than service users of non-residential services (55.5%).

Tables 35 and 36 present details of the responses provided by service users on these questions. Comments on what service users would want to change in the service they are accessing are provided in Table 35, while Table 36 shows their comments on the additional programs needed in existing programs and in the ACT more broadly.

Table 35 Service users' comments on what they would want to change in the service they are accessing, arranged by theme (multiple responses were possible)
(2018 ACT AOD Service Users' Satisfaction and Outcomes Survey)

Comments by theme (numbers in brackets indicate number of responses; where no number is indicated, only one response was given) *Some quotes from service users are included in italics*	Number of service users
Nothing needs to change	**99**
Everything needs to change	**1**
Generally positive comments • Everything is good; excellent service; running well; "completely satisfied"; "Love it"; "they rock!" (18) • Friendly, positive environment (5) • Saved their life/gave them a new life (3) • Wish the service would employ them (2) *I wouldn't change a single thing about this service. They are outstanding in their field of expertise. 100% satisfied.* *I feel they saved my life and are helping me to live a better life without the use of drugs and alcohol.* *This is a wonderful service and very friendly for Aboriginal and Torres Strait Islander people and without it the community would be lost. People are very supportive to community. Wonderful organisation; glad it's here.*	**28**
Changes to existing programs and service delivery • Opioid maintenance treatment o Takeaways – review process, do it again, do it more (9) o More focus on reducing methadone (2) o Lower starting dose o Introduce home delivery o Improve program • Increased flexibility and freedom in rehabilitation programs—outings earlier in program, contacts, more contact with family/children, sleeping times, more mingling between programs (10) • Groups/course o Longer more in depth groups/courses (2) o Smaller groups	**53**

- Service operations
    - Increase numbers in program
    - Change age bracket of clients
    - More treats and free stuff (2)
    - Updated pre-admission information
    - Too many people sometimes
    - More time with GPs and RNs
- Treatment approaches
    - Separate volunteer and court-ordered service users
    - Stricter challenges and personal accountability
    - Run more like a TC
    - More work on self; too much spare time
    - One-on-one work with consistent people
    - More discussions on AOD
    - Target the main problem
    - More recognition of voluntary participation in groups
    - More activities (2)
    - Physical exercise
    - Increased focus on alternative therapies
- Rules
    - Clarity on rule changes
    - Allow smoking/vaping (2)
    - Enforce no smoking for staff too
- Safety
    - Urgent phone number for after-hours access to staff
    - Safety—aggression from peers
    - Improve cultural safety

Staff and staffing **50**

- Excellent staff: respectful, friendly, professional, non-judgmental (10)
- Greater support and appreciation for staff needed (3)
- Need for a change in attitude or behaviour of staff (14)—including treating service users with greater respect, and reducing judgment.
- More staff needed, including: specific positions; more doctors; more Aboriginal and Torres Strait Islander staff; greater diversity (18)
- Other comments (5)

> *The service that is provided is of the highest quality. I always feel listened to and always given the best care available. My doctor is great, and all the staff are fantastic. A special mention to all the lovely ladies that work everyday on the frontlines. They are all fantastic and don’t get enough credit.*
>
> *I cannot speak more highly for the services that I have been able to access at [name of service]. The staff are highly skilled and always respectful.*

It can be too busy at important times of the day. More staff needed.

Help people with what helps them. Not tell people what will fix them.

Service amenities	**28**

- Increased access to exercise and leisure equipment (e.g. gym, pool, pool table) (8)
- More TV or IT devices and/or access (5)
- Better food, more choices (4)
- New and bigger building/ too small (3)
- Fix problems with the NSP machine (3)
- More parking (2)
- Other (3)

Access issues (other that location and opening times)	**11**

- More appointments when needed, particularly initial appointment (5)
- Reduce waiting times (3)
- Problems with phone access (2)
- Give notice when it's closed

Service user input into service delivery	**9**

- More community input (1)
- Survey issues (act on surveys; fewer words; more surveys; "more questions that hit the spot") (8)

Increased funding	**9**

Improved support to address ancillary issues	**8**

- Mental health (4); assistance to families; transportation; housing; legal advice

Confidentiality and anonymity of clients	**7**

- Private, sound-proof rooms (4)
- Less open staff areas
- Confidential route of entry

[A] route that is ambiguous or hidden would be great…. [Currently], [a]nyone driving past would see you and know that [you're attending a drug and alcohol treatment centre]…. If you are working or looking for work, daily attendance at an alcohol & drug service is not a good look & makes you an easy target for gossip & innuendo, back stabbing, misrepresentation, being blamed for any theft or miscounting by a colleague.

Unclear	**14**

Table 36 Service users' comments on additional programs needed within existing services or in the ACT, arranged by theme (multiple responses were possible)
(2018 ACT AOD Service Users' Satisfaction and Outcomes Survey)

Comments by theme (numbers in brackets indicate number of responses; where no number is indicated, only one response was given) *Some quotes from service users are included in italics*	**Number of service users**

Additional programs needed within existing services
• Specific courses or programs
  o Access to more groups—including, harm reduction, SMART Recovery, Alcoholics Anonymous/Narcotics Anonymous/Marijuana Anonymous (10)
  o Range of skills building courses for life skills and becoming employable (3)
  o Art therapy and programs, music, dance programs, wellness (3)
  o Anger management
  o Offsite recreation
  o More DBT programs
  o Increased access to naloxone training
• Counselling and/or case management (9)
  o Including for family support, kids suffering with loss and grief, phone counselling, one-on-one sessions
• Programs for particular groups of service users (10)
  o More programs and supports for children; improved access as couples; groups for women; parenting courses; families; peer based
There needs to be more services available to couples/de factos to attend a long term live in therapeutic community and not have to wait on the streets for 6 months.
• More outreach: street, home visits, to housing commissions (4)
• NSP at this service
	45

Comments on the ACT service system and services needed in the ACT • Satisfied with what is currently available (8) *There are a lot of excellent programs in the ACT* • More services (more free services, more services like this one, more of particular types of services) (14)	**99**

> *There needs to be more services like this. I would expand on this one. More beds, bigger facilities, more chance for people to change their lives*

- Heroin assisted treatment program (9)

- Pill testing (2)

- Rehabilitation programs (12)
    - More programs and beds for adults and young people
    - Case managers to match rehabilitation programs with people in withdrawal programs
    - Private rehabilitation
    - Sister rehabilitation facility in the bush
- Improved access to sterile needles (3)
    - Needle bus
    - More sites that provided sterile needles
- Specific programs for people using crystal methamphetamine
- Improved withdrawal options (11)
    - Managing withdrawal from methadone, benzodiazepines
    - Smoke friendly facility
- Existing specialist AOD organisations to expand their service delivery to new locations in the ACT (Belconnen, Gunghalin, Northside), including dosing clinics, and needle and syringe programs (8)
- Crisis/emergency accommodation, housing, more help for homeless people with AOD issues (4)
- Other new services/programs
    - Services for young people: youth centre in Belconnen; drop in centres (4)
    - Hepatitis C Centre
    - A service that can help to find an interest or hobby to help with coping while getting off AOD
    - Pre-counselling to prepare for reducing drug use
- Better information about services available (e.g. for young people to access, for GPs so that they can refer people) (8)
- Access to specific medications – different types of methadone, medical marijuana (4)
- Information and education (for children on the effects of AOD use; involving people with lived experience; drug trends) (4)
- Society—address society's acceptability of AOD use; decriminalisation of certain drugs (2)

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3 Discussion

The 2018 Service Users' Satisfaction and Outcomes Survey (SUSOS) has gained insight into service users' perspectives on the AOD services they access by assessing their levels and patterns of satisfaction. In addition, the SUSOS builds a picture of the self-reported experiences of using AOD services, and of the outcomes as a result of using these services.

The SUSOS is also an opportunity to obtain a snapshot of the characteristics of service users of ACT publicly funded specialist AOD services. This data complements information from other sources to build a profile of the service users of AOD organisations that is useful in the planning and provision of service delivery.[bb]

3.1 Survey response

A total of 621 people attending specialist AOD treatment and support services in the ACT participated in the 2018 SUSOS, compared to 469 who participated in 2015. All specialist AOD treatment and support services in the ACT took part in the SUSOS, with a total of 25 of their programs participating.

The increase in the number of respondents between the Survey years is likely to reflect an increase in demand for AOD specialist services in the ACT. The 32.4% increase in SUSOS respondents between 2015 and 2018 corresponds to data for the ACT reported by the Alcohol and Other Drug Treatment Services National Minimum Data Set (AODTS-NMDS) that shows a 32.7% increase in service provision (as measured by 'closed treatment episodes') between 2014-15 and 2017-18.[cc,12,13]

It is also possible that the increase in respondents may partly reflect increased participation rates over time by AOD service users in surveys such as this. However, estimates of service users who declined to complete the survey was not significantly different between 2015 (n=40) and 2018 (n=42).[dd]

The data shows that between 600 and 700 people access specialist AOD treatment and support services on any single day in the ACT. This estimate takes into account: the number of respondents (n=621); the number of service users who declined to participate (n=42); that some people may have attended specifically on the census date knowing that the Survey was being held; that a small number of specialist AOD programs in the ACT were out of scope of the SUSOS; and that a small number of respondents may have completed the survey twice (see Section 3.8).

[bb] Such as from AIHW's Alcohol and Other Drug Treatment Services National Minimum Data Set—AODTS–NMDS

[cc] Note that the National Minimum Data Set reported by the Australian Institute of Health and Welfare does not include data from Winnunga Nimmityjah Aboriginal Health and Community Services, Gugan Gulwan Youth Aboriginal Corporation, the Sobering Up Shelter, the Opioid Treatment Services, and the Needle and Syringe Programs. Most of these services do, however, report their data to the ACT Health Directorate.

[dd] Data for service users who declined to complete the survey is not available for 2009 and 2012.

3.2 Characteristics of service users

3.2.1 Gender and age

Both the gender and age breakdowns of the SUSOS population are different from the population described in the ACT Health Directorate reporting of clients to the 2017-18 Alcohol and Other Drug Treatment Services National Minimum Data Set (AODTS–NMDS).[13] Women made up a higher proportion of the 2018 SUSOS population (39.8%) than the population reported in the AODTS-NMDS (for all clients[ee]—32.5%), and service users aged 20 – 39 years made up 46.3% of the SUSOS population compared to 53.7% of the AODTS-NMDS population.

These differences in gender and age breakdowns can be attributed to several factors. The AODTS-NMDS does not include data from a number of services that are community-based drop-in program delivery modalities (see footnote [cc]). These are represented in the 2018 SUSOS data, and are program-types that are likely to be more convenient to access for women, specifically mothers with their children.

The 2018 SUSOS is likely to have an older cohort (i.e. greater proportions of service users aged over 39 years) owing to inclusion of the Opioid Treatment Service in the data—particularly as it is a service that represents a high proportion of the surveyed population. Opioid maintenance therapy, by its nature, is a treatment type that involves long-term engagement, and is accessed by an ageing cohort of people. This highlights the need for adaptation and capacity building of responses in the AOD sector to support older service users.

In addition, it should be noted that the inclusion in the 2018 SUSOS of broader categories and response options for gender identity led to a greater variety of responses than in previous years—1.3% of service users identified as 'non-binary' or 'self-described', and 0.6% responded 'prefer not to say'. These responses point to opportunities for data to be collected using more inclusive methods,[ff] and for these to inform inclusive practice within specialist AOD services.

3.2.2 Aboriginal and Torres Strait Islander origin

The proportions of service users reporting that they were of Aboriginal and/or Torres Strait Islander origin was significantly higher in the 2018 SUSOS (31%) than in the 2015 SUSOS (25%) (χ^2=5.879, p=.015). This is due to the higher participation by the two Aboriginal Community-Controlled Services in the 2018 SUSOS. There was, however, no significant difference in the proportions of Aboriginal and/or Torres Strait Islander people attending mainstream services across these survey years (17.9% in 2018 compared to 19.4% in 2015; χ^2=.196, p=.658).

When services that do not report to the AODTS-NMDS (see footnote [cc]) are excluded from the analysis of the SUSOS data, 12.8% of respondents identified as Aboriginal and/or Torres Strait Islander. This is comparable to the figure reported to the AODTS-

[ee] In the AODTS-NMDS, 'all clients' refers to both those seeking treatment for their own drug use and for others drug use.

[ff] For example, the AODTS-NMDS includes only the categories 'male', 'female' and 'not stated'.

NMDS (2017–18) of 12.1% (although the methodology used to collect data was different for each data set).

The data shows that a considerable number of Aboriginal and Torres Strait Islander people are seeking help for AOD issues, including through mainstream AOD services. This emphasises the importance of building and maintaining capacity within the AOD sector to provide culturally safe AOD treatment and support services.

3.2.3 Items asked for the first time—sexual orientation, cultural and linguistic diversity, and disability

The 2018 SUSOS asked, for the first time, about the sexual orientation, cultural and linguistic diversity, and disability. The proportions of service users identifying as not being 'heterosexual/straight'—9.7% LGBTIQ, 1.6% 'other', and 2.6% prefer not to say—and service users identifying as being from a CALD background (13.3%) points to potential capacity building and other service changes (e.g. changes to infrastructure) to meet the needs of these service users.

One-in-five service users (20.4%) identified as someone with a physical or intellectual disability. Clearly, it is important to the consider access limitations for people living with various types of physical disabilities—representing at least 15% of those living with a disability—in particular, their access to residential AOD services that may have ageing and inappropriate infrastructure.

Further, although more than a quarter of these service users indicated that they identified as someone with a mental health disorder, this figure should be interpreted cautiously. The question asked about 'physical and intellectual disability', and many—perhaps most—service users would not have interpreted this to include 'mental health disorders'. The experience of workers in specialist AOD services is that the proportion of service users experiencing some type of mental health disorder is much higher, and this warrants much more rigorous and expanded questions in the next SUSOS.

3.2.4 Factors in socio-economic disadvantage—housing, employment and education

Socio-economic disadvantage is clearly a characteristic of the AOD service user population and has implications for AOD service delivery (particularly of ancillary services, such as housing support). Of people accessing specialist alcohol and other drug services in the ACT, 30.1% are either homeless or at risk of homelessness—that is, they indicated that they had 'no fixed place of living' or lived in 'other temporary accommodation'. While this is statistically significantly different from the proportion reported in 2015 (46%), it represents almost one-third of the population of people accessing specialist AOD services (χ^2=23.963, p=.000).

The proportion of people accessing residential programs who identified that they were homeless or at risk of homelessness in the week before coming to the program was higher than for people accessing non-residential programs—44.3% compared to 27.7%. This points to the challenges for residential rehabilitation programs to ensure that service users are not exited to homelessness once they leave the programs.

Residential programs are particularly suitable settings for people who have a range of complex issues, beyond their drug use (e.g. homelessness), that put them at risk of relapse in the community.[14]

Other factors related to socio-economic disadvantage are employment and education level. In this population of service users, 69.5% indicated that they were 'unemployed or not working', and 26.2% had less than year 10 schooling (with a further 23.7% leaving school after completing year 10). This has implications for the provision of employment and education support services alongside AOD treatment. Additionally, this also has implications for the completion of this SUSOS survey that relies on reasonable levels of literacy. While efforts are made within services to militate against this—for example, workers assisting service users to read the surveys—future surveys should consider a more concerted strategy to better support service users to complete the survey.

3.2.5 Parenting

Around 61% (n=346) of service users aged 18 years and over indicated that they were parents of a total of 1022 children, including 677 children under the age of 18 years. This suggests that, consistent with data reported elsewhere, for every adult aged 18 years and over who is seeking AOD treatment in the ACT, there is a rate of 1.2 children associated with them.[15] Having children aged under 18 years influences the ways in which individuals can access particular types of AOD services, and has implications for the types of ancillary services and support that AOD services provide—for example, providing family-responsive treatment, family-oriented residential services, child care for parents attending day programs, or support around child protection.

3.2.6 Place of residence and transportation

The 2018 SUSOS asked for the first time about the postcode of the current place of residence—or place of residence in the week before attending a residential program—and found that the greatest proportion of service users were living in the Tuggeranong area (20.9%), followed by North Canberra (14.2%) and Belconnen (13.5%). The location and accessibility of services is a critical consideration in ensuring people can obtain access to AOD services, and this SUSOS data indicates this should be a primary consideration in AOD health services planning going forward (given an apparent disconnect between peoples place of residence and current service locations).

Connected to this are the findings from the SUSOS on transportation (also asked for the first time in 2018). While the survey found that the highest proportion of service users indicated that their primary mode of transportation is 'own car or motorbike' (40.7%), this could be assumed to be much lower than the proportion of adults in the ACT who own a vehicle.[gg] A high proportion of SUSOS respondents are reliant on public transport (32.9%), a proportion which is likely to be higher than among adult Canberrans generally. This points to providing greater access to AOD services in

[gg] This assumption is based on figures showing 304,455 vehicles registered in the ACT in 2018 (Australian Bureau of Statistics, 2019, *9208.0 - Survey of Motor Vehicle Use, Australia, 12 months ended 30 June 2018*, www.abs.gov.au), when the ACT population aged 15 years and over was 340,010 (*Latest ACT Population Projections,* https://apps.treasury.act.gov.au/snapshot/demography/act).

settings and local communities closer to where people are living. While most service users indicated that they can 'easily' get to the places they need to or 'sometimes have difficulty' getting to the places they need to (total of 83.6%), this question was asked in a general sense, not specifically in relation to accessing AOD treatment.

Almost one-third (31%) of service users indicated that they live alone all, or most, of the time—this compares to 24.8% of households in the ACT that were classified as 'lone person households' in the 2016 Australian Census.[16] Living alone conveys a potential risk of overdose or injury for people who are using alcohol and other drugs, and is an important consideration in the development and implementation of harm reduction responses (for example, messaging around social use of AOD, and the provision of naloxone and overdose training to a wide range of people).

3.3 Overall satisfaction levels and patterns

As is usual with service user satisfaction surveys, especially those covering treatment service users, high overall levels of satisfaction were reported. Satisfaction scores are not necessarily indicative of the exact level of satisfaction with the service, nor with service quality (see Appendix A). Nevertheless, satisfaction scores are helpful to organisational quality improvement processes, particularly when compared over time. In the 2018 SUSOS, the mean CSQ-8 score was 27.3 and the median 28, both well above 20 that is the midpoint of the range of possible scores. Overall mean and median satisfaction scores at all participating specialist alcohol and other drug services were also well above this midpoint. There was a slight increase in the service user satisfaction score between 2015 and 2018, although this difference was not statistically significant ($U=131,342$, $z=1.688$, $p=.091$).

This level of satisfaction is further supported by the proportions of respondents who indicated that they were satisfied in an overall general sense with the service they have received (92.4%) and that they were likely to return to their service in the future (93.1%). These proportions have remained stable over time.

Higher overall satisfaction scores (CSQ-8) were statistically significantly related to the following variables:

- Housing situation—living in 'settled/permanent accommodation' compared to having 'no fixed place of residence'
- Education level—having 'Year 11 or higher' education level compared to 'Year 10 or less than year 10' education level
- Perceived convenience of the services' location
- Perceived convenience of opening hours
- Perceived ease of getting appointments
- Service users being aware that they have a treatment plan, having adequate input into their own treatment, and having a treatment plan that reflects their goals and needs
- Positive attitudes to staff, with a strong correlation between 'attitudes to staff' scores and CSQ-8 scores
- Positive attitudes to services, with a strong correlation between 'attitudes to services' scores and CSQ-8 scores

- Being asked to provide feedback on levels of satisfaction with the service or treatment received
- Positive service user outcomes, with good outcomes on all variables being associated with higher levels of satisfaction with the service.

Length of time attending the service, frequency of attending the service, waiting times and type of program attended (residential vs non-residential) were not associated with satisfaction levels. Likewise, demographic factors such as gender, age, employment status, and living alone were not associated with satisfaction levels.

3.4 Characteristics of service attendance

The characteristics of service attendance measured in this Survey (e.g. length of time attending the service, frequency of attending, and waiting times) reflected the service types accessed. The data reflects the long term ('length of time attending the service') and recurring ('frequency of attending') engagement that programs (particularly non-residential programs) have with service users accessing alcohol and other drug services. The high proportion of service users attending the Opioid Treatment Services daily is consistent with the nature of service delivery through this service (i.e. service users must attend daily for dosing). However, for other programs it is difficult to assess whether the length or frequency of engagement are reflective of good practice, as there is no gold standard against which to measure these.

There continue to be long waiting times for service users wishing to enter residential programs, with 40.7% of service users waiting between 1 and 3 months to access these services—only 12.5% are able to access these services within 2 weeks. The ongoing communication and supports received from these services (e.g. being kept informed, having someone check in on them, etc) are likely to have positive impacts on service user wellbeing, their treatment outcomes, and on how they view these services (i.e. despite having to wait longer, satisfaction scores were not found to be different).[17]

An attempt was made to refine this question from previous surveys, particularly as specialist AOD treatment services have placed particular efforts into supporting service users while they wait to enter treatment. However, further work is needed to refine these questions to allow for an assessment of waiting periods for other intervention types where waiting lists are reported to be long (e.g. counselling and day rehabilitation programs).

3.5 Other measures of service quality and accessibility

3.5.1 Location, opening hours and appointments

High proportions of existing service users either 'agreed' or 'strongly agreed' that the locations of their services were convenient, that the opening hours of these services were convenient, and that it was easy to get appointments when needed. There were no differences in these measures among AOD services, including across various service delivery types. Written comments about opening hours were largely related to service users accessing the Opioid Treatment Services; however, the scores on opening hours for this service were no different (statistically) to other AOD services. It should be noted that specialist alcohol and other drug services are perhaps not as

accessible for people who are employed full time—service users who were employed full time were significantly less likely to find the opening hours of AOD services convenient than those who were ‘unemployed or not working’. Additionally, the accessibility of services should also always be considered within a broader context of significant unmet demand within the community (i.e. there are many people who would benefit from AOD services but for whom access may not be available or convenient).

3.5.2 Treatment plans

Service users who indicated that they had a treatment plan indicated high levels of agreement (‘strongly agree’ or ‘agree’) with five measures of treatment plan quality, and this was associated with higher mean satisfaction scores. However, it is important that, in alcohol and other drug programs where service users would be expected to have a treatment plan, just under half said that they did not have one, and about 13% did not know if they had one or not. AOD services may want to consider undertaking further work to ensure that treatment planning processes are clearly communicated with, guided and understood by, service users.

The measures of treatment plan quality in the 2018 SUSOS included statements about the participation of service users in the development of these treatment plans: “you contributed to the development of your treatment plan”; ‘you have enough say in decisions about your treatment”; and “your views were taken into account when deciding on your goals and needs”. In each of these cases, more than 84% of service users ‘strongly agreed’ or ‘agreed’ with these statements. These findings are consistent with studies that shows that service user participation in decision-making about their own treatment improves experiences within alcohol and other drug organisations for service users and their families,[18] and that giving service users the opportunity to participate in their drug treatment is associated with their greater satisfaction with drug treatment and a greater sense of achievement of their treatment goals.[19]

3.5.3 Attitudes to staff and services

The 2018 SUSOS included two sets of questions that were made into scales related to ‘attitudes to staff’ (5 items) and ‘attitudes to services’ (9 items). These scales measured attributes such as perceptions of staff being trustworthy, respectful and welcoming, and perceptions of services meeting their needs, being organised and well run, respecting their cultural values, and providing family members with support. Importantly, 89.2% of service users felt that the service respects their cultural values and 90.8% of service users felt safe accessing the service (as measured by the proportions of service users who ‘agreed’ or ‘strongly agreed’).

On the whole, service users were very positive about their experiences with staff as reflected in the both the high ‘attitudes to staff’ scores (both for individual items and for the scale as a composite) and their written comments. Service users gave high scores to statements about services, with the resulting composite also scoring highly. Not surprisingly, both scales of ‘attitudes to staff’ and ‘attitudes to services’ were positively and strongly correlated with the overall scores for satisfaction.

3.5.4 Asked to give comments and input into services

The 2018 SUSOS data continues to show that specialist alcohol and other drug services seek feedback and input from service users and are responsive to this feedback—however, it also shows that further improvements can be made.

Of those service users who knew whether they had been asked for feedback or not (i.e. excluding the 'don't know' responses), half (50.1%) responded that they had been asked to give comments. While this is lower than the equivalent response in the 2015 SUSOS (59.6%), the 2018 SUSOS also reports that 76.7% of service users 'strongly agree' or 'agree' that the service encourages them to make complaints. Further, 78.5% of service users (compared to 66.5% in 2015) 'strongly agree' or 'agree' that the service acts on their suggestions and complaints. The 2018 SUSOS has found that being asked to comment on their level of satisfaction with the service, being encouraged to make complaints, and perceiving that the service acts on suggestions and complaints are all associated with being more satisfied with the service (as measured by the CSQ-8).[hh]

About one-third of service users indicated that they would like to have a greater say in how the service operates through consumer representation either within or outside the service. This, combined with the finding that about half did not recall being asked for comment or feedback, indicates that further improvements can be made in this area—this is particularly important as the connection with service satisfaction is also clear from this data.

3.6 Provision of ancillary services

As mentioned above, the high levels of socio-economic disadvantage of service users of specialist alcohol and other drug treatment and support services points to the necessity to provide access to a range of ancillary services either within the organisation or through referral to an outside service (e.g. housing support, access to mental health services, Centrelink payments, general health services). In the 2018 SUSOS, the most frequently *requested* type of support was with respect to housing (13.8% of respondents). This is consistent with the high proportion of respondents identified in this population who are either homeless or at risk of homelessness (see section 3.2.4).

For all 'types of support', the proportions of respondents receiving ancillary services within their organisation was higher than the proportion requesting it. This may reflect the practice of staff proactively raising particular issues and/or providing relevant services for service users.

Specialist alcohol and other drug services in the ACT provide significant ancillary supports to their service users who—as documented by this 2018 SUSOS—have multiple complex needs. For the most part, the specialist AOD services are not properly

[hh] The latter two measures are questions from the 'attitudes to services' scale. Higher CSQ-8 scores are associated with increasing agreement with the statements: 'This service encourages service users to make complaints' ($\chi^2(4, n=518)=155.342, p=.000$) and 'This service acts on service user suggestions and complaints' ($\chi^2(4, n=498)=136.171, p=.000$).

resourced to provide these ancillary supports and may need to divert resources to do so.

3.7 Outcomes

The SUSOS assesses the self-reported service outcomes of the participating service users. High levels of positive outcomes (i.e. 'agreed' or 'strongly agreed' with the statements) were reported under each of the generally accepted primary objectives of AOD treatment:

- To reduce the client's level of substance use
  - Drug use has reduced—75.3%
- To reduce the client's experience of AOD-related harm
  - Less involved in crime—80.4%
  - Improved knowledge of prevention of blood borne virus transmission—77.9%
  - Better understanding of the harms and risk associated with AOD use—85.4%
  - Have developed skills and strategies for reducing the harms from using AOD—80.8%
  - Have used some of the skills and strategies to keep you safer when using AOD—84.2%
- To improve the client's health and wellbeing.
  - Improved general health—80.7%
  - Improved mental health—73.4%
  - Improved family, parenting and/or other relationships—65.0%

The combined 'agree' and 'strongly agree' proportions were significantly lower (but with a small correlation effect size) than the 2015 SUSOS proportions for: drug use has reduced; reduced involvement in crime; and improved knowledge of blood borne viruses. However, the reported proportions for these outcomes are still high. Differences noted between the 2015 and 2018 SUSOS surveys for the other outcome measures are not significant.

It should be noted that these objectives form a general statement of shared primary objectives of AOD treatment and do not necessarily reflect the objectives of individual services or service users. These objectives will vary according to the specific interventions being provided at each service. So, for example, the primary objective of the Needle and Syringe Program is not treatment. Rather, it is to 'reduce the client's experience of AOD-related harm' (particularly through reducing the transmission of blood borne viruses); the service does not have the objective of necessarily 'reducing the client's level of substance use'.

Similarly, while AOD treatment services may attempt to support service users with a number of ancillary activities, they are not within the primary remit of many of these services, nor are most services funded to comprehensively provide them. Nevertheless, many services are able to provide some level of ancillary support, even if it is by referring service users to outside services (e.g. legal services, housing services, Centrelink)—see section 3.6. Considering that these activities are beyond the primary

remit of AOD services, service users reported reasonable levels of positive outcomes for a number of these 'ancillary' activities:

- Improved capacity to manage finances—59.9%
- Improved housing situation—54.2%
- Improved dental health—57.5%
- Improvements in employment situation—46.8%

For *all* of these outcome measures, improvements were associated with high levels of overall satisfaction, with most reporting a medium to high correlation effect size (i.e. strength of association).

3.7.1 Smoking cessation outcomes

The 2018 SUSOS is the second SUSOS survey to systematically collect data on smoking status across all AOD treatment and support services. Of those service users who answered the question, 76.9% reported being a smoker when they first entered or started using the service. This is consistent with other surveys and studies of smoking prevalence in AOD treatment services and with other disadvantaged groups.[20] The 2018 proportion is significantly (statistically) lower than the proportion reported in 2015 (81.9%), but this cannot be attributed to a specific program or activity. It should be emphasised that service users applied their own definition of 'smoker' when responding to the question; there was no standard definition provided (e.g. 100 or more cigarettes smoked in their lifetime).

Of service users who identified themselves as being 'smokers' on entry or starting to use the service, 57.1% reported having either quit smoking completely (13.0%) or reducing their smoking (44.1%) since first entering or starting with the service. This is likely to be related to the increased focus on smoking cessation support within AOD services over the past five years or so, including:[ii]

- The development of tobacco management policies—e.g. smokefree services and smoking areas, with supporting policies and signage.
- Formally embedding smoking status assessment and smoking cessation support into existing standard practices at AOD services.
- Smoking cessation training for staff to provide high quality smoking cessation support according to best practice.
- Provision of smoking cessation supports, such as subsidised nicotine replacement therapy for staff and service users (e.g. the *We CAN Program*).

When asked about the types of supports to quit or reduce smoking that they received, the service users (who identified as being smokers on entry to the service) noted 'advice and support' (43.0%) and 'nicotine replacement therapy' (34.0%) as the two most commonly received supports. Best practice in nicotine dependence treatment is for the provision of combined nicotine replace therapy (NRT)—or other prescription medications—complemented by advice and support, including more intensive

[ii] For further information on these smoking cessation activities, see for example: 'Workplace Tobacco Management' (www.atoda.org.au/projects/tobacco/); 'Under 10% Project' (under10percent.org.au); and 'We CAN Project—Communities Accessing all types of Nicotine replacement therapy (www.atoda.org.au/activities/we-can-project-communities-accessing-all-types-of-nicotine-replacement-therapy/).

psychosocial supports where appropriate.[21, 22] Specialist AOD services are providing high levels of best practice smoking cessation supports to service users.

Further, receiving nicotine replacement therapy (NRT) within an alcohol and drug program was strongly associated with the program being a site that is resourced to provide free NRT through the *We CAN Program*. In AOD programs that are *We CAN Program* sites, 63.8% of service users received NRT, compared to 23.8% in AOD programs that are not *We CAN Program* sites.

Of service users who self-identified as current smokers, 64.3% indicated that they were planning to quit or reduce their smoking at some time in the future, and of these 24.1% were ‘extremely sure’ or ‘very sure’ that they could succeed if they decided to give up smoking completely in the next six months (this compares to 6.9% of those who were not planning to quit or reduce smoking). Quitting intentions are associated with quit attempts and self-efficacy is associated with successful smoking cessation (or reduction, if that is the aim), and this points to the importance of providing nicotine dependence treatment and smoking cessation support within specialist AOD services.[23, 24]

3.8 Survey strengths and limitations

A clear strength of the 2018 SUSOS, and the surveys before it, is that *all* of the specialist AOD treatment and support services in the ACT participated in collecting data, thus providing a reliable profile of people attending AOD specialist treatment and support services in the ACT. Implementation of the Survey is a clear example of ACT AOD services working together towards a collective goal of promoting better understanding of the outcomes and effectiveness of drug treatment and support. It is a credit to the AOD sector that organisations and workers were able to mobilise quickly to implement this Survey effectively and efficiently, and to facilitate such a high participation rate.

There are clearly a number of limitations that should be considered when reflecting on the findings of the Survey. Some limitations to satisfaction surveys are discussed in Appendix A.

It is theoretically possible that a small number of service users participated in the Survey more than once, although this was not reported as a widespread problem. Conducting the Survey (in most services) on a single day militated against the impact of this. In the four services where the Survey was conducted on later (single) days, there was unlikely to be a large overlap with service users of the other services.

Survey responses could be compromised in part by the fact that dissatisfied service users tend to withdraw from the service, leaving the more satisfied service users occupying the service places. In the case of AOD service users, however, this is not as marked as in some other settings because some survey respondents are involuntary service users, and some have no other source of services available (e.g. many opioid maintenance therapy service users).

As a written questionnaire, some service users with more limited literacy may have had trouble understanding and filling out the questionnaire. While staff were on hand to assist service users, some (particularly where staff were very busy) may not have asked for, or received, assistance. Furthermore, where staff did assist service users in filling out the questionnaire, this may have compromised the answers to the questions. Staff were asked to limit this possible impact by not monitoring the responses of service users.

Similarly, survey responses may have been affected by a concern by some service users that their responses could potentially influence the on-going availability of alcohol and other drug services (e.g. concern that the service may cease to be funded if responses are not favourable). This is particularly relevant for this disadvantaged client group that relies heavily on these services for treatment and support.

Satisfaction surveys commonly give results that indicate high levels of satisfaction with services (see Appendix A). Service users were asked to provide comments on their service experiences in order to obtain some greater depth and understanding to their experiences. Analysis of their responses suggests a number of issues around service experience and satisfaction that have not been fully explored in the current SUSOS survey and that may have greater significance for users of ACT specialist AOD services. This includes, for example, issues around confidentiality and anonymity, safety, cultural safety, and judgment and stigma.

4 Conclusion

The overall levels of satisfaction reported by AOD services users with specialist ACT AOD services remains high. The 2018 ACT Alcohol & Other Drug Services Service Users' Satisfaction and Outcome Survey has provided valuable information demonstrating the positive overall experience of services users at the sector wide level, as well as some areas that may need improvement.

The 2018 SUSOS has also provided valuable data on the profile of service users of AOD specialist treatment and support services in the ACT, as well as information about self-reported experiences and outcomes from attending these services. High levels of positive outcomes were reported under each of the generally accepted primary objectives of AOD treatment—i.e. reduced levels of substance use, reduced experiences of AOD-related harm and improved health and wellbeing.

The ACT ATOD sector has an excellent reputation for gathering and using high-quality data and information to build quality in AOD treatment and service delivery, and to develop effective and supportive AOD policy. The ACT AOD Service Users' Satisfaction and Outcomes Survey is, as far as ATODA is aware, the only survey of its kind in Australia—a whole of jurisdiction single-day measure of the profile, satisfaction, experiences and outcomes of service users accessing specialist alcohol and other drug services.

Results from the survey have been valuable to the alcohol, tobacco and other drug sector in the ACT to: improve service responsiveness to the needs of people accessing specialist AOD services; inform quality improvement programs in these services; and to inform broader policy and service planning processes in the ATOD sector. There is, consequently, an ongoing value to implementing the SUSOS in future years. ATODA has identified several improvements that could be made to the survey in the future to further enhance the quality and utility of the survey to alcohol, tobacco and other drug policy and practice in the ACT.

Appendix A: Assessing service user satisfaction and outcomes—background literature

Using service users' satisfaction surveys to improve client-centred care

The assessment of service user satisfaction reflects the increasing emphasis on client-centred health care within services. Measuring client satisfaction is included as a core component of continuous quality improvement systems and standards, for example the Standards Australia ISO 9000 system. That body emphasises the need for service user ('customer') feedback to be 'relevant, reliable and representative' (p.1).[25]

Several other national and jurisdictional standards and quality improvement frameworks for alcohol and drug services specifically include consumer participation. The 2004 Health and Community Service Standards, as they applied to alcohol and other drug (AOD) services, for example, included a consumer participation component whereby, "the organisation has strategies to canvass and act on the views of consumers who are currently or potentially involved in or affected by problematic alcohol and/or other drug use".[26]

The NSW Health *Guide to Consumer Participation in NSW Drug and Alcohol Services*[27] provides practical strategies to implement accreditation standards under the *National Safety and Quality in Health Care (NSQHC) Standards.*[28] These standards specify that consumers and/or carers should be involved in governance and quality improvement processes, and the guide proposes consumer feedback surveys as one strategy to achieve this.

The Western Australian Network of Alcohol and other Drug Agencies' *Standard On Culturally Secure Practice (Alcohol and other Drug Sector)*[29] includes service user satisfaction assessment under the heading 'Consumer focussed practice', specifically Standard 3.2: "Development, utilisation and review of a consumer needs and satisfaction survey tool and consultation processes". This is elaborated as: "The agency performs ongoing assessment of consumer needs and satisfaction, utilising feedback to review practice with an aim to improving outcomes". These are the details set out in that standard (p.4):

> *Essential criteria*
> a) The agency regularly assesses consumer satisfaction.
> b) The agency seeks feedback from consumers on the appropriateness of the method used to assess consumer satisfaction.
> c) Staff can describe strategies they implement to maximise consumer feedback.
> *Good practice criteria*
> d) Data collected on consumer satisfaction is regularly collated and compared with data previously collected.
> e) Collated data sets on consumer satisfaction are used to inform the agency's planning process.
> f) The agency provides staff and consumers with the results of collated consumer feedback.

A consortium of international agencies has published a workbook on 'Client Satisfaction Evaluations' in its *Evaluation of psychoactive substance use disorder treatment workbook series*.[30] The Workbook points out that service user satisfaction surveys can address (p.7):

1. The reliability of services, or the assurance that services are provided in a consistent and dependable manner.
2. The responsiveness of services or the willingness of providers to meet service users/customer needs.
3. The courtesy of providers.
4. The security of services, including the security of records.

Service user satisfaction surveys have been used in a number of AOD settings throughout Australia. This includes a study of satisfaction levels and patterns among people receiving opioid substitution treatment at NSW community pharmacies[31] and through public clinics in that State.[32] The Western Australian Drug and Alcohol Office conducted service user satisfaction surveys each year from 2007 to 2009 as part of its ongoing monitoring of the outpatient services and inpatient withdrawal treatment services provided through its Next Step Drug and Alcohol Services. The surveys "…offer[ed] clients an opportunity to comment on the services they have received and provide valuable feedback to the program areas to maintain and enhance client focused services" (p.i).[33]

NSW Health recommends a number of Patient Reported Experience Measures (PREMs) that can be used in alcohol and other drug services to measure client experiences of the services provided, including around service access, timeliness of service delivery, satisfaction with staff engagement and communication, quality of services provided, and overall satisfaction. These measures include the Client Satisfaction Questionnaire (CSQ-8), the Outcome or Session Rating Scales, and the Treatment Perceptions Questionnaire.[34] A study comparing the use of the CSQ-8 with the Treatment Perceptions Questionnaire (a measure developed for substance abuse treatment settings) in 14 Australian residential medium to long term AOD treatment facilities found that the CSQ-8 is an appropriate measure for use in residential substance abuse treatment settings.[35]

Service users' satisfaction surveys as indicators of service quality

While service user satisfaction surveys are used as a component of quality improvement processes, they should be interpreted cautiously as an indicator of service quality. There is some debate over equating measures of client experience with service quality and client outcomes.

Some studies of people accessing alcohol and other drug treatment support the use of patient-experiences of health services as indicators of health service quality and treatment outcomes.[36,37] Lee & Nowell (2015) have identified a number of perspectives for conceptualising performance measurement in non-profit organisations, such as AOD services. They describe two approaches to measuring outcomes: firstly, in terms of whether an organisation has achieved substantial behavioural and environmental changes in their target group; and secondly, through measuring the quality of the

service by focusing on client/customer (or ‘service user’) satisfaction.[38] Another study found that (p.150):[39]

> Treatment programs should consider administering [satisfaction assessment] to their patients at 3 months post-admission to identify patients with low satisfaction scores who may be at risk for prematurely leaving treatment…Measuring patient satisfaction during treatment may help programs meet patients’ needs and improve retention.

In this model, service user satisfaction is used to predict retention in treatment,[40] which, in turn, can be used as a predictor of successful treatment outcomes.[41]

Other studies have found that satisfaction surveys may not necessarily reflect the priorities of service users, and may reflect unrealistic expectations. Service user satisfaction surveys in AOD settings are consistently skewed towards positive and high satisfaction scores.[42] A body of conceptual scholarship and empirical research suggests that “expectations emerge repeatedly as having a fundamental role in expressions of satisfaction” and that “as patient satisfaction is a recognised component of Quality Assurance..., it is therefore tempting to equate “high” levels of reported satisfaction with “high” levels of quality of care”.[43] It is, however, important not to automatically use levels of service user satisfaction as a proxy for service quality.

NSW researchers have reflected on their experiences in assessing service user satisfaction, drawing attention to the fact that, in discussion, interviewees frequently expressed negative sentiments about their services but nonetheless recorded high satisfaction scores on the survey instrument.[32] The researchers concluded that ‘Satisfaction is based on experience and expectation, and if poor service provision is all that a person has experienced then expectation will be low. So when a person then accesses a service that is deemed “better” than past experience it will score higher’ (p. 4).

As part of a study of satisfaction among the service users of NSW methadone services, Whitney has documented how service user satisfaction can be conceptualised, and has reformulated thinking in this area.[44] She explains that “...clients are likely to be most satisfied with treatment when they know what to expect from it and it is highly probable or likely that their expectations are realised” (p. 46). Furthermore

> ...satisfaction judgments are relative to clients’ expectations of treatment. These expectations exert a non-linear influence on client evaluations, resulting in satisfaction when there are minor discrepancies with treatment experiences and dissatisfaction only when there are significant differences. This accounts for the generally high reported levels of client satisfaction in the literature...When their norms for treatment are not fulfilled, clients are likely to express their dissatisfaction behaviourally (p. 48).

The behavioural expressions to which Whitney refers include choosing not to participate in satisfaction surveys at all, or withdrawing from the service. This behaviour could reflect people who have low levels of satisfaction with treatment, and the views

of people who have done this are, therefore, not captured in this type of service user survey.

By itself, evidence of positive service user satisfaction may not reflect the effectiveness or accessibility of AOD treatment. Service users may be satisfied with the way they are treated at the service even though this treatment is considered ineffective at improving AOD outcomes according to other objective measures. Conversely, a service may achieve positive AOD outcomes for the service user but the service user may report low levels of satisfaction because of the way they feel they have been treated.[30] Studies have also shown that satisfaction survey questions may not reflect, and may be inappropriate, to service user experiences thereby eliciting less valid responses.[45,46]

Other than the factors already discussed, service user responses to satisfaction surveys can also be affected by:

- Limitations derived from the user's dependent position in relation to AOD treatment services.[47]
- Social etiquette—whereby service users are aware of the need to "maintain constructive social relationships with those caring for them" (p.11),[47] or wish to show appreciation for the efforts of staff doing the best they can with limited resources.[42]
- The positive perception of the service created by the extra attention from the data collection process and an interest in the opinion of the service user.[43]

Some studies have found that service users who are 'highly satisfied' on a basic measure of satisfaction actually report significant problems with their services when their satisfaction is more intensively examined using a mixed-methods approach (e.g. incorporating qualitative and quantitative methods).[42] Whitney has observed that, in satisfaction surveys '...when the context in which clients receive treatment is clarified, which usually occurs through the use of qualitative methods such as in-depth, open-ended interviews, more negative ratings of client satisfaction are often generated'.[44] Open-ended questions that elicit responses about the experiences of service users with the service rather than simply the satisfaction rating can probably more accurately measure satisfaction.[42]

Evaluators have suggested that the use of multidimensional instruments, particularly those that incorporate factual measures and open-ended questions, can improve the validity and utility of service user satisfaction surveys. These surveys are more likely to provide information that can be useful in modifying specific elements or processes of the services to improve actual delivery of health care.[42] Multidimensional surveys include several components that correspond to differentiated dimensions of treatment satisfaction, rather than focusing on a single overall satisfaction factor. Factual questions are those that obtain data on objective experiences. For example: how often a treatment experience has occurred?; how long did a particular aspect of service delivery take?; did an aspect of treatment occur? Manary *et al*, in a review of the relationship between patient experiences and health outcomes, found that "when

designed and administered appropriately, patient-experience surveys provide robust measures of [health care] quality”.[48]

Appendix B: Methods—how the 2018 Survey was implemented

After services agreed to participate in the Service Users' Satisfaction and Outcomes Survey (SUSOS), ATODA liaised with Executive Officers of each service to nominate their survey sites and 'Contact Persons' charged with implementing the SUSOS at each site. A total of twenty-five sites were identified across the ten organisations.

Each service representative was provided with an Information Package that included:

- 'Guidelines for Implementing the Survey in Participating Services' that included:
    - 'Before the survey—checklist' with a list of tasks and completion dates in the lead up to the implementation of the survey at each site.
    - 'Briefing meeting with staff—Notes for Contact Person'—a guide for Contact Persons to hold a briefing session for all staff who would be working on and administering the survey on the day.
    - 'Delivery of surveys'—details of what would be delivered on the day before the survey's implementation.
    - 'On the survey day'—instructions for how the survey should be implemented, including the general process, ensuring informed consent and confidentiality, and reimbursements to participants.
    - 'On the day after the survey'—details of survey collection on the day following the survey's implementation.

- An information sheet: 'Implementing the Survey. Guide for Staff'

  This provided a 'how-to' guide for staff responsible for administering the Survey on the day. Among the information covered was how to appropriately support people with low literacy without compromising the quality of the information, and emphasising the importance of privacy and confidentiality.

ATODA held two briefing sessions for Contact Persons (who could attend in person or via teleconference) to talk through and/or clarify the instructions contained in the contents of the Information Package—individual catch up meetings or phone calls were held with any Contact Persons who could not attend these briefings.

As part of these communications, Contact Persons were asked to estimate the number of service users anticipated to attend on the Survey day. This guided the number of questionnaires that were provided to each site.

Following approval from the ACT Health Human Research Ethics Committee of amendments to the 2018 survey and methods (ETHLR.12.107, 19/11/18), a poster to promote the Survey was emailed to the Contact Person at each site.

On the day before the Survey, ATODA delivered a package of documents to the Contact Person at each organisation or site that included:

- A cover page with details of the site, date, Contact Person and the contact at

ATODA in case of any problems

- The information sheet: 'Implementing the Survey. Guide for Staff' (previously provided as part of the Information Package—see above).
- A "Quick Guide to implementing the survey'—a single page flowchart summarising the 'Guide for Staff'.
- 'Participant Information Sheet and Consent Form' (enough for one per respondent, plus a number in reserve) with information about the Survey, including the (minimal) risks of participating, and an explanation of the consent process.
- Questionnaires and coded envelopes for the completed questionnaires—enough for one per respondent, plus a number of extra questionnaires. Sites received either a set of 'Residential surveys' or 'Non-residential surveys' depending on their program type.
- Cash reimbursements in individual envelopes and a reimbursement record sheet to acknowledge receipt of the cash reimbursement.
- A sheet to record people who declined to participate—service users had the option to provide a reason for declining to participate; names were not collected.

At twenty-one sites, the Survey was conducted on Tuesday 27 November 2018, and at three sites it was conducted later that same week (as the services were closed on the survey date)—the survey was implemented at CAHMA and Support Connections on Wednesday 28 November 2018, and at the Sobering Up Shelter on Saturday 1 December 2018. For one of the organisations, further time was required to negotiate issues around data collection, use and reporting; consequently, the Survey was implemented in this organisation at a later date, although still on a single day (Monday 18 February 2019).

On the day of the Survey, each service user attending at each site was invited to participate in the SUSOS. The service user was given a 'Participant Information Sheet and Consent Form' to explain the Survey, including who would be involved in the Survey and the purpose and use of the results, along with information on the approval process through the ACT Health Human Research Ethics Committee (ETHLR.12.107).

This Information Sheet also explained how service users would be able to access the Survey results, and that participation was entirely voluntary, with no impact on their current or future care. Consent was implied by completing the questionnaire and placing it in the collection box.

Participants were offered $25 in cash as recompense for their out-of-pocket expenses and their contribution of time in completing the questionnaire, as per the approval received from the ACT Health Human Research Ethics Committee. This amount is consistent with reimbursements offered for participation in other similar questionnaires, and was considered to be an appropriate balance between being fair while not being an inducement to participate.

If the service users agreed to participate in the Survey, they were:

- Handed a copy of the questionnaire to fill out in a 'pen-and-paper' question-and-answer format, and a coded envelope into which to seal the completed form.
- Encouraged to complete the questionnaire in private.
- Asked to seal the questionnaire in an envelope provided for that purpose, and place it in the sealed collection box.
- Staff were on hand to assist any respondent who had trouble understanding any of the questions. Steps were taken to ensure that, in these cases and all others, the responses remained confidential.
- Given $25 in cash and asked to indicate on the reimbursement record sheet that they had received the money (by ticking, initialling, or signing using a pseudonym).

The questionnaires were collected by ATODA following the Survey date. The forms were removed from the envelopes, coded to identify the service from which they came, and the data entered into an Excel database.

The resulting data file was imported into IBM SPSS Statistics[8] for analysis. Qualitative data analysis was undertaken by hand using a thematic analysis of the responses.

As well as this report, ATODA will prepare a poster and/or other material, in plain English, summarising the results of the Survey, for distribution through ACT specialist AOD services to their service users, to feed back to them the results of the Survey.

Appendix C: Changes made to the questionnaire between the 2015 SUSOS and the 2018 SUSOS

2015 Survey question		2018 survey question		Comments/justification
				Demographic questions have all been moved to the front of the survey: to keep the demographic questions together; to reflect increased focus in 2018 survey on collecting information about the profile of service users; and the high completion rate of previous surveys warranted the rearrangement.
1	Age	1	**How old are you?**	*Wording change or options added* Framed as a question to be consistent with addition of other questions (see below).
2	Gender Options: male, female, other	2	**How do you describe your gender identity?** • Man • Woman • Non-binary • Self-described (please specify [description is optional]) • Prefer not to say	*Wording change or options added* Original question did not provide broad enough categories; received advice from AIDS Action Council ACT on appropriate wording of answer categories[49] Have changed order to put 'man' first, to reflect the majority of survey respondents (approximately 2/3 are male)
		3	**How do you describe your sexual orientation?** • Heterosexual / straight • Lesbian • Gay • Bisexual • Queer • Other, please specify • Prefer not to say	*New question* Missing from earlier surveys and deemed to be important. Received advice from AIDS Action Council ACT on appropriate wording of answer categories.[49] Have changed order to put 'heterosexual' first, to reflect the majority of survey respondents – as survey respondents are expected to have low literacy, the survey should be as uncomplicated as possible. On advice from Workers' Group, have added 'straight' to 'heterosexual' option, to improve clarity with respondents.
3	Are you of Aboriginal and/or Torres Strait Islander descent? Options: Yes, No	4	**Are you of Aboriginal and/or Torres Strait Islander origin?** • No • Prefer not to say • Yes, Aboriginal • Yes, Torres Strait Islander • Yes, both Aboriginal and Torres Strait Islander	*Wording change or options added* Question reworded to be consistent with best practice in asking Aboriginal and Torres Strait Islander identification question[50] Ordering of responses is to improve survey flow/question logic (see below)
			If you answered 'No', answer Question 5 If you answered 'Yes', skip to Question 6	
		5	The following question is about whether you identify as someone who comes from a culturally and linguistically diverse background (CALD). This might include that you: • were born overseas, and/or • speak a language other than English at home or with family/friends, and/or	*New question* Although this is not the standard question usually asked, we are using the survey as an opportunity to investigate the approximate proportion of the service user population with a view to including more detailed questions in a future SUSOS if there is a need identified.

2015 Survey question		2018 survey question		Comments/justification
			• spoke a language other than English while growing up, and/or • identify with a cultural or religious group that is different to the dominant mainstream. **Do you identify as CALD (culturally and linguistically diverse)?** • Yes, please specify • No • Don't know • Prefer not to say	
		6	**Do you identify as someone with a physical or intellectual disability?** • Yes, please specify • No • Don't know • Prefer not to say	*New question* Although this is not the standard question usually asked, we are using the survey as an opportunity to investigate the approximate proportion of the service user population with a view to including more detailed questions in a future SUSOS if there is a need identified.
		7	**How many children do you have?**	*Wording change or options added* Questions reworded to get greater depth of information. Age has been changed to 18 to capture all children and young people (defined in legislation as under 12 and under 18, respectively). Also, young people can be in the child protection system until 18.
27	Are you the parent or carer of children under the age of 16 years who live with you? Options: yes, no		**How many of these children are <u>under 18</u> years old and <u>live with you</u>?**	
28	Are you the parent or carer of children under the age of 16 years who do not live with you? Options: yes, no		**How many of these children are <u>under 18</u> years old and <u>do not live with you</u>?**	
24	Which best describes your current employment status? Options: Employed full time; Employed part time; Unemployed; Volunteer or unpaid work	8	**Which best describes your main current employment status?** (please only tick one showing how you spend most of your time) • Employed full time (35 hours or more per week) • Employed part time (less than 35 hours per week) • Employed casually • Unemployed or not working • Volunteer or unpaid work	*Wording change or options added* Question reworded to: limit answers to their main activity (i.e. allow only one answer); clarify difference between full and part time employment; and expand category of 'unemployed' to also include those 'not working'
25	Are you studying at present? Options: Yes, fulltime; Yes, part time; No	9	**Are you studying at present?** • Yes, full time • Yes, part time • No	*No change from original*
26	What is your current housing situation? Options: settled/permanent accommodation, residential treatment program, other temporary accommodation, no fixed place of living	10	**(a) non-residential setting survey** **What is your current housing situation?** • settled/permanent accommodation (for example: own house or flat; private rental; social housing) • other temporary accommodation (for example: 'couch surfing', crisis or transitional accommodation, staying temporarily with someone else, boarding house, hotel, motel)	*Wording change or options added* Two versions provided – one for non-residential settings survey; one for residential settings survey. Answer options have been expanded and examples given to improve responses, with additional response options given for the residential setting version (i.e. hospital, community residential service, prison).

2015 Survey question		2018 survey question		Comments/justification
			• no fixed place of living (for example: sleeping out or sleeping rough, shelters you made yourself, tents) • other (please specify) **(b) residential setting survey** **Just before coming to this residential AOD treatment program, what was you housing situation?** • settled/permanent accommodation (for example: own house or flat; private rental; social housing) • other temporary accommodation (for example: 'couch surfing', crisis or transitional accommodation, staying temporarily with someone else, boarding house, hotel, motel, prison, hospital, community residential service) • no fixed place of living (for example: sleeping out or sleeping rough, shelters you made yourself, tents) • other (please specify)	
		11	**(a) non-residential setting survey** **In which state/territory are you currently living?** • ACT • NSW • Other **(b) residential setting survey** **In the week before you came to this residential AOD treatment program, which state/territory were you living in?** • ACT • NSW • Other	*New question* Territory/state and postcode have not previously been asked. Both questions are included, as a number of postcodes (2600, 2611, 2618, 2619, 2620) are shared by both ACT and NSW.
		12	**(a) non-residential setting survey** **What is the postcode where you are living?** • ________________ • Can't say because I don't have a fixed address • Don't know **(b) residential setting survey** **In the week before you came to this residential AOD treatment program, what was the postcode where you were living?** • ________________ • Can't say because I don't have a fixed address • Don't know	
		13	**Are you currently on the waiting list for Social Housing (Public, Community or Affordable)?**	*New question*

2015 Survey question		2018 survey question		Comments/justification
			• Yes • No • Don't know	
		14	**(a) non-residential setting survey** **Who do you live with? (please tick all that apply)** • Alone • Husband/wife/partner • Child or children • Parent(s) • Other relative(s) • Friend(s) • Other, please specify **(b) residential setting survey** **In the week before you came to this residential AOD treatment program, who were you living with? (please tick all that apply)** • Alone • Husband/wife/partner • Child or children • Parent(s) • Other relative(s) • Friend(s) • Other service users or people in prison • Other, please specify	*New question* Has been added to ascertain social context of living situation as this has potential implications for policy, practice and programs (e.g. with regards to overdose risk)
		15	**What is the highest level of education that you've <u>completed</u>?** • Less than Year 10 • Year 10 • Year 11 • Year 12 • Certificate or Diploma • Bachelor Degree (including Honours) or higher	*New question*
		16	**How do you usually get around?** • Own car or motorbike • Family/friend's take me where I need to go • Borrow car or motorbike • Public transport (e.g. bus) • Taxi/Uber/Rideshare • Bicycle (bike) • Walking • Other, please specify	*New question*

2015 Survey question		2018 survey question		Comments/justification
		17	**Which statement best describes your overall transport situation? (please tick one)** • I can easily get to the places I need to • I sometimes have difficulty getting to the places I need to • I often have difficulty getting to the places I need to • I can't get to the places I need to	*New question*
4	How long have you been coming to this service? Options: week or less, 1 – 4 weeks, 1 – 3 months, 4 – 6 months, 7 – 12 months, more than 1 year	18	**(a) non-residential setting survey** **How long have you been coming to this service?** • 1 week or less • 1 – 4 weeks • 1 – 3 months • 4 – 6 months • 7 – 12 months • more than 1 year • Don't know **(b) residential setting survey** **How long have you been in this service?** • 1 week or less • 1 – 4 weeks • 1 – 3 months • 4 – 6 months • 7 – 12 months • more than 1 year • Don't know	*Wording change or options added* Adapted to have different versions of the question in the residential and non-residential services
5	If this is not a residential service, how often do you come to this service? Options: Daily, 5-6 times a week, 2-4 times a week, Weekly, 2-3 times a month, Monthly, Less than monthly, n/a (this is a residential service)	18 b	**(a) non-residential setting survey only** **How often do you come to *this* service?** • Daily • 5-6 times a week • 2-4 times a week • Weekly • 2-3 times a month • Monthly • Less than monthly • Don't know	*Wording change or options added* Changed to appear only in the non-residential service survey
		19	**How likely is it that you would recommend this service to a friend or family member who needed it? (on a scale of 1 to 10)** • 1 = Not at all likely • 10 = Extremely likely	*New question* Net Promoter Score question to enable testing of a single question score for satisfaction

2015 Survey question		2018 survey question		Comments/justification
6	Have you received a comprehensive assessment from this service for your alcohol and drug related needs? Options: Yes, no, don't know			*Question removed*
7	If you have received a comprehensive assessment, how long did you have to wait from your first contact with this service until you received the assessment? Options: within a week, 1 – 4 weeks, 1 – 3 months, more than 3 months, n/a			*Question removed*
		20	**Thinking about this service that you're accessing today, please tell us how much you agree or disagree with the following statements.** Please put a tick showing how strongly you agree or disagree (N/A means 'not applicable'). Options: Strongly disagree; disagree; neither agree nor disagree; agree; strongly agree; Don't know; N/A	*Wording change or options added* These three items were separated into different questions in the 2015 survey; they have now been grouped more logically together.
20(j)	This service location is convenient for you Options: Strongly agree, agree, don't know, disagree, strongly disagree, n/a		• **This service's location is convenient for you**	*Wording change or options added*
21.	Does this organisation provide the services you want at hours that are convenient to you? Options: Yes, No, Don't know		• **This service is open during hours that are convenient to you**	*Wording change or options added*
20(d)	You are usually able to get appointments at this service at the times you want them Options: Strongly agree, agree, don't know, disagree, strongly disagree, n/a		• **You can usually get appointments at this service at the times you want them**	*Wording change or options added*
			Would you like to make a comment on the location and/or opening hours of this service?	*New question* The most common responses in the previous survey to the open ended questions asking for more comments were around location and opening hours. So a separate question was warranted.
8	How long did you have to wait from your assessment until your treatment/service started? Options: within a week, 1 4 weeks, 1 – 3 months, more than 3 months, n/a	2	**Please tick the best statement.** **When accessing this service:** • I could access this service right away (Please skip to Question 22) • I had to wait to access this service (Please answer questions 21a and 21b)	*Wording change or options added* The wording of the question in 2015 was no longer sufficient and needed to be more generally about waiting times (rather than specifically about waiting times between assessment and treatment)
		21 a	**How long did you have to wait to access this service?** • Less than a week • 1 – 2 weeks • 3 – 4 weeks • Between 1 – 2 months • Between 2 – 3 months	*Wording change or options added*

2015 Survey question		2018 survey question		Comments/justification
			• Between 3 – 6 months • More than 6 months • Don't know	
		21 b	**While you were waiting, did any of the following happen? (tick all that apply)** • Nothing • I was given alternative support • The service explained how long I'd have to wait • I had to contact other services • Someone kept me updated • The service checked in with me • I had to ring the service to find out what was happening • I was referred to another service • Other, please specify	*New question* Since the 2015 survey, AOD services have made concerted efforts to put supports in place to 'hold' people while they are waiting to access treatment.
9	Do you have a case manager/key worker assisting you to receive your drug and alcohol related services? Options: yes, no, don't know, n/a			*Question removed*
		22	**How much do you agree with the following statements <u>about the staff</u> at this service?** Please put a tick showing how strongly you agree or disagree (N/A means 'not applicable'). Options: Strongly disagree; disagree; neither agree nor disagree; agree; strongly agree; Don't know; N/A **In general, staff at this service…**	*New question* Statements relating to attitudes to staff were grouped more logically together.
19(a)	Your caseworker/key worker treats you with respect Options: Strongly agree, agree, don't know, disagree, strongly disagree, n/a		• **treat me with respect**	*Wording change or options added*
			• **make me feel welcome**	*New questions* Informed by *Queensland Alcohol and other Drug Treatment and Harm Reduction Outcomes Framework*[6]
			• **listen carefully to me**	
			• **are trustworthy**	
			• **focus on things that are important to me**	
20(h)	The staff here are efficient at doing their job Options: Strongly agree, agree, don't know, disagree, strongly disagree, n/a			*Question removed*
20(i)	You get enough personal support from the staff at this program Options: Strongly agree, agree, don't know, disagree, strongly disagree, n/a			*Question removed*
19(b)	Reception staff treat you with respect Options: Strongly agree, agree, don't know, disagree, strongly disagree, n/a			*Question removed*
19(c)	Doctors treat you with respect			*Question removed*

2015 Survey question		2018 survey question		Comments/justification
	Options: Strongly agree, agree, don't know, disagree, strongly disagree, n/a			
19(d)	Pharmacists treat you with respect Options: Strongly agree, agree, don't know, disagree, strongly disagree, n/a			*Question removed*
19(e)	Other pharmacy staff treat you with respect Options: Strongly agree, agree, don't know, disagree, strongly disagree, n/a			*Question removed*
19(f)	Other staff treat you with respect Options: Strongly agree, agree, don't know, disagree, strongly disagree, n/a			*Question removed*
10	Do you have a care plan for your drug or alcohol needs? (A care plan shows your service or treatment needs and explains how they will be met.) Options: yes, no, don't know, n/a	23	A treatment plan is a document that shows your goals, your service or treatment needs, and explains how they will be met. Not everyone will have a treatment plan with the AOD service they are using. **Do you have a treatment plan for your drug or alcohol needs?** • Yes • No • Don't know • N/A	*Wording change or options added* Terminology changed from 'care plan' to 'treatment plan'.
			If yes, how much do you agree with the following statements? Please put a tick showing how strongly you agree or disagree (N/A means 'not applicable'). Options: Strongly disagree; disagree; neither agree nor disagree; agree; strongly agree; Don't know; N/A	
18(c)	Your care plan reflects what you need from treatment or from the service Options: Strongly agree, agree, don't know, disagree, strongly disagree, n/a		• **Your treatment plan reflects what you need from treatment or from the service**	*Wording change or options added*
18(d)	You contributed to the development of your care plan Options: Strongly agree, agree, don't know, disagree, strongly disagree, n/a		• **You contributed to the development of your treatment plan**	*Wording change or options added*
20(a)	You have enough say in decisions about your service or treatment Options: Strongly agree, agree, don't know, disagree, strongly disagree, n/a		• **You have enough say in decisions about your treatment**	*Wording change or options added*
			• **Your views were taken into account when deciding on your goals and needs**	*New questions* Informed by *Queensland Alcohol and other Drug Treatment and Harm Reduction Outcomes Framework*[6]
			• **You have made progress toward you treatment plan goals**	
18(b)	You have received a lot of help in sorting out your life			*Question removed*

2015 Survey question		2018 survey question		Comments/justification
	Options: Strongly agree, agree, don't know, disagree, strongly disagree, n/a			
11	If you have a care plan, when was it last reviewed? (A care plan review is a meeting between you and the person or people involved in your care in which you discuss how your care plan is working.) Options: 1 – 4 weeks ago, 1 – 3 months ago, 4 – 12 months ago, 1 year ago, never, don't know, n/a			*Question removed*
12	Do you have a copy of your care plan? Options: yes, no, don't know, n/a			*Question removed*
13	Do you currently receive the following prescribed drug substitute medication? Options: methadone; Buprenorphine (Subutex/Suboxone)			*Question removed*
		24	**How much do you agree with the following statements about this service?** Please put a tick showing how strongly you agree or disagree (N/A means 'not applicable'). Options: Strongly disagree; disagree; neither agree nor disagree; agree; strongly agree; Don't know; N/A	Statements relating to attitudes to services were grouped more logically together.
20(k)	This service meets your needs Options: Strongly agree, agree, don't know, disagree, strongly disagree, n/a		• **This service meets your needs**	*Wording change or options added*
20(f)	The service is organised and well run Options: Strongly agree, agree, don't know, disagree, strongly disagree, n/a		• **The service is organised and well run**	*Wording change or options added*
			• **This service respects your cultural values**	*New question* Informed by *Queensland Alcohol and other Drug Treatment and Harm Reduction Outcomes Framework*[6]
			• **You feel safe accessing this service**	
19g	Other users at this service treat you with respect Options: Strongly agree, agree, don't know, disagree, strongly disagree, n/a		• **Other service users at this service treat you with respect**	*Wording change or options added*
18(a)	You do not think this is the right service for you Options: Strongly agree, agree, don't know, disagree, strongly disagree, n/a		• **This is the right service for you**	*Wording change or options added*
20(c)	Family members/partners do not get enough support Options: Strongly agree, agree, don't know, disagree, strongly disagree, n/a		• **Family members/partners get enough support at this service**	*Wording change or options added*
18(f)	This service discourages users from making complaints		• **This service encourages service users to make complaints**	*Wording change or options added*

2015 Survey question		2018 survey question		Comments/justification
	Options: Strongly agree, agree, don't know, disagree, strongly disagree, n/a			
18(e)	This service acts on users suggestions and complaints Options: Strongly agree, agree, don't know, disagree, strongly disagree, n/a		• **This service acts on service users suggestions and complaints**	*Wording change or options added*
20(b)	You only use this service because there is nothing better available Options: Strongly agree, agree, don't know, disagree, strongly disagree, n/a			*Question removed*
20(e)	This service expects you to learn responsibility and self-discipline Options: Strongly agree, agree, don't know, disagree, strongly disagree, n/a			*Question removed*
20(g)	You are satisfied with the services you receive here Options: Strongly agree, agree, don't know, disagree, strongly disagree, n/a			*Question removed*
15	How much do you agree with the following statements? Options: Strongly agree, agree, don't know, disagree, strongly disagree, n/a	25	**How much do you agree with the following statements?** Please put a tick showing how strongly you agree or disagree (N/A means 'not applicable'). Options: Strongly disagree; disagree; neither agree nor disagree; agree; strongly agree; Don't know; N/A	
	Your drug use has reduced		• Your drug use has reduced	*No change from original*
			• You have a better understanding of the harms and risks associated with your alcohol and other drug use	*New questions* Informed by *Queensland Alcohol and other Drug Treatment and Harm Reduction Outcomes Framework*[6]
			• You have developed skills and strategies for reducing the harms from using AOD	
			• You have used some of the skills and strategies to keep you safer when using AOD	
	Your knowledge of preventing transmission of blood borne viruses has improved		• Your knowledge of preventing transmission of blood borne viruses has improved	*No change from original*
	You are less involved in crime		• You are less involved in crime	*No change from original*
	Your general health has improved		• Your general health and wellbeing has improved	*Wording change or options added*
	Your mental health has improved		• Your mental health has improved	*No change from original*
	Your dental health has improved		• Your dental health has improved	*No change from original*
	Your housing situation has improved		• Your housing situation has improved	*No change from original*

2015 Survey question		2018 survey question		Comments/justification
	Your employment situation has improved		• Your employment situation has improved	*No change from original*
	Your family, parenting and/or other relationships have improved		• Your family, parenting and/or other relationships have improved	*No change from original*
	Your capacity to manage your finances has improved		• Your capacity to manage your finances has improved	*No change from original*
16	When you first entered, or started using this service, were you a smoker? Options: Yes, No, Don't know	26	**Thinking about when you <u>first entered, or first started using this</u> service, were you a smoker?** • Yes • No • Don't know	*Wording change or options added*
			(If answered 'Yes') **What sorts of supports did this service provide to help you to quit or reduce your smoking?** (you can tick more than one box) • Nothing • Advice and support • Nicotine replacement therapy (NRT) • Referral to the Quitline • Other prescription medications – like Zyban (bupropion) or Champix (varenicline) • Pamphlets and brochures • Quit support group • Counselling sessions • Other, please specify • Don't know (If answered 'no' or 'don't know', please skip to question 27)	*New question* Introduced due to increased emphasis on nicotine dependence treatment and smoking cessation support in service provision
17	If yes, which of the following statements fits you best? (please tick one) Options: • I have quit smoking completely • I smoke less now than when I first entered or started using this service	27	**Which of the following statements fits you best?** (please tick one). **Since first entering or starting to use this service…** • I wasn't smoking and I'm still not smoking • I have quit smoking completely • I smoke less now • I smoke about the same now • I smoke more now	*Wording change or options added*

2015 Survey question		2018 survey question		Comments/justification
	• I smoke about the same now as when I first entered or started using this service • I smoke more now than when I first entered or started using this service • N/A			
		28	**If you're currently a smoker, are you planning to quit smoking?** • No—I'm not planning to quit or reduce smoking • Yes—within the next month • Yes—within the next 6 months • Yes—sometime in the future, beyond 6 months • Don't know • N/A—not a current smoker	*New question* Introduced due to increased emphasis on nicotine dependence treatment and smoking cessation support in service provision
		29	**If you're currently a smoker….if you decided to give up smoking completely in the next six months, how sure are you that you would succeed?** • Not at all sure • Slightly sure • Moderately sure • Very sure • Extremely sure • Don't know • N/A—not a current smoker	*New question* Introduced due to increased emphasis on nicotine dependence treatment and smoking cessation support in service provision
14	At this service, have you requested help in any of the following areas? If yes, have you received help from the service or been referred to another appropriate service? Mark all that apply with a tick. Options: I have requested this type of support from the service; I have received support from within this service; I have been referred to another service for support; I have requested this type of support from this service but have not received it	30	**At this service, have you requested help in any of the following areas? If yes, have you received help from the service or been referred to another appropriate service?** Please put a tick next to all that apply. Options: - I have requested this type of support from the service - I have received support from within this service - I have been referred to another service for support - I have requested this type of support from this service but have not received it	List of 'areas of support' changed to more accurately reflect the ancillary supports offered in AOD services (as opposed to core AOD treatment)
	• Employment/skills training		• **Employment/skills training**	*No change from original*
	• Education		• **Education**	*No change from original*
	• Debt management		• **Debt management**	*No change from original*
	• Housing		• **Housing**	*No change from original*

2015 Survey question		2018 survey question		Comments/justification
	• Legal advice		• **Legal or criminal justice issues**	*Wording change or options added*
			• **Care and protection issues**	*New question*
	• Centrelink or related payments		• **Centrelink or related payments**	*No change from original*
	• Smoking cessation advice or support			*Question removed* Not considered to be an ancillary activity; considered to be part of core AOD treatment
	• Sexual health		• **Sexual health**	*No change from original*
	• Dental health		• **Dental health**	*No change from original*
	• Mental health		• **Mental health**	*No change from original*
	• Blood borne virus (including hepatitis C) information and support		• **Blood borne viruses (e.g. hepatitis B, hepatitis C, HIV) information and support**	*Wording change or options added*
	• Blood borne virus (including hepatitis C) screening			*Question removed*
			• **Hepatitis C treatment**	*New question*
	• Other general health services		• **Other general health services**	*No change from original*
	• Counselling			*Question removed* Not considered to be an ancillary activity; considered to be part of core AOD treatment
	• Achieving abstinence			*Question removed* Other potential goals of AOD treatment are not included in the list, and not considered to be an ancillary activity
	• Parenting/relationships		• **Parenting/relationships**	*No change from original*
	• Family concerns, including family violence		• **Domestic and family violence**	*Wording change or options added*
	• Other (please write in the type of support)		• **Other (please write in the type of support)**	*No change from original*
	• Other (please write in the type of support)		• **Other (please write in the type of support)**	*No change from original*
29	We would like you to tell us about your overall satisfaction with this drug and alcohol service organisation. Please circle your choices.	31	**We would like you to tell us about your overall satisfaction with this alcohol and other drug service organisation.** Please circle your choices.	*No change from original*

2015 Survey question		2018 survey question		Comments/justification
	Eight questions from the CSQ-8 (29a – 29h)		Eight questions from the CSQ-8 (31a – 31h) – these have not been replicated here as they are not publicly available and were provided under a copyright and licensing arrangement; questions can be obtained from the copyright holder C.Clifford Attkisson.	
22	Have you ever been asked by this service to give comments on how satisfied or dissatisfied you are with the service or treatment you receive? Options: Yes, No, Don't know	32	**Other than this survey, have you ever been asked by this service to give comments on how satisfied or dissatisfied you are with the service or treatment you receive?** • Yes • No • Don't know	*Wording change or options added*
31	Would you like to have a greater say in how this service operates? Options: Yes, No, Don't know	33	**Would you like to have a greater say in how this service operates?** • Yes • No • Don't know	*No change from original*
	If yes, how would you prefer to make this input? • Through a consumer representative • As a consumer representative on a committee run by this service • As a consumer representative on a committee run by an outside organisation • Other, please specify • N/A		If yes, how would you prefer to make this input? • I'm already involved • As a consumer or service user representative on a committee run by this service • Volunteer program • Invited to planning day • Through a consumer or service user representative • As a consumer or service user representative on a committee run by an outside organisation • Community Board • Filling out surveys • Other, please specify	*Wording change or options added*
30.	If you could change one thing about your treatment at this service, what would it be?	34	If you could change one thing about this service, what would it be?	*Wording change or options added*
32	Are there any drug or alcohol services or programs that should be offered in the ACT that are not being offered at present? If so, what are they?	35	Are there any alcohol and other drug services or programs that should be offered in the ACT that are not being offered at present? If so, what are they?	*Wording change or options added*
23	I understand what is being said to me in this service • By my caseworker/ key worker • By doctors • By reception staff • In letters • In leaflets or flyers • In social media communications			*Question removed*

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