ATODA
Alcohol Tobacco & Other Drug Association ACT

ACT Budget Submission

2025-2026

About ATODA

The Alcohol, Tobacco and Other Drug Association ACT (ATODA) is the peak body for the alcohol, tobacco and other drug sector in the ACT.

We lead, strengthen and advocate for the ACT's high-quality treatment and harm-reduction sector, working to provide a broad range of alcohol, tobacco and other drug treatment options to the community.

We represent organisations and people throughout the ACT committed to reducing alcohol, tobacco and drug related harms.

Our work is informed and guided by our highly valued members who work in true partnership with their peak to enhance our sector and support the ACT community.

Acknowledgement of Traditional Custodians

ATODA proudly acknowledges the Ngunnawal people as Traditional Custodians of the land we work on and recognises all other people or families with connections to the ACT and region.

ATODA acknowledges, respects and celebrates the continuing culture and contributions of Aboriginal and Torres Strait Islander people to the life of the ACT and region. We respect and value the contributions of Aboriginal and Torres Strait Islander people to the alcohol, tobacco and other drug sector.

Artist Recognition

As part of its corporate identity in published content, ATODA is proud to feature artwork titled *Unspoken History, Map of Pain* (2020) by local artist Sharon. This work, unless explicitly stated otherwise, may not be reprinted, reproduced or published in any form without the permission of ATODA to ensure copyright ownership and agreement with the artist is upheld.

To learn more about the story behind the artwork, scan the QR code:

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The Hon Chris Steel MLA
Treasurer
Chief Minister, Treasury and Economic Development Directorate
By email only: budgetconsultation@act.gov.au

Dear Treasurer

The Alcohol, Tobacco and Other Drug Association ACT (ATODA) is the peak body for the alcohol, tobacco and other drug sector in the ACT. We lead, strengthen, and advocate for the ACT's high-quality treatment and harm reduction sector, working to provide a broad range of alcohol, tobacco and other drug treatment options to the community. We represent organisations and people throughout the ACT committed to reducing alcohol, tobacco and drug related harms. Our work is informed and guided by our highly valued members who work in true partnership with their peak to enhance our sector and support the ACT community.

ATODA's vision is a healthy ACT community with reduced alcohol, tobacco and drug related harms, served by a high-quality treatment and harm reduction sector. We work on behalf of our members to advocate for a strong and sustainable alcohol, tobacco and other drug sector in the ACT, using best-practice policy, research and evidence. Underpinning ATODA's work is a commitment to reconciliation, inclusion and excellence.

In the 2025-26 financial year, we are asking the ACT government to prioritise ongoing investment into alcohol and other drug treatment and harm reduction services across our community. As demand for our services continues to grow, it is important that we have a range of responsive, flexible and expert services available to treat alcohol and other drug dependence. ATODA is also very supportive of the harm reduction measures that are currently in place in the ACT, and we think that the addition of a drug consumption space would complement the current service ecosystem.

Thank you for considering the ATODA pre-budget submission. I look forward to working with you and your Treasury colleagues towards improved health and wellbeing for people accessing alcohol and drug treatment services in the ACT, to ensure that we continue to have a well-resourced and thriving treatment and harm reduction sector.

Yours sincerely,

Anita Mills
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1 Sustainable investment in the alcohol, tobacco and other drug (ATOD) treatment sector

- The ACT ATOD sector welcomes the recent funding of their organisations following ATOD commissioning. However, the sector's current funding remains insufficient to meet the full scope of demand. ACT-specific modelling undertaken in 2021 by the Drug Policy Modelling Program (UNSW) highlighted a significant shortfall that denotes further funding is required meet treatment demand in the ATOD sector. [1]

- The outcome of the sector commissioning process has delivered funding certainty to the ATOD sector in the ACT through seven (plus three) year funding agreements. While long-term funding agreements do provide assurance, the overall quantum of funding released through commissioning has unfortunately led to reduced capacity in some areas of the ATOD sector. Reflecting the true cost of service delivery means that program costs will necessarily increase, however with a limited quantum of funding available – services have not been able to grow their overall ATOD program and service types in this funding term. Crucially - this resourcing constraint impacts on the ability of the sector to be responsive to the ongoing community need for ATOD services in the ACT.

- It is essential to continue to incrementally increase funding to the ATOD sector to ensure an agile and flexible ATOD service system that can respond to increasing service user complexity, changing drug trends, and maintaining best-practice treatment approaches.

- Resourcing and infrastructure in the ATOD sector need to match the true cost of meeting increasing demand. There is a significant cohort of people using services with complex and co-occurring needs, such as people with co-morbid mental health conditions and ATOD use. Resourcing is required not only to enable the whole sector to continue to meet this demand and support this cohort, but also to develop the sector to continue to meet broader and increasingly divergent community needs. Addressing these needs upstream through funding best-practice approaches in the ATOD sector would reduce pressure across ATOD treatment services and public health services.

- The ATOD sector presented a range of initiatives to build the capacity of the overall system in the commissioning process. This included best-practice enhancements to current treatment offerings, for example, through imbedding new clinical approaches into existing programs to manage co-occurring needs. Other proposals were for additional programs to benefit specific population groups, for instance young people, or underserviced locations, such as the Tuggeranong region. Unfortunately, the commissioning outcomes by and large did not support these opportunities for improving responsive care within services.

- In particular, services within the sector as a whole proposed that they could evolve the peer workforce within a range of programs including intensive case management of complex clients, outreach models, and holistic approaches to treatment. Investment into the peer workforce would clearly align with *ACT Drug Strategy Action Plan 2022-26*. This budget should consider how these needs could be better addressed with additional funding.

- ATOD treatment services have proven year-after-year to provide efficient, impactful and cost-effective health outcomes and a reduction of alcohol and drug-related harms. ATOD services will, however, struggle to deliver programs effectively if they continue to take on increased responsibility while relying on the goodwill or extra effort of their workforce without adequate resourcing.

Recommendation 1

The ACT Government increases investment into developing the ATOD peer workforce across a range of program types, as per the advice of the ATOD sector.

Recommendation 2

The ACT Government continues to partner with the ATOD sector to identify priorities and direct funding accordingly, including consideration of unfunded best-practice initiatives proposed by the sector through ATOD commissioning.

2 Expanding evidence-based harm reduction measures

- ATODA supports a harm reduction approach to policy formulation that will consider how the needs of the whole community can best be served without increasing harm to any portion of the community.[2]

- Government expenditure on illicit drugs only dedicates 1.6 percent of the total budget to harm reduction measures, despite evidence that these measures reduce the rate of health harms and death from illicit drugs.[3]

- The current model of drug decriminalisation in the ACT allows for people who are found in possession of drugs to be referred into therapeutic health settings rather than proceeding through a legal process. There is a strong evidence base that taking person-centred and health-based approaches to drug use results in effective harm reduction and better health outcomes.[4-6] ATODA strongly supports drug decriminalisation as a key harm reduction measure in the ACT and we support the evaluation process of this law reform that is due to be delivered in early 2026.

- Originally established as a pilot in 2022, CanTEST is currently funded through to June 2027, as Australia's first fixed-site drug checking service. The final evaluation report (April 2023) of the first six months of CanTEST found that 70 percent of people accessing CanTEST had never accessed a health care worker for information about drug use before, 10 percent of people utilising the service discarded their drugs following the test, and half the drugs tested were found to contain a substance not expected by the service user.[7,8] This report and subsequent reports recognise that the data collected by CanTEST is producing new and valuable information about the illicit drug market in Australia.[9]

- Supervised consumption rooms play an important role in a comprehensive harm reduction framework, reducing drug-related harms to the individual and the broader community. ATODA recommends that the ACT Government commits to resourcing this harm reduction service for the ACT in this term of government. This should be designed to be responsive to the specific context of the ACT, meet consumer needs, and be informed by best practice models.

Recommendation 3

Harm reduction measures continue to be adequately funded and expanded on in the ACT, particularly including the continuation of CanTEST as a permanent fixture in the ACT health system.

Supporting recommendations

The ACT Government:

- Continues to work in partnership with the ATOD sector to respond to the findings of the evaluation of the current ACT model of drug decriminalisation; and
- Funds a supervised consumption room as a key harm reduction measure, to further support evidence-based harm reduction approaches to drug use.

3 Reducing alcohol-related harms

- National alcohol-related deaths reached its highest peak in 10 years in 2022.[10] In harm reduction and treatment settings, approximately 46 percent of people accessing ATOD services in the ACT in 2023 reported alcohol as a drug of concern and 43 percent of people using ATOD services nationally reported it as their primary drug of concern. [11, 12]

- In the ACT in 2022-23, just over one in four people used alcohol at a level that put their health at risk and 22 percent consumed more than 10 drinks per week. In 2020, the National Health and Medical Research Council published guidelines that stated that any alcohol consumption is associated with some level of health risk, including increased risk of multiple forms of cancer, acute alcohol toxicity, diabetes, and alcohol-associated hepatitis and liver cirrhosis.[13, 14] As alcohol-related harms continue to affect ACT population health and a significant proportion of the cohort of people accessing ATOD services, adaptive measures to support people who use alcohol in harmful ways is an increasingly strong imperative for ATOD policy makers.

- In the ACT, 18 percent of individuals have been verbally abused by someone under the influence of alcohol and one third of Australian women have been physically abused by an intoxicated current or ex-spouse or partner. [15]

- ATODA also maintains that liquor licensing amendments, particularly in relation to online sales and delivery and the clustering of alcohol outlets, are important to reduce the role of alcohol in the incidence of domestic and family violence in the ACT.[16, 17] The regulation of the supply of alcohol is an important pillar of harm reduction.

- Targeted advertising on social media and online allows the alcohol industry to create tailored advertisements to individuals based on application algorithms and creates easy links to the online sales and delivery of alcohol. The AIHW found that 73 percent of ACT residents would support limiting alcohol advertising online and on social media.[15] Promotion of impulse purchasing, extreme discounts, minimum spend discounts, and free delivery offers allow for harmful encouragement of high-risk alcohol use.

- The current ACT legislation surrounding 'prohibited promotional activity' restricts advertising that encourages rapid or excessive consumption of liquor. ATODA welcomes this restriction, noting that unfortunately, the alcohol industry continues to specifically market to particular groups without consideration for the disproportionate harms that this may cause, based on data that is collected without consumer consent.[18]

Recommendation 4

The ATOD sector is resourced to support the needs of the individuals accessing its services and the ATOD workforce, through the provision of adaptive and responsive measures for the treatment of alcohol use disorder or dependence.

Supporting recommendations

The ACT Government:

- Decrease the rapid consumption of alcohol enabled by delivery services by resourcing the amendment of online sales and delivery licensing regulations in the ACT, to ensure for delivery hours from 10am-10pm and a 2-hour safety pause between order and delivery;
- Mitigate the well-evidenced harms from alcohol marketing strategies, through dedicating resources to tighten the regulation of alcohol marketing, inclusive of advertising, mass media campaigns, and social media advertising and algorithms; and
- Dedicate resourcing and time to reduce the involvement of the alcohol industry actors in alcohol harm reduction policy, due to their conflicting and vested interests in the sale of alcohol.

4 Reducing the harms from e-cigarettes and tobacco

- Tobacco remains one of the leading causes of preventable death and disease in Australia.[19] While tobacco use rates in the ACT are currently at less than five percent, there are still specific sub-populations where tobacco use remains high.[20] Diverse populations in general are at a disproportionately higher risk of experiencing the adverse health impacts of tobacco use, and least able to afford access to cessation support.

- There is a demand for improving accessibility and affordability of best practice combination Nicotine Replacement Therapy and support, to meet the goals of the National Tobacco Strategy.

- In the ACT, there has been a significant uptake in the use of e-cigarettes, with approximately one in five (18 percent) of the population having ever used e-cigarettes in 2022-23 (an increase from 11.3 percent in 2019).[21]

- ATODA supports an expanded therapeutic model of access to e-cigarettes to include pharmacies, where e-cigarettes can be utilised for tobacco cessation or the management of nicotine dependence.

- ATODA does not support the criminalisation of the purchase, personal possession or use of non-prescription or pharmacy supplied e-cigarettes or e-liquids. We note the ACT government has acknowledged the inconsistencies with e-cigarette penalties in the ACT (in 2024) and continue to be open and willing to support government work towards a constructive outcome.[22]

- Although the uptake of e-cigarettes is increasing, there remains a lack of evidence-based strategies and interventions to support individuals who wish to stop using e-cigarettes. This is an emerging area of need in public health research and policy making, and ATODA encourages governments to continue to invest in research to guide and inform e-cigarette cessation. This is of particular importance due to the increased risk of tobacco uptake that is associated with e-cigarette use,[23] including the risk that people who use e-cigarettes (re)turn to smoking tobacco if nicotine cessation supports are inaccessible.

Recommendation 5

There is investment in a comprehensive public health campaign(s) focusing on tobacco and e-cigarette cessation, including nicotine dependence treatment and support, that targets diverse population groups with a higher prevalence of smoking.

Supporting recommendations

The ACT Government:

- Funds additional e-cigarette cessation supports for never-smokers to ensure treatment access for nicotine dependence and mitigate a potential increase in dual cigarette and e-cigarette users;
- Resource making amendments to the current criminal penalties set by the relevant legislation for the purchase, personal possession, and use of e-cigarettes or e-liquids to achieve broader alignment with penalties set under the drug decriminalisation reforms; and
- Set targets for reduced daily tobacco use rates and e-cigarette prevalence among priority populations and fund the monitoring of progress against these targets.

5 Housing and Homelessness

- As laid out in the ACT Drug Strategy Action Plan 2022-2026, reducing the harms experienced by people who use ATOD requires a person-centred approach to healthcare that considers the broad range of social determinants of health and wellbeing. Providing housing is a harm reduction strategy for those experiencing homelessness and ATOD use simultaneously, as access to secure long-term housing can help people attain better health outcomes. And yet, in 2023, 39.3 percent of people accessing ACT specialist ATOD services were at risk of experiencing homelessness. [11]

- Investing in more affordable housing in the ACT would be made worthwhile due to avoided costs in health, justice and welfare, ranging from $15,300-$49,000 avoided costs per person. [24]

- Poor access to, and the low of, quality of housing can significantly exacerbate harms for those who use drugs.[25] It is important that long-term access to safe housing is attainable, by reducing barriers to include wrap around support for ATOD, mental health and primary health, and of people with complex needs in a housing first model.

- ATODA recommends that the ACT Government adopts and implements a Housing First approach for priority populations. This means that people can be connected to long-term housing options without preconditions. Priority populations include, but are not limited to, people with high and complex needs, people with mental health conditions, and people leaving custodial settings.

- In a Housing First approach, support should be flexible, social and community inclusion should be ensured, and supporting services should be person-centred and practice harm reduction.[26] Evidence indicates that this approach results in improved housing and health outcomes for people experiencing homelessness.[27]

Recommendation 6

The ACT Government adequately resources public and social housing to mitigate homelessness and housing insecurity and improve population health, including reducing ATOD-related harms.

Supporting recommendations

The ACT Government:

- Implements a Housing First approach to address homelessness in the ACT by delivering sustained, measurable outcomes for people experiencing, or at risk of experiencing, homelessness and using ATOD;
- Urgently increases access to safe, secure, and stable housing for priority populations, particularly via consultation with disproportionately affected priority groups; and
- Along with other housing providers, ensures the allocation of safe and secure housing that actively reduces barriers for people using ATOD to improve their health outcomes.

References

1. Alcohol Tobacco and Other Drug Association ACT (ATODA). *Maintaining and Strengthening Specialist Alcohol and Other Drug Services for the ACT Community Needs Assessment Analysis 2022-2025*. 2021. Canberra: ATODA.
2. Department of Health. National Drug Strategy 2017-2026. 2017.
3. Ritter A, Grealy, M., Kelaita, P., Kowalski, M. *The Australian 'drug budget': Government drug policy expenditure 2021/22*. Sydney: Social Policy Research Centre, UNSW, 2024.
4. Unlu A, Tammi, T., Hakkarainen, P. *Drug Decriminalisation Policy: Literature Review: Models, Implementation and Outcomes*. 2020. Finnish Institute for Health and Welfare.
5. Ashton H. Drug Decriminalisation in Portugal: A Public Health Response, a Humanistic Approach. *Health for the Millions* 2019; 45: 41-43.
6. Benfer I, Zahnow, R., Barratt, M.J., Maier, L., Winstock, A., Ferris, J. The impact of drug policy liberalisation on willingness to seek help for problem drug use: A comparison of 20 countries. *The International journal on drug policy* 2018; 56: 162-175. DOI: 10.1016/j.drugpo.2018.03.032.
7. Stephen-Smith R. CanTEST final report finds strong community support. Rachel Stephen-Smith, MLA, 2023.
8. Olsen A, Baillie G, Bruno R, et al. CanTEST Health and Drug Checking Service Program Evaluation: Final Report. 2023. Canberra, ACT: Australian National University
9. CanTEST Health and Drug Checking Service (CanTEST). *CanTEST Health and Drug Checking Service*: *2022-2024, the first two years. 2024.*
10. Australian Institute of Health & Welfare (AIHW). Alcohol, tobacco & other drugs in Australia: Health impacts. 13 December 2023 ed. Online: Australian Institute of Health & Welfare, 2023.
11. Alcohol Tobacco & Other Drug Association of ACT (ATODA). *Service Users' Satisfaction and Outcomes Satisfaction and Experience (SUSOSE) 2023: a survey of people accessing alcohol, tobacco and other drug services in the ACT.* In Publication. ATODA.
12. Australian Institute of Health & Welfare (AIHW). Alcohol and other drug treatment services in Australia: early insights. 16 April 2024 ed. Online: Australian Institute of Health & Welfare (AIHW),, 2024.
13. John Hopkins Medicine. Alcohol-Associated Liver Disease, https://www.hopkinsmedicine.org/health/conditions-and-diseases/alcoholinduced-liver-disease (2024).
14. Darke S, Duflou, J., Peacock, A., Chrzanowska, A., Yuen, W.S., Farrell, M., Lappin, J. Characteristics, toxicology and major organ pathology of deaths due to acute alcohol toxicity in Australia, 2011-2022. *Drug and Alcohol Review* 2024; Early View. DOI: https://doi.org/10.1111/dar.13817.
15. Australian Institute of Health & Welfare (AIHW). National Drug Strategy Household Survey 2022-23. Perceptions of drugs and policy support. 29 February 2024 ed. Online: Australian Institute of Health & Welfare, 2024.
16. Alcohol Change Victoria. Dangerous practices of on-demand alcohol delivery companies place Victorian children and vulnerable people at risk of harm, https://www.alcoholchangevic.org.au/our-work/research (2021, 2024).

References (continued)

17. Roche A, Kostadinov, V., Fischer, J., Nicholas, R., O'Rourke, K., Pidd, K., Trifonoff, A. Addressing inequities in alcohol consumption and related harms. *Health promotion international* 2015; 30: ii20-ii35. DOI: https://doi.org/10.1093/heapro/dav030.

18. VicHealth. Dark marketing tactics of harmful industries exposed by young citizen scientists, https://www.vichealth.vic.gov.au/resources/resource-download/citizen-voices-against-harmful-marketing (2022).

19. Department of Health and Aged Care. *National Tobacco Strategy 2023-203*0. 2023.

20. Australian Government. Smoking and Vaping, https://www.act.gov.au/health/topics/drugs-alcohol-smoking-and-vaping/smoking-and-vaping (2024, accessed January 2025).

21. Australian Institute of Health & Welfare (AIHW). *National Drug Strategy Household Survey 2022–2023: State and Territory summaries of alcohol, tobacco, e-cigarette and other drug use*. 2024. Australian Government.

22. Bladen L. Laws to remove penalties for nicotine-containing vapes in ACT on cards. The Canberra Times, 2024.

23. Australian Institute of Health & Welfare (AIHW). *National Drug Strategy Household Survey 2022-2023*. Drug Statistics Series. . 2024. Australian Government.

24. Davison J, Brackertz, N., Alves, T. *Return on Investment for social housing in the ACT*. 2021. (AHURI) Australian Housing and Urban Research Institute.

25. Center on Budget and Policy Priorities. Meeting the housing needs of people with substance use disorders.

26. Dodd R, Rodrigues N, Sequiera T, et al. *Housing First Principles for Australia*. 2020. Homelessness, Australian Alliance to End.

27. Miler J, Carver H, Masterton W, et al. What treatment and services are effective for people who are homeless and use drugs? A systematic 'review of reviews'. PLoS One 2021; 16: e0254729.

Further reading

- Reducing alcohol related harms in the ACT
- E-cigarettes and Tobacco
- Better health through housing
- ATODA Strategic Plan 2025-2028