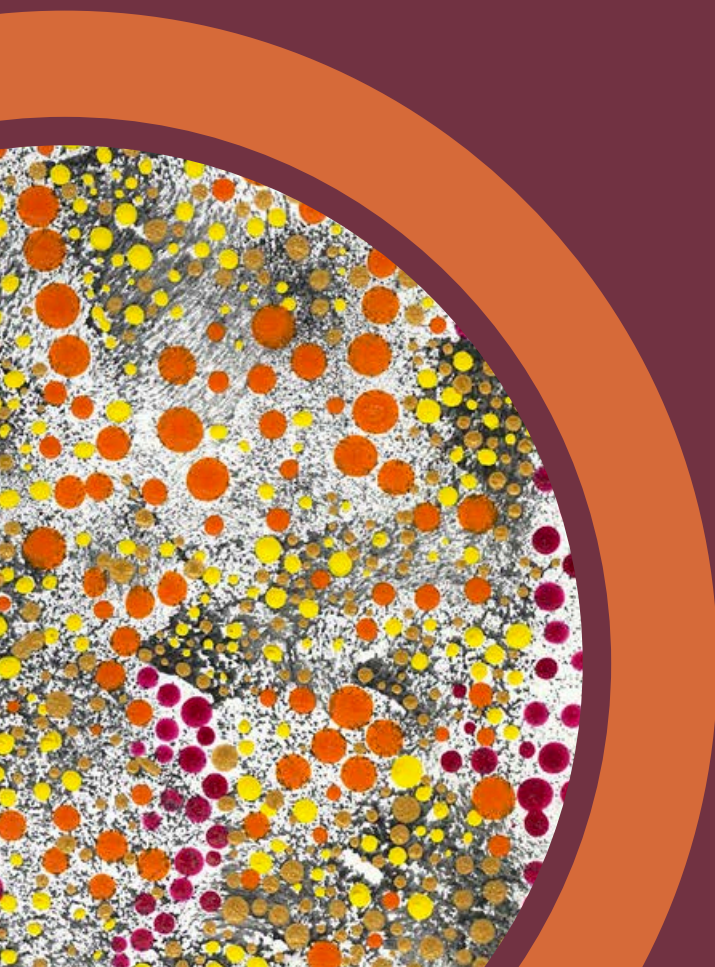




**Service Users' Survey of Outcomes,
Satisfaction and Experience 2023:
A survey of people accessing alcohol,
tobacco and other drug services in the ACT**

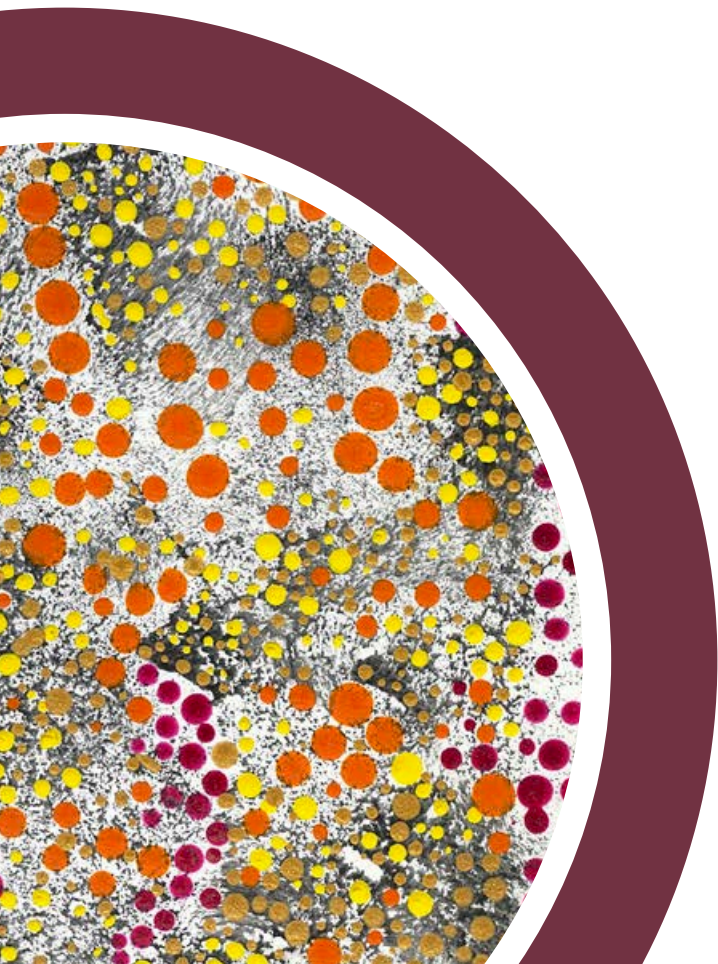
March 2025





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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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Full Report and Appendices available on
ATODA's website [here \(www.atoda.org.au\)](http://www.atoda.org.au)



Supported by



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.

Acknowledgement of service users, researchers, funders, ACT ATOD services and staff, and other valued contributors

The development, implementation and consolidation of the Service Users' Survey of Outcomes, Satisfaction and Experience 2023 would not be possible without the following contributors:

- Service users of ACT alcohol, tobacco and other drug (ATOD) treatment and harm reduction services who participated in the design of the survey (during 2022), and/or who completed the Service Users' Survey of Outcomes, Satisfaction and Experience (SUSOSE) in 2023.
- The SUSOSE Project Advisory Group: Amanda Bell, Ella Dilkes-Frayne, Jordan D'Silva, Karen Gorst, Chris Gough, Nathan Guymer, Elzbieta Kuc, Anita Mills, Taylor Munday, Natasha Nikolic, Simone Politch, James Poole, Sarah Robinson, Dean Wang, Anke van der Sterren, Elisabeth Yar, Devin Bowles (to March 2023), Amy Faden (to November 2023).
- Canberra Alliance for Harm Minimisation and Advocacy (CAHMA), as members of the Project Advisory Group, in addition to their general support and partnering to design and implement the survey.
- Staff and Executive Directors of ACT ATOD services who facilitated the implementation of the Survey, and the Executives' and Workers' Groups.
- Funding from the ACT Health Directorate, and support from the Alcohol, Tobacco and Other Drug and Sexually Transmissible Infections and Blood Borne Virus (ATODS) Policy team.
- Advice from University of New South Wales (UNSW) Researchers: Associate Professor Sally Nathan and Dr Patrick Rawstorne; and support from an Australian Government Research Training Program Scholarship.
- Health Care Consumers Association for providing Consumer Representatives Training to the Service User Representatives on the SUSOSE Project Advisory Group.
- Individuals, organisations and community members who contributed to previous iterations of the surveys since 2009. In particular, David McDonald from Social Research & Evaluation Pty Ltd who developed the original surveys, and mentored ATODA staff to undertake subsequent surveys.
- Author of the eight-item Client Satisfaction Questionnaire (CSQ-8)[©] incorporated into the survey and used with permission under license from the copyright owner, Clifford Attkisson, PhD.
- The design, implementation and analysis of the 2023 SUSOSE was led by Anke van der Sterren (ATODA, Deputy CEO), in partnership with, and with advice from, CAHMA and the SUSOSE Project Advisory Group, and with substantial support and contribution from Elisabeth Yar (ATODA, Senior Research Officer), and Jeanette Bruce (ATODA, Project Support Officer).

Key messages

The process of designing the SUSOSE survey

The involvement of people using ATOD services in the co-design process is a key part of the success of this project.

The project asked people who use alcohol, tobacco and other drug (ATOD) services about their experiences of using the services. This information was used to develop a survey to better measure their actual experiences. The survey was co-designed by a SUSOSE Project Advisory Group that included majority membership by people using ATOD services and peer workers, in collaboration with service providers, the peak organisation, policy makers and researchers.

Findings of the SUSOSE survey



Overall, service users are very satisfied with the ATOD services they use, and report positive experiences with these services.



People seeking treatment and support from ATOD services are often also experiencing a number of other co-occurring and complex issues alongside alcohol, tobacco and other drugs. As well as providing high-quality treatment and support, ATOD programs support service users with other health and social issues—either within their own programs, through in-reach by other services, or through referral to other organisations.



People face a range of barriers to accessing ATOD services, many of which are related to the complex and co-occurring issues they experience alongside their alcohol, tobacco and other drug use.



Service users generally reported positive outcomes from attending ACT ATOD services, particularly outcomes related directly to their ATOD treatment and support and reducing ATOD-related harms.

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Appendices

Appendix A. Survey methods

Appendix B. SUSOSE survey

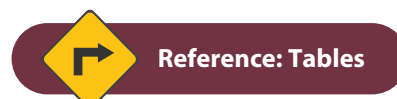
Appendix C. Data tables and technical notes

About this report

This report is a summary of the main findings of the SUSOSE survey. Further details of how the survey was developed and implemented can be found in Appendix A. A copy of the survey is in Appendix B.

The report mainly uses two ways of reporting the findings: the 'average' (also called the mean); and the 'median', which is the middle value of the data, with half of the service users being above that middle value, and half below it.

Throughout the report this sign is used to indicate one or more tables in Appendix C where more detailed data, technical notes and explanations are available on each topic.



Appendices available at:

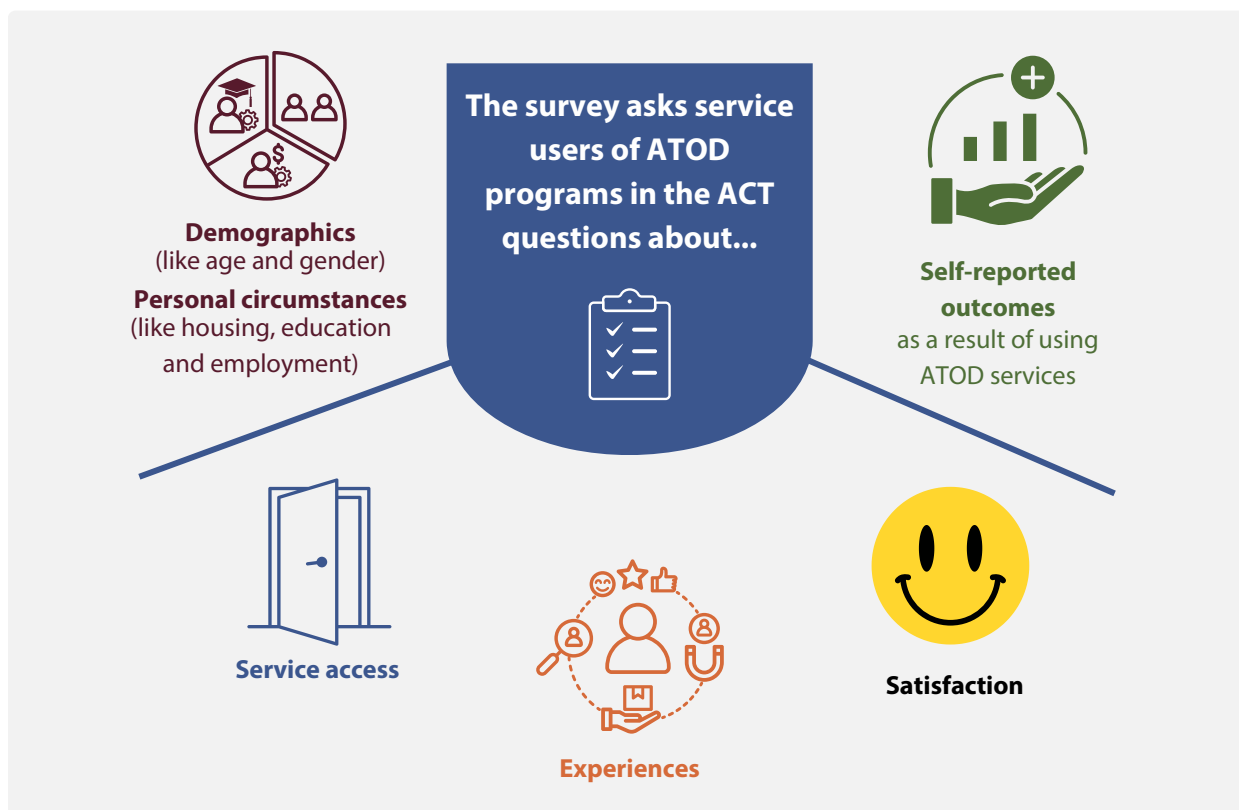
www.atoda.org.au

Introduction

What is the SUSOSE?

The ACT Alcohol, Tobacco and Other Drug Service Users' Survey of Outcomes, Satisfaction and Experience (SUSOSE) is a survey that service users of publicly-funded alcohol, tobacco and other drug (ATOD) programs in the ACT are invited to complete every few years. The 2023 SUSOSE is the fifth survey since 2009.

The ATOD sector, ATOD services and the government use information from the SUSOSE to inform quality improvement and services planning in the ACT, helping the sector to better understand the profile of service users, and ensuring that programs meet the expectations of these service users for quality, experience and outcomes.



The SUSOSE is a unique survey. As far as ATODA knows, there is no such ATOD sector-wide survey done anywhere else in Australia. It is a key source of information not available from any other data sets.

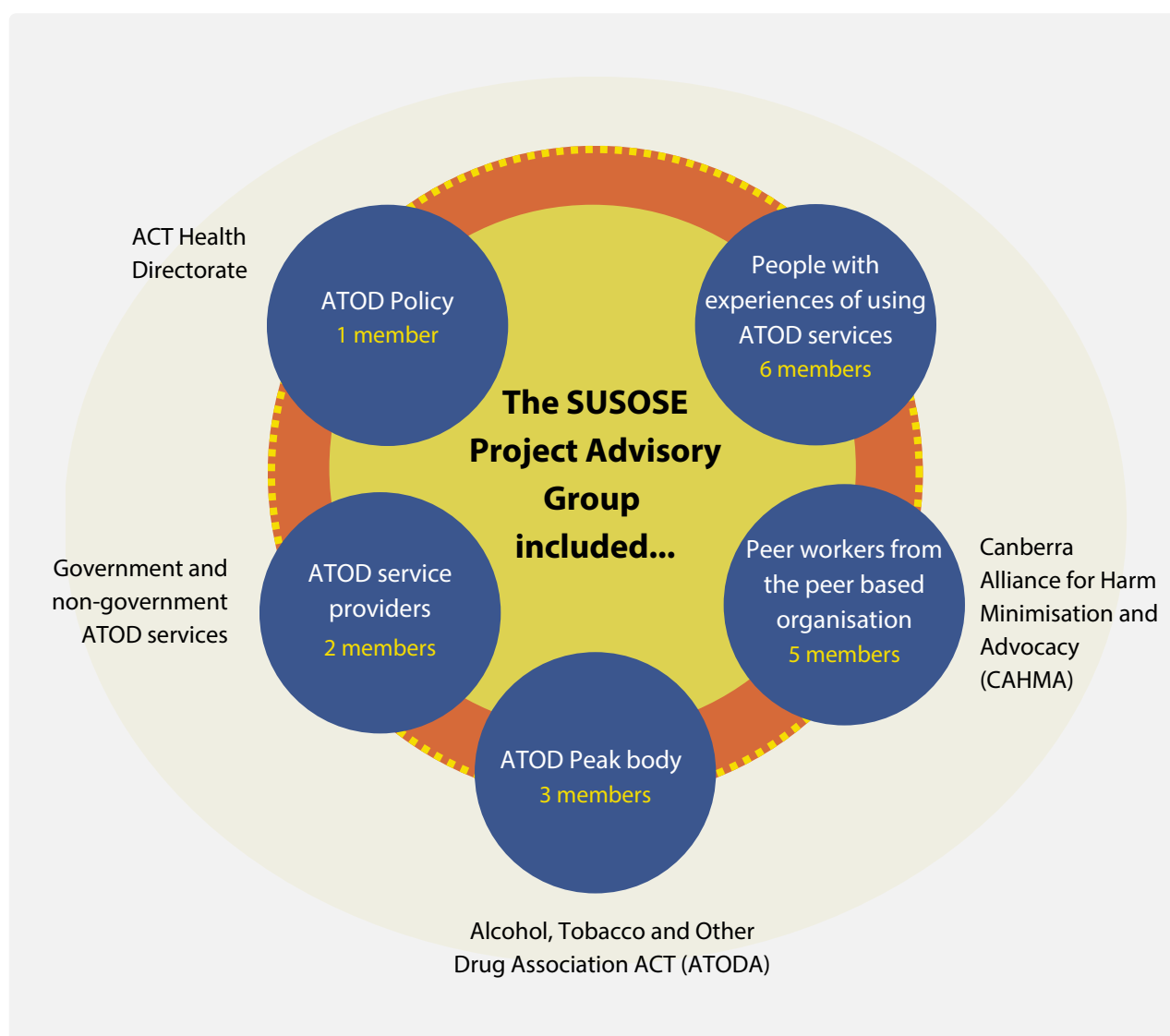


Who developed the survey?

ATODA collaborated closely with the Canberra Alliance for Harm Minimisation and Advocacy (CAHMA), and with other stakeholders in the ATOD sector, to design the survey.

ATODA brought together a Project Advisory Group to guide the development and implementation of the survey.

The SUSOSE Project Advisory Group met regularly to advise ATODA on how to design and implement the project; develop the questions; design the survey; discuss the results; and present the findings.



How was the survey developed?

ATODA, CAHMA and the Project Advisory Group wanted to design a survey that included questions that were important to service users themselves and that better reflected their experiences of using ATOD services.

To do this, the project had to first find out more about what ATOD service users thought were the most important qualities of a good experience when accessing ATOD services.

The collaborative process involved ATODA and CAHMA workers leading discussions with small groups of people who were accessing, or had accessed, ATOD services in the ACT.

- Each group targeted service users with common characteristics—either people from the same age, gender or diversity background, or people who had used the same treatment types (see below)
- Twelve groups, involving a total of 63 people, were held

"IF YOU HAD A LOT OF MONEY, WHAT ABOUT THE SERVICE WOULD YOU IMPROVE?"

Service users in these groups were asked to discuss two questions to get them talking about their experiences

"IF YOU THINK ABOUT A TIME WHEN YOU HAD A GOOD EXPERIENCE AT AN ATOD SERVICE, WHAT MADE IT A GOOD EXPERIENCE?"

Culturally and linguistically diverse

Young people

People using outreach programs

People currently in ATOD treatment

Parents in contact with child & youth protection services

Women

Represented service user groups

People aged over 40

People who identify as LGBTIQ+

People experiencing homelessness

Aboriginal and Torres Strait Islander people

People using harm reduction programs

People using opioid maintenance treatment

SOME OF THE THINGS SERVICE USERS SAID MADE A GOOD EXPERIENCE AT ATOD SERVICES WERE...



The experience questions in the SUSOSE were written to match what service users said in the focus groups. Two group discussions were also held with workers from ATOD services, and with policy specialists from the ATODS Policy Team at the ACT Health Directorate. ATODA and the Project Advisory Group used the information from these discussions, and looked at questions from other surveys, to make a set of 50 questions that together could measure service users' experiences. The responses to some of these questions are included in this report.

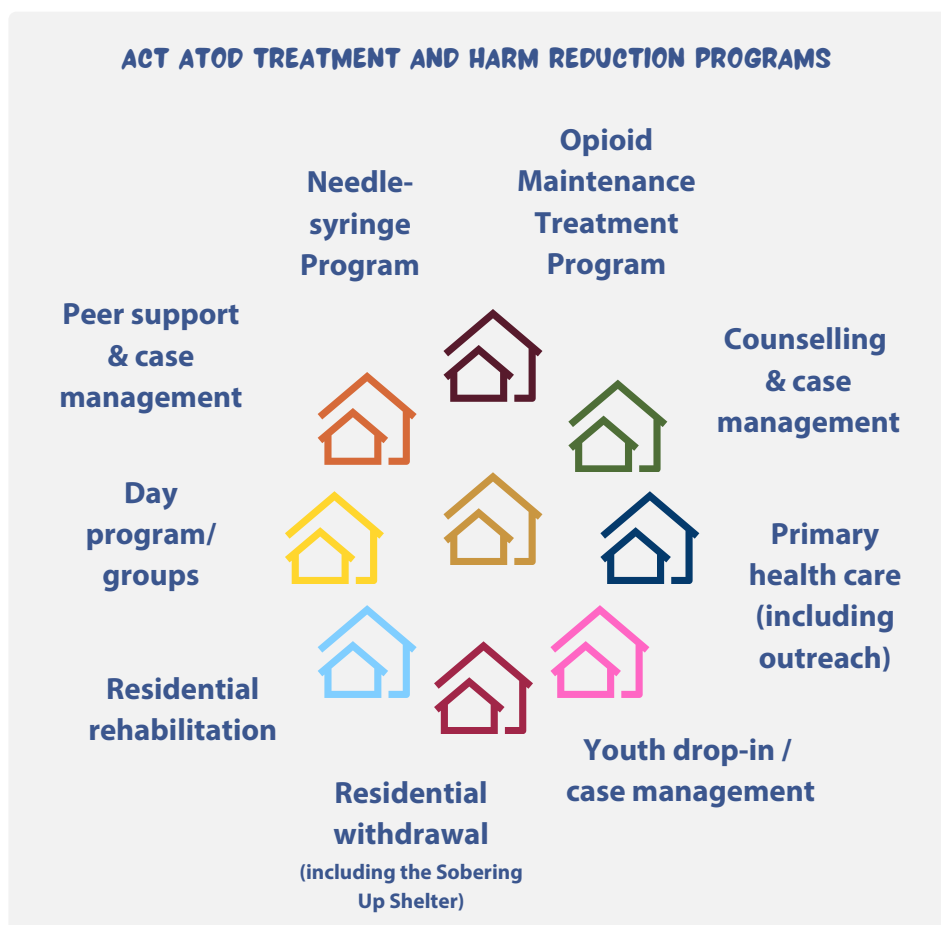
The Project Advisory Group also workshopped and rewrote other questions in the survey that asked about demographics, personal circumstances, substances used, service access and outcomes. Additionally, the survey includes a standard set of questions called the CSQ-8 that together give a score about service user satisfaction.

The involvement of people using ATOD services in the co-design process was a key part of the project. People who use drugs are often side lined from research projects and service design—except as research subjects or end users. Involving them in the co-design of questions that measure their service-experiences means that the survey contains more relevant questions that more accurately measure the aspects of their experiences of ATOD services that they value the most. In a service system that values person-centred health care, it is particularly important that the end users of the survey have a say in what the survey is actually measuring. The survey provides more detailed information on the quality of care and support provided, and this information can be used to improve and tailor ATOD programs to better meet service user needs.

How was the survey implemented?

Each participating program implemented the SUSOSE survey for between one and five days at some point between the end of May and mid-August 2023.

The SUSOSE was conducted across programs within nine organisations funded by the ACT government to deliver ATOD programs. This included both government and non-government services, and programs delivering all types of treatment and harm reduction programs.



All service users who came into the service on the day(s) of the survey were asked if they wanted to fill out the survey. They were paid \$35 to reimburse them for their participation.

What was the response?

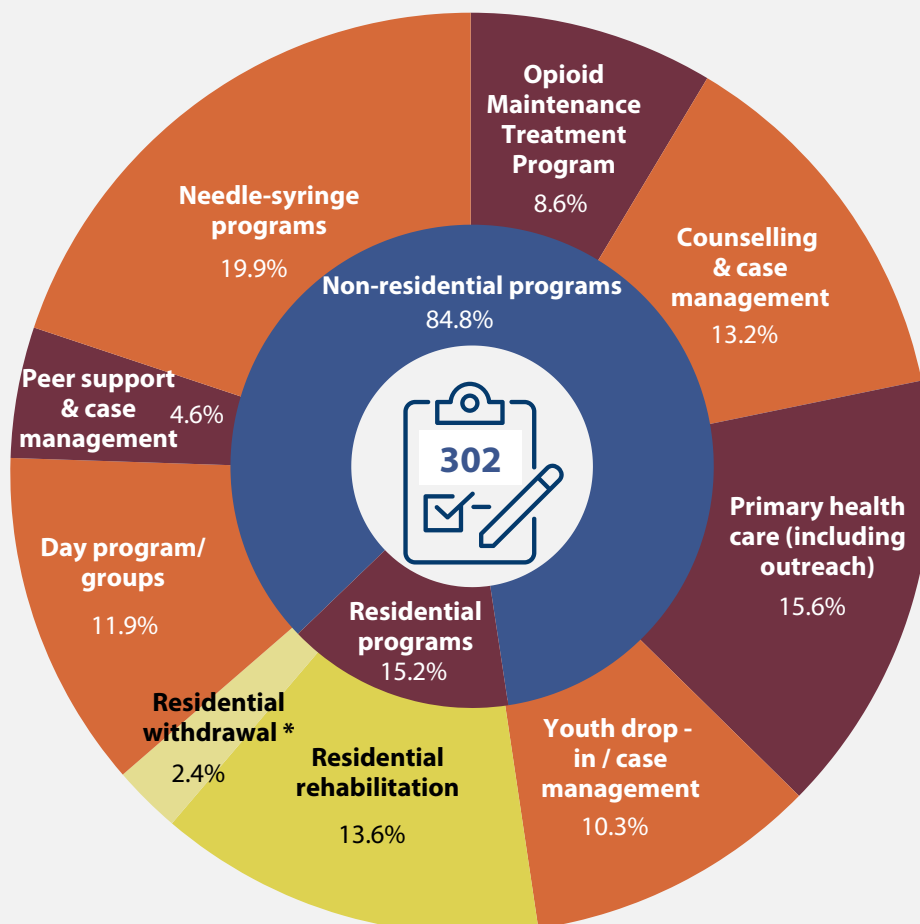
368 surveys were filled out. The first question on the survey asked people if they had already done the 2023 survey.

In sixty-six surveys, the responses were 'yes' or blank. These surveys were taken out of the analysis so that people would not be counted twice.

This left 302 surveys that were filled out by individual people. The data presented in this report represents these individuals.



PERCENTAGE OF RESPONSES FROM EACH TREATMENT AND HARM REDUCTION PROGRAM



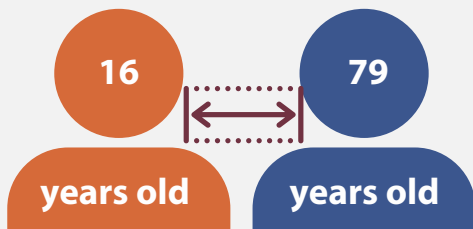
* Includes the Sobering Up Shelter

About service users of ATOD programs

The survey asked service users some general questions about themselves. These questions can help the ATOD sector to better understand which population groups might need specific programs and how the sector can improve responses that meet the needs of different groups in the community.

Age

AGE RANGE OF SERVICE USERS WHO FILLED OUT THE SURVEY

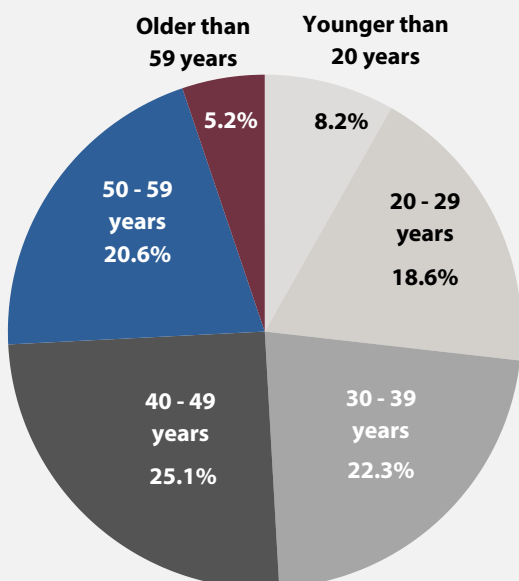


MEDIAN AGE IN EACH YEAR OF THE SURVEY



In each year the SUSOSE has been run, the median age of service users participating has been going up: from 35 years in 2009 to 40 years in 2023. The increasing median age of people participating in this survey over time is consistent with what ATOD services have seen on the ground. Some organisations are working with an ageing cohort of people who have additional complex needs related to age—for example, chronic disease, palliative care and age-related disability.

PROPORTION OF SERVICE USERS ACCESSING ACT ATOD SERVICES, BY 10-YEAR AGE GROUPS



DATA HIGHLIGHTS

- Nearly half (47.4%) of service users were aged between 30 and 49 years old.
- Just over one-quarter (26.8%) of service users were aged under 30 years.
- People using Directions Health Services, Alcohol and Drug Services, and CAHMA were generally older than people using other ATOD services.

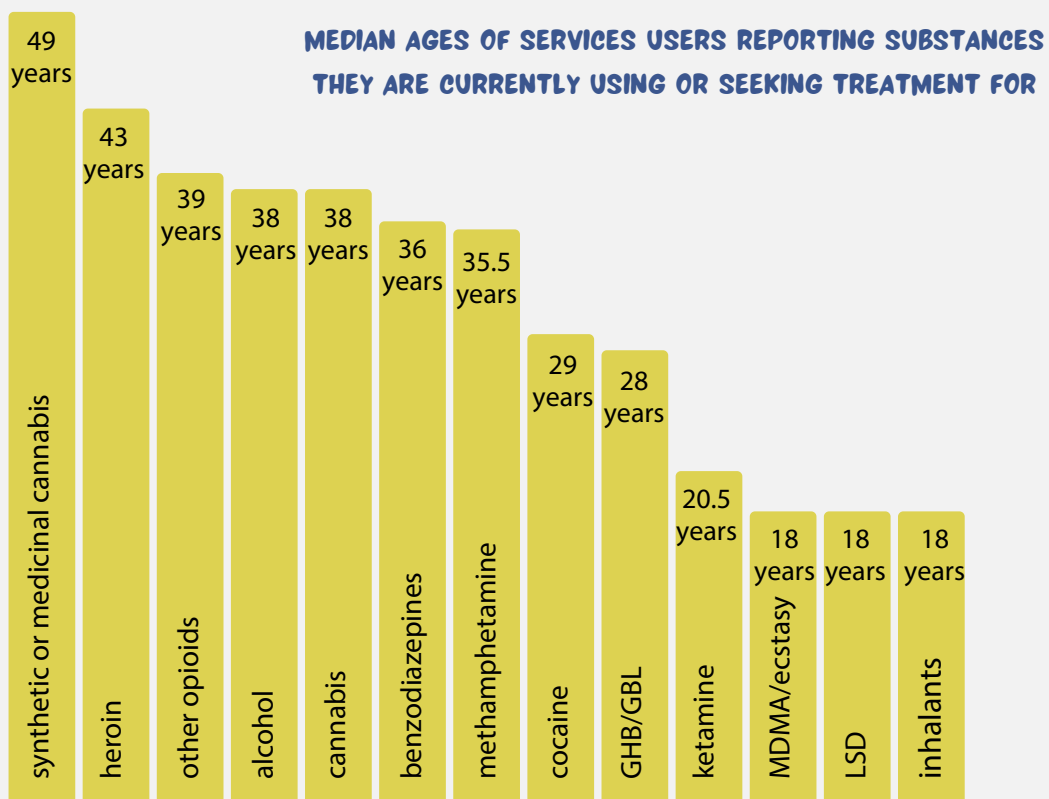
The graph below shows that median ages of people using or seeking treatment were:

older for these substances

- synthetic or medicinal cannabis
- heroin
- other opioids
- alcohol
- cannabis

younger for these substances

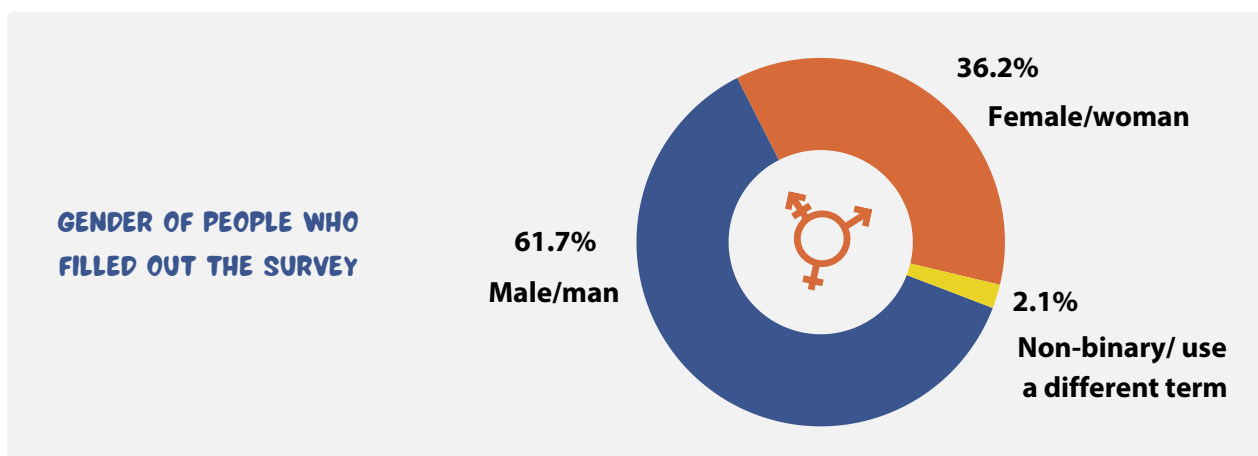
- ketamine
- MDMA/ecstasy
- LSD
- inhalants



Programs that work with people currently or formerly using heroin and/or other opioids are, in particular, supporting an ageing group. The median age of service users has steadily increased between 2012 and 2025 at Alcohol and Drug Services (that includes the Opioid Maintenance Treatment Program), Directions Health Services (that includes the primary needle and syringe programs) and CAHMA.

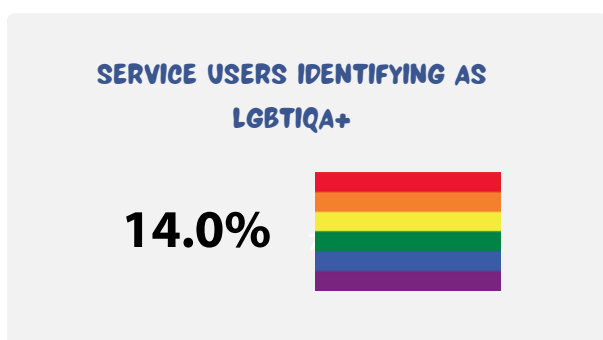


Diversity of ATOD service users



Gender diversity of people accessing ATOD services has important implications for how ATOD treatment and support is resourced and delivered. This includes resourcing the provision of gender-specific programming, and safe physical and treatment environments—for example: availability of workers of the same gender; gender-specific treatment groups; gender-appropriate and specific infrastructure and spaces; and appropriate service responses to safety concerns. This is particularly important for female and gender or sexuality diverse service users, a large proportion of whom have experiences of sexual assault, violence, and coercive control. Women are also more likely to experience stigma and discrimination around being a parent using alcohol and drugs. This can be a barrier to seeking ATOD treatment due to fear of the involvement of Child and Youth Protection Services.

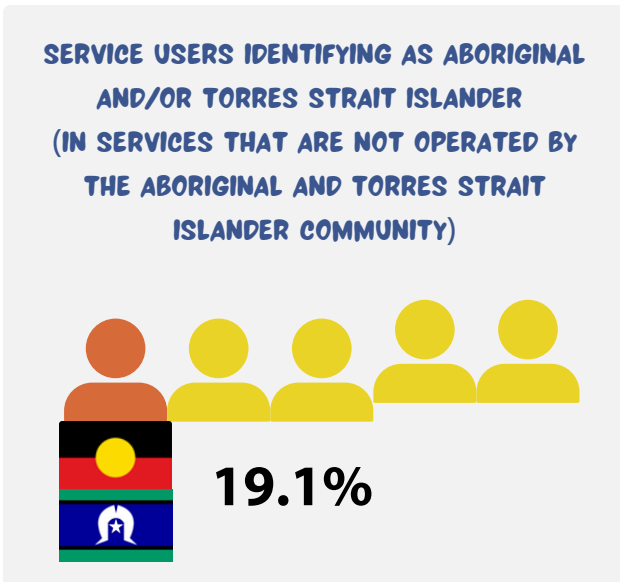
The collection of data on people who identify as LGBTIQ+ and use ATOD services is unique to this survey. Other sector-wide data sets do not collect this information, although many individual ATOD services routinely ask this question. People identifying as lesbian, gay, bisexual, transsexual, intersex, queer/questioning, asexual or using a different term (LGBTIQ+) can be at increased risk of ATOD related-harms. Providing appropriate supports for LGBTIQ+ service users, including through specific programming, continues to be a priority for ATOD treatment and harm reduction services.



DATA HIGHLIGHTS

- The organisation with the highest proportion of service users identifying as LGBTIQ+ was the Ted Noffs Foundation (39.1%), followed by Alcohol and Drug Services (17.6%).

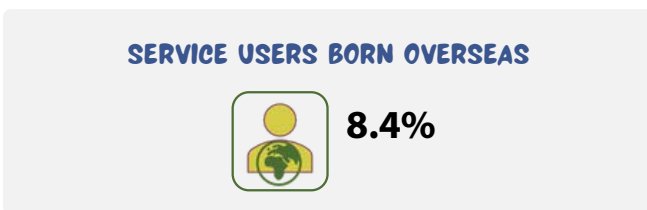
Aboriginal and Torres Strait Islander people access a range of ATOD programs, including services that are not operated by the Aboriginal and Torres Strait Islander community. It is important to continue to build and maintain capacity across the ATOD sector to provide culturally safe ATOD treatment and support services, including adequately resourcing Aboriginal community-controlled services to provide ATOD services across a range of intervention-types.



DATA HIGHLIGHTS

- 21.9% of all the people who responded said they were of Aboriginal and/or Torres Strait Islander origin.
- When looking at only service users accessing programs not operated by the Aboriginal and Torres Strait Islander community, 19.1% identified as being Aboriginal and/or Torres Strait Islander—this compares to 17.9% in 2018.
- Four non-Aboriginal organisations had more than twenty percent of service users who identified as Aboriginal and/or Torres Strait Islander: CAHMA; Karralika Programs; Directions Health Services; and Alcohol and Drug Services.

Low proportions of people identified as having a CALD background (less than ten percent). This does not necessarily mean that there is low demand for ATOD services in CALD communities; and it also does not indicate that ATOD services are not culturally inclusive. There are complex socio-cultural reasons for these lower proportions. The data suggests that the ATOD sector needs to continue to reach out to ACT CALD communities, and needs resourcing to continue to build capacity to meet the needs of CALD service users.



DATA HIGHLIGHTS

- Of the 25 service users who were born outside Australia, about half of these were born in the United Kingdom, Ireland, New Zealand or the USA.
- Of the 26 service users who spoke a language other than English at home, nearly half spoke a mainland European language.



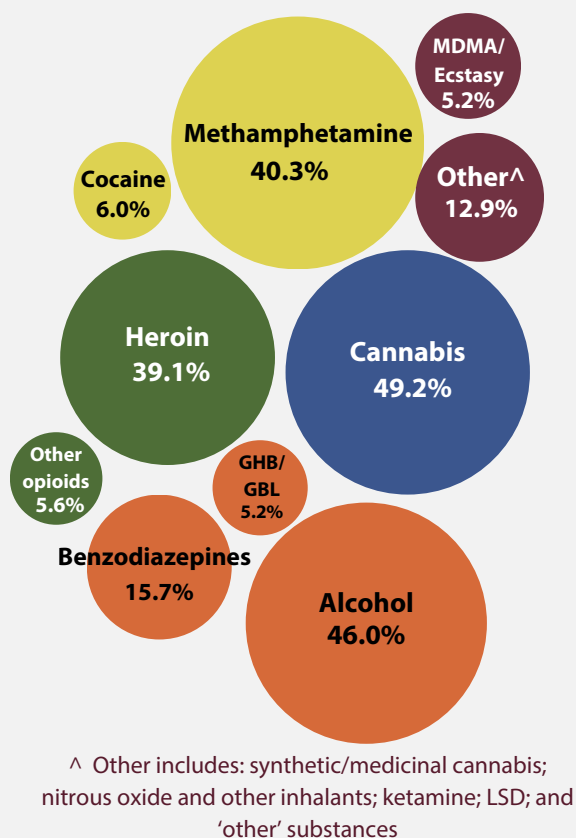
About the needs of people using ATOD services

People seeking treatment and support from ATOD services are often also experiencing a number of co-occurring and complex issues alongside alcohol, tobacco and other drugs. To better understand the needs of people using ATOD services, the SUSOSE asked service users about the substances that they were currently using, or that they were seeking treatment for; and also asked them about their life circumstances, and other supports that they had asked for and received.

Substance use: alcohol and other drugs

People accessing ATOD services may be using multiple types of substances at the same time, or may move in and out of using different substances over time. When people are accessing ATOD services, they may not be seeking treatment and support for all of the substances they are using at that time. The SUSOSE question about substance use is broad, as it asked service users about the substances that they were “currently using”, or that they were “seeking treatment for” without differentiating between use and treatment. People would have responded differently depending on the types of ATOD services they were using, and they could give multiple answers to this question if they were using more than one substance. The SUSOSE data is different to the data reported in the Alcohol and other Drug Treatment Services National Minimum Data Set (AODTS-NMDS). The AODTS-NMDS reports the ‘principle drug of concern’ and ‘other drug(s) of concern’ that people were getting treatment or support for.

SUBSTANCES SERVICE USERS WERE USING OR SEEKING TREATMENT FOR



DATA HIGHLIGHTS

- The highest proportions of service users said they were currently using or seeking treatment for: cannabis, alcohol, methamphetamine, and/or heroin.
- There was no difference between males and females with the substances currently using or seeking treatment for.



Reference: Tables C13 – C16

**SERVICE USERS ACCESSING MAINTENANCE
TREATMENT FOR HEROIN AND/OR OTHER OPIOIDS**

1 out of 3



A broad range of substances are used in the ACT community. This data shows it is important to retain a mix of treatment and harm reduction health services in the ACT ATOD sector that can respond to different drug types, and changing drug trends, and that can reduce ATOD-related harms for individuals, families and the community.

Alcohol—despite being a legal substance—continues to cause harm for a significant proportion of people in the community, and it should not be forgotten when advocating for treatment resourcing and for harm reduction policies in the community.

Substance use: smoking and vaping

The survey asked service users about whether they were using tobacco and/or e-cigarettes (vapes).

**SERVICE USERS WHO WERE SMOKERS
WHEN THEY FIRST STARTED TO USE THE
SERVICE**



DATA HIGHLIGHTS

- Tobacco use and e-cigarette (vape) use are high among service users of ATOD programs—higher than in the ACT community generally.



51.0%

**SERVICE USERS WHO
HAD USED AN
ELECTRONIC
CIGARETTE (VAPE) IN
THE PAST YEAR**

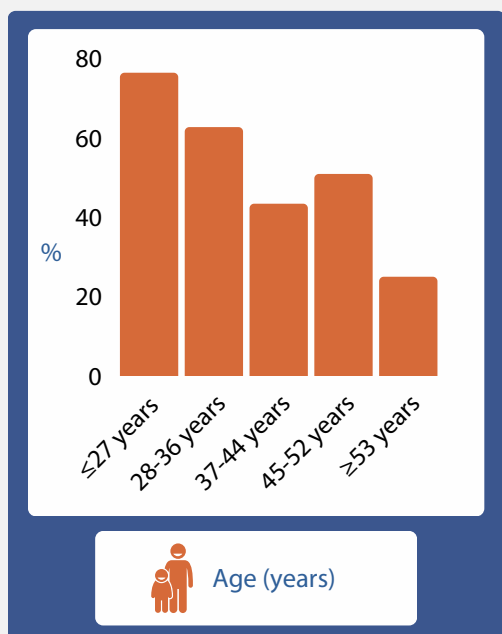


65.1%

**SERVICE USERS WHO
HAD USED ELECTRONIC
CIGARETTES (VAPES)
TO STOP OR CUT
DOWN THEIR TOBACCO
SMOKING**

Compared to non-smokers, people who reported smoking when they first started to use the service were more likely to experience socio-economic disadvantage (e.g. unemployment; homeless or at risk of homelessness; lower education levels). This shows the importance of providing access to affordable treatment and support for nicotine dependence for people accessing ATOD services—for example, by providing access to free nicotine replacement therapy.

USE OF E-CIGARETTES (VAPES) IN EACH AGE GROUP OF SERVICE USERS



While youth are more likely to be using vapes, there are still a large number of older people accessing ATOD services who have used e-cigarettes (vapes). It is important to have appropriate supports in place to ensure that people with long-term nicotine dependence who are currently using vapes, do not return to, or take up, tobacco smoking.

DATA HIGHLIGHTS

- Compared to people who had not used e-cigarettes (vapes), service users who reported using e-cigarettes in the past 12 months were more likely to be younger.
- Around three-quarters of those aged 27 years or younger had used e-cigarettes (vapes), while about one-quarter of those aged 53 years and over had used e-cigarettes.



Reference: Tables C17– C22

Complex and co-occurring needs of people using ATOD services

As well as providing high-quality treatment and harm reduction support, ATOD programs support service users with other health and social issues—either within their own programs, through in-reach by other services, or through referral to other organisations.

It is important to understand the different issues that are affecting people who access ATOD treatment and harm reduction services so that workers and services know how best to respond to and work with service users. This may include improving building infrastructure; providing training for the ATOD workforce; developing referral relationships with other organisations; and planning new programs. This information is also helpful to the government to understand issues that people in the community are facing, and how best to respond to these through evidence based policy decisions and appropriate funding allocations.

The survey included questions that help to understand the kinds of supports that service users need from ATOD programs in the ACT, including questions on:

- socio-economic status (employment, education and housing);
- other co-occurring health or social issues (disability; gambling; and experiences of domestic and family violence);
- non-ATOD supports that service users had asked for and/or received

Education and employment - aged 18 years and over

SERVICE USERS STUDYING FULL-OR-PART-TIME



10.9%

HIGHEST LEVEL OF EDUCATION

55.6%

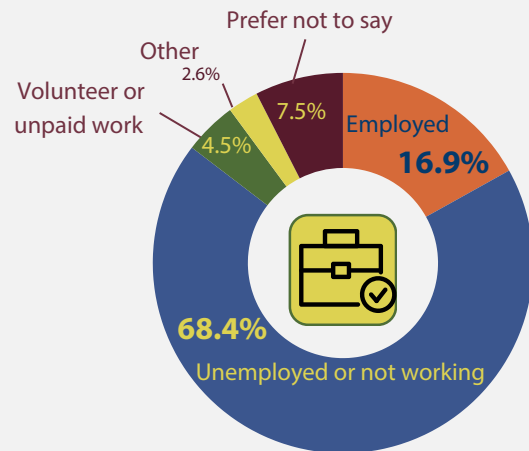
Year 11 or less



44.4%

Year 12 or higher

SERVICE USERS EMPLOYMENT STATUS



DATA HIGHLIGHTS

- Nearly one-quarter (23.7%) said that their highest level of education was 'less than year 10'.

Housing

SERVICE USERS HOMELESS OR AT RISK OF HOMELESSNESS



38.5%

SERVICE USERS LIVING IN SOCIAL HOUSING



35.3%

SERVICE USERS ON THE WAITING LIST FOR SOCIAL HOUSING



22.4%

DATA HIGHLIGHTS

- At least 38.5% of service users were homeless or at risk of homelessness, including: 'homeless' (9.2%); 'temporary accommodation' or 'non-settled accommodation' (25.8%); and 'residential ATOD rehabilitation or other residential treatment program' (3.5%)
- Of 43 service users (out of 56) who are currently on the waiting list for social housing, the mean waiting time was 29.2 months, with half of these service users waiting 24 months or longer.
- Of those not currently living in social housing, 39.1% stated that they need or want social housing.



Reference: Tables C23 – C31

Disability

SERVICE USERS IDENTIFYING AS SOMEONE WITH A DISABILITY



37.5%

DATA HIGHLIGHTS

- Of those service users who said that they identified as someone with a disability, 28.4% specified their disability as 'psychosocial', including for instance nervous or emotional conditions, mental illness, memory problems, or social or behavioural difficulties.
- At least 12.8% of service users experienced a physical disability—these may impact on their access to ATOD services, many of which have ageing and inappropriate infrastructure.

Domestic and/or family violence

SERVICE USERS WHO EXPERIENCED DOMESTIC AND/OR FAMILY VIOLENCE IN THE LAST 12 MONTHS

44.6%



15.9%

SERVICE USERS WHO EXPERIENCED VIOLENCE OTHER THAN DOMESTIC AND/OR FAMILY VIOLENCE IN THE LAST 12 MONTHS

32.7%



23.2%

The strong intersection between alcohol and other drugs and violence—particularly domestic and/or family violence (DFV)—is well known. The interaction is highly complex and needs multi-faceted approaches in response. ATOD services have recognised this issue and have been building capacity to respond to, support, and work with people experiencing violence (more often women, as the SUSOSE data shows) and people using violence.

People who use drugs—both men and women—also experience high rates of violence other than DFV. Responding to the experiences of violence for many ATOD service users, trauma-informed approaches are a cornerstone of evidence-informed ATOD service delivery.

Gambling

ATOD programs have been noticing co-occurring gambling and ATOD use as an issue for some of their service users. Gambling is normalised in the community, but it can cause significant harms. Resources and training are needed across the sector to improve responses to this co-occurring issue.

SERVICE USERS THAT HAD GAMBLED IN THE PAST YEAR



38.2%

OF THOSE:

22.0%

FELT THEIR GAMBLING WAS CAUSING THEM HARM

12.8%

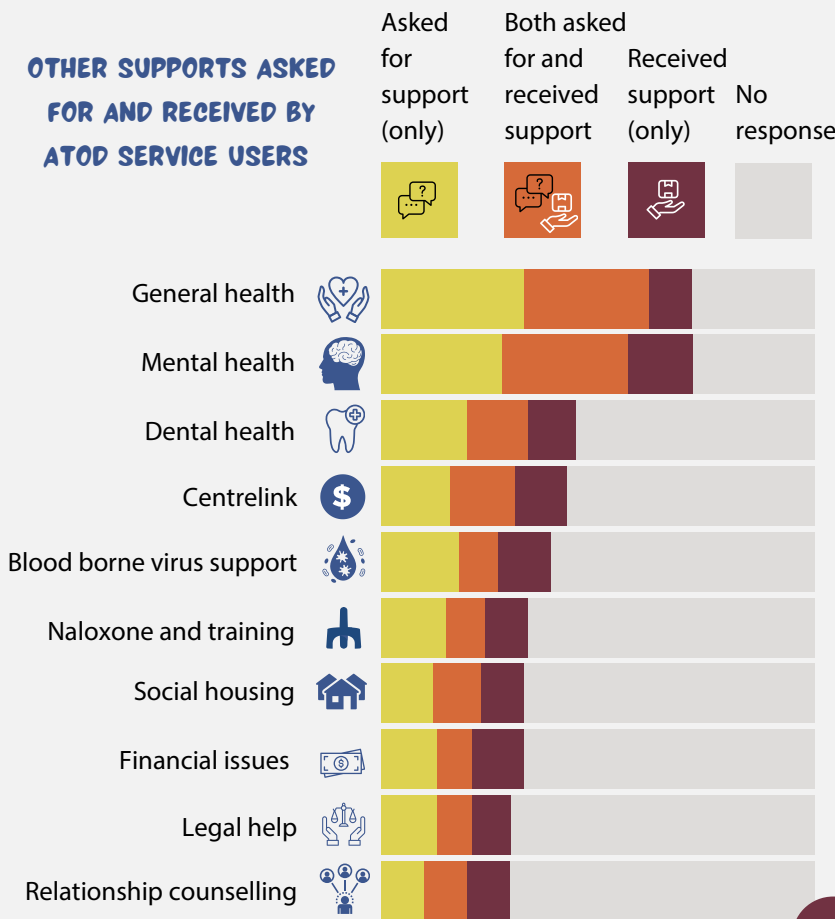
WANTED TO ACCESS SUPPORT TO STOP GAMBLING HARM



Reference: Tables C32-C36

Supports requested and/or received by people accessing ATOD services

OTHER SUPPORTS ASKED FOR AND RECEIVED BY ATOD SERVICE USERS



People reported asking ATOD services for a broad range of health, social and justice supports to respond to complex and co-occurring needs. The highest proportions were for health issues: general health; mental health; and dental health.

For the most part, ATOD services are not properly resourced to provide these other supports, and may need to divert resources to do so. ATOD services' ability to respond to these needs also rely on capacity within the broader health and community sector.



Reference: Table C37

Accessing ATOD and other services

The ATOD sector aims to provide people with access to high quality treatment that is appropriate to their needs, when and where they need it. This is critical to people successfully reducing ATOD-related harms for themselves and their families. It is important to understand what factors might impact on this accessibility. This information can help to improve the ATOD sector's capacity to provide quality treatment and support, for example by: informing sector planning; improving infrastructure; streamlining referral pathways; and shifting community attitudes.

IN NON-RESIDENTIAL SERVICES
SERVICES USERS WHO HAD BEEN
COMING TO THE SERVICE FOR
MORE THAN 1 YEAR

55.8%

SERVICES USERS WHO HAD BEEN
COMING TO THE SERVICE WEEKLY
OR MORE OFTEN

48.7%



The SUSOSE data shows that many service users of non-residential ATOD programs have had long term and recurring relationships with ATOD services.

DATA HIGHLIGHTS

- One-quarter of service users said that they had been referred from another service—of those that told us where they'd been referred from, 27 (39.7%) had been referred from another ATOD service.



Reference: Tables C38 – C41

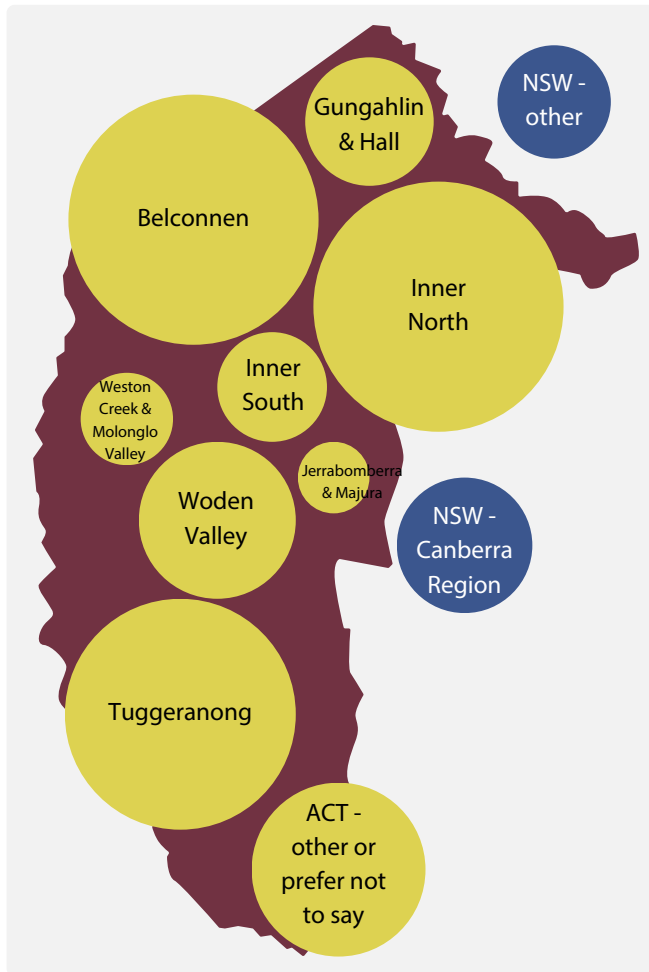
Factors that affect access to ATOD services

The SUSOSE looked at factors that might affect access to ATOD services, like: where people live; how long people had to wait to access the services; and the barriers that they faced.

Where people live, and how close (or far away) they live from the services they need, can impact on them accessing those services. Knowing where people who use ATOD services live can help with planning the placement of new services or programs.

Service users were asked where they were 'currently living' (for service users in non-residential programs), or where they were living before they came to their residential program (for service users accessing residential programs).

Where service users live



DATA HIGHLIGHTS

- 90.8% of service users were from the ACT.
- 100.0% of service users accessing non-residential programs, and 74.4% of service users accessing residential programs were residents of the ACT or region.
- The highest proportions of service users came from the Inner North, Belconnen, and Tuggeranong.

Transportation

People might find it more difficult to access the services they need if they cannot easily travel to those services. They might not have access to transportation and/or the services might not be located in convenient places (e.g. near public transport).

SERVICE USERS WHO OFTEN HAVE DIFFICULTY GETTING TO THE PLACES THEY NEED TO



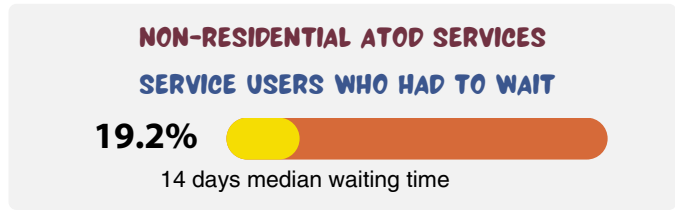
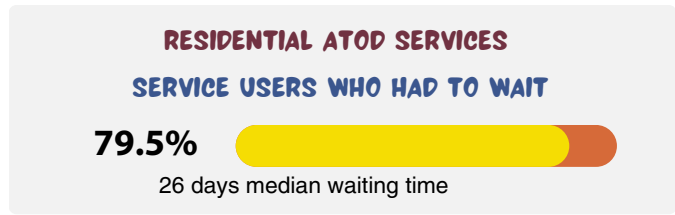
20.5%

DATA HIGHLIGHTS

- While one in five service users said that they often have difficulty getting to the places they need to, the majority (41.4%), said that they could “easily get to the places I need to”.

Waiting times for ATOD services

The need and demand for ATOD treatment and support is known to be greater than what is funded and available, and service users will often need to wait to access some of the ATOD programs that they need.



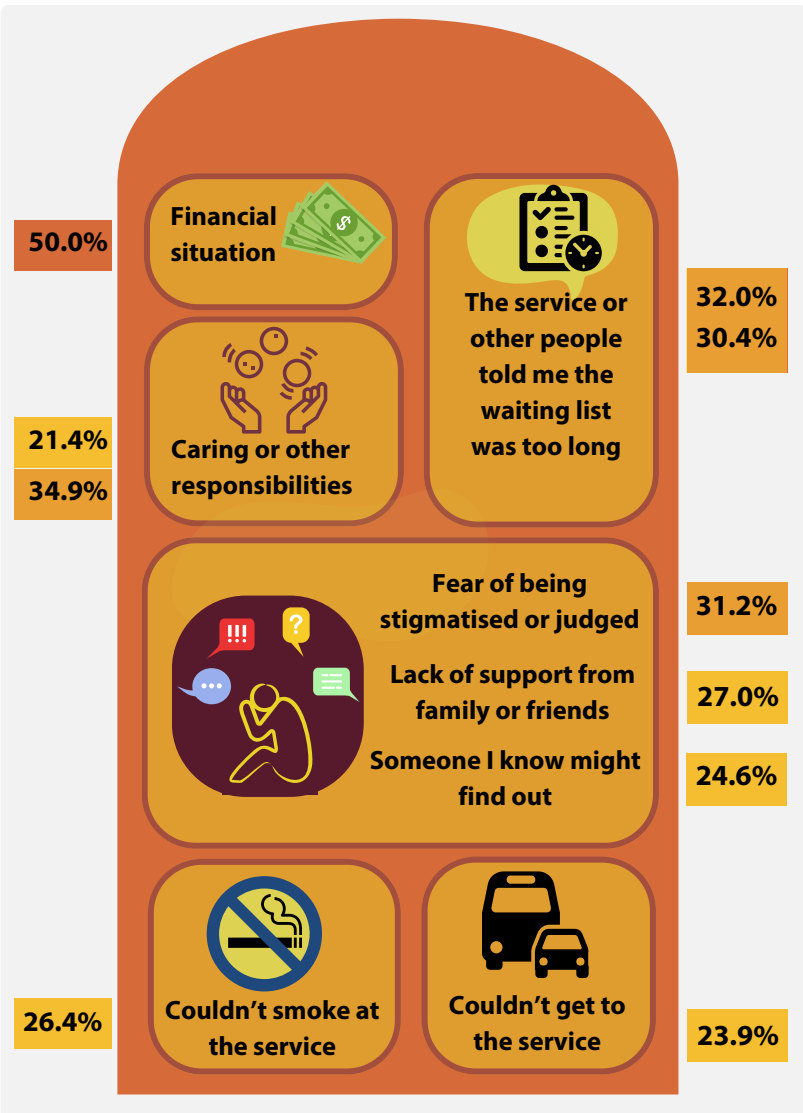
DATA HIGHLIGHTS

- Service users had to, on average, wait longer to access residential ATOD programs than non-residential ones.
- However, waiting times were longest at non-residential counselling and case management programs—28 days median waiting time.

 **Reference: Tables C42 – C48**

Barriers to accessing ATOD services

Service users were asked about issues that had made it hard for them to use ATOD services in the past five years.



While 'financial situation' was the top barrier listed, it is not clear what exactly the barrier is (that is, is it the cost of the program, or lost earnings from a job, or something else).

Actual or perceived waiting lists, caring responsibilities, and experiences of stigma from others were also significant barriers.

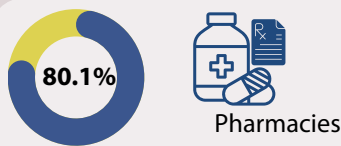
More than a quarter said that the fact that they could not smoke at the service was a barrier. This shows how important it is to provide and promote the availability of smoking and vaping cessation and reduction supports, like nicotine replacement therapy (NRT). It also shows the importance of having a broad range of program options for people who use tobacco or e-cigarettes (vapes) who need alcohol and other drug treatment and support.

 **Reference: Table C49**

Access to other types of services

People also used other types of services in the ACT

(in the past 6 months)



People using ATOD services also rely on a range of other health and community services, particularly pharmacies, GPs and community health services.

This underscores the importance of maintaining a strong publicly funded health and community services system, and the need for referral pathways across the system to better support people with complex needs—including those using ATOD services.

It also further demonstrates the need to take whole-of-person approaches to ATOD treatment and support; as well as focusing on improving the broader social, economic and environmental factors that influence health and wellbeing in the ACT community—social determinants of health such as education, housing, employment, and access to resources.

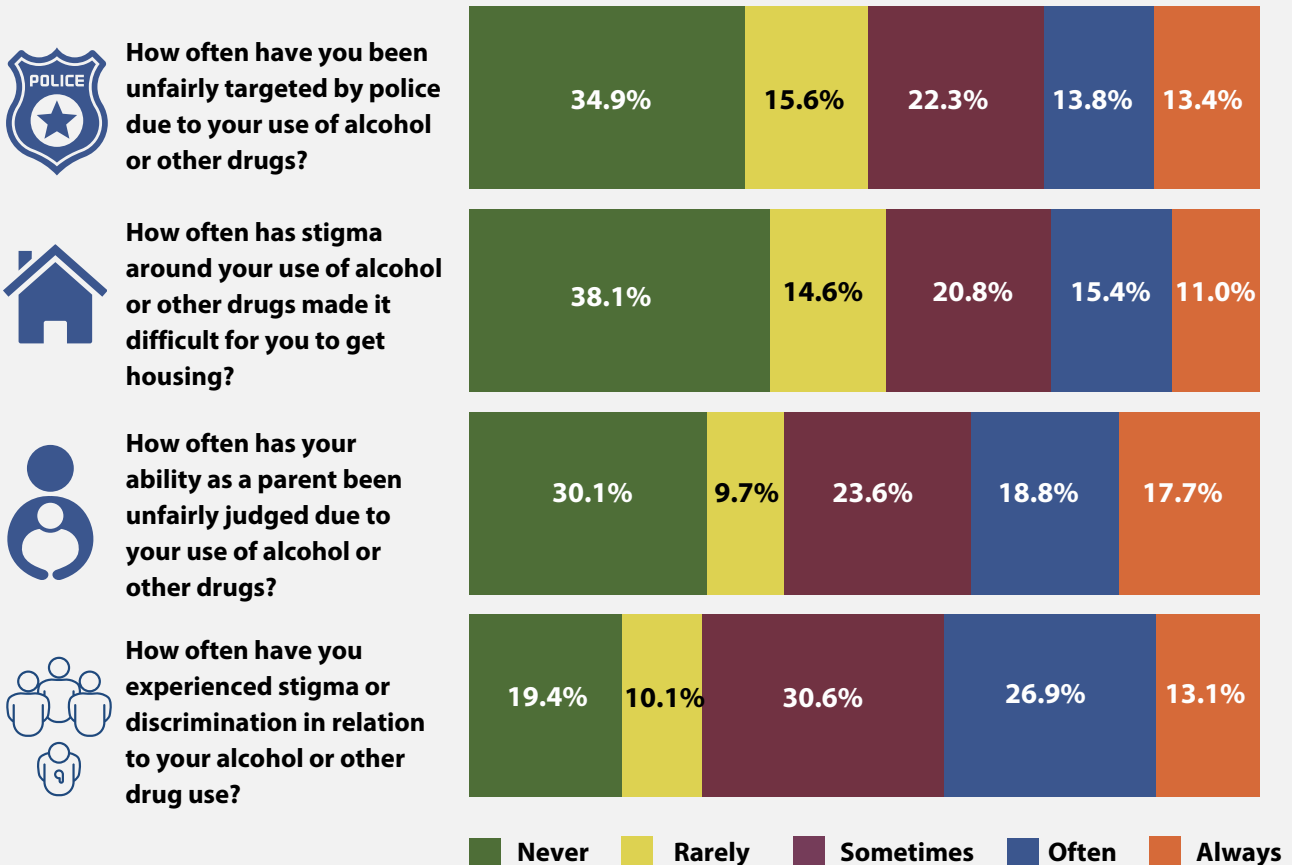
 Reference: Table C50

Experiences of stigma in the community

Stigma, discrimination and being treated unfairly can be barriers to accessing services in the community. The SUSOSE asked service users about their experiences of stigma and discrimination in the community more generally in the last 12 months.

40%
of service users said that they had often or always experienced stigma or discrimination in relation to their alcohol or other drug use in the last 12 months

SERVICE USERS REPORTED THE FOLLOWING (IN THE LAST 12 MONTHS)



* People who answered 'not applicable' are not included



Experiences of (and satisfaction with) ATOD and other services

Delivering person-centred care is a central principle of the ACT health system, and critical to providing quality ATOD services. Person-centred care is associated with better use of health services and improved health outcomes. Understanding and measuring the experiences of people using ATOD services is important, so that improvements can be made to interactions between service users and ATOD services, and to the quality of treatment and support that is received.

The quality of person-centred healthcare can be measured in two main ways, and both of these were included in the SUSOSE.

- An experience measure that asked people about their interactions with ATOD services—did they receive particular services, or were they treated in a particular way. In the SUSOSE, this was measured using the set of fifty questions that was developed by the SUSOSE Project Advisory Group.
- A satisfaction measure that asked service users to evaluate (or rate) their care—how they rated this would be influenced by what they expected from using the ATOD service. In the SUSOSE, this was measured using a standard satisfaction measure called the CSQ-8.

Experiences of ATOD services

For the questions that measured their experiences of using ACT ATOD services, service users were asked how much they disagreed or agreed with each of the statements. After taking out surveys that did not have valid responses, there were 273 surveys that are reported on in this section.



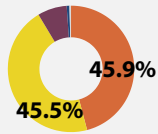
Overall, service users were positive about their experiences with ATOD services and with workers at these services.

Some examples of responses to these questions are shown on the next page.

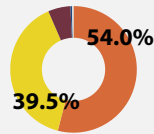


Reference: Table C52 – C53

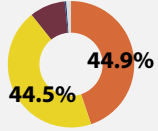
RESPONSES TO QUESTIONS ABOUT EXPERIENCES



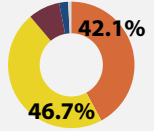
At services I feel physically safe



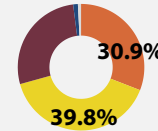
The workers are caring and supportive



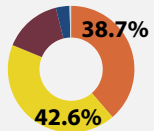
Services provide the support that I need for alcohol and other drug issues



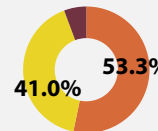
Services provide useful information about how to reduce harms from alcohol and/or other drugs



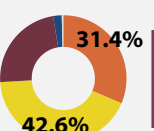
I can access a worker with lived experience of alcohol and other drugs, if I want



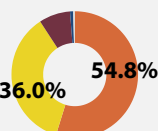
Workers follow through with what they say they'll do



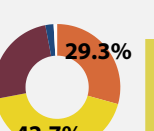
At services I'm treated like a person, not like 'a problem'



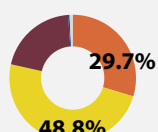
Services respect my cultural values



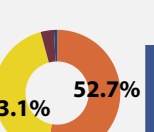
The workers are passionate about the work they do



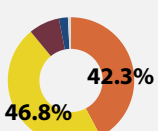
My family/ significant others can be involved in my care and support if I want



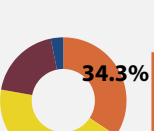
The workers tell me what's going on before things change in my treatment or support



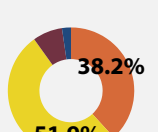
I feel welcome at ATOD services



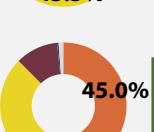
At services I feel emotionally safe



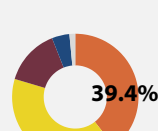
Services meet my mental health needs



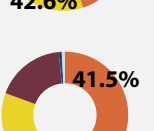
At services I can say 'no' to any care or support that I don't want



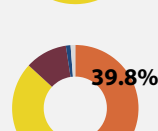
Services support me with more than just my alcohol and other drug issues if I ask for it



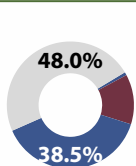
The locations of services are convenient for me



The workers understand what it's like to be a person who uses alcohol or other drugs



Services support me to reach my wellbeing goals



48.0% of service users strongly disagreed that

At services I feel judged for being someone who uses alcohol & other drugs

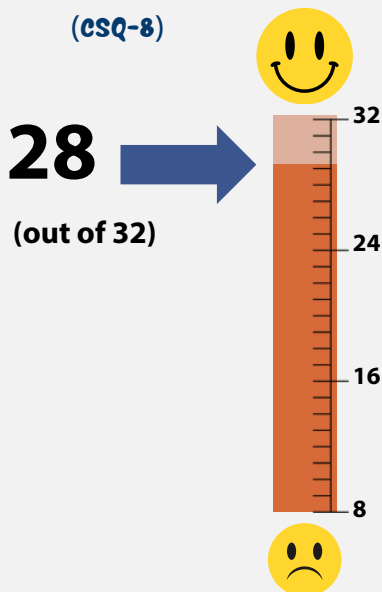
★ This item was worded in the negative



Satisfaction with ATOD services

Satisfaction was measured using eight questions from the Client Satisfaction Questionnaire (CSQ-8)[©]. For each person filling out the survey, the answers to these eight questions were added together to make an overall satisfaction score—where 8 is the lowest score, and 32 the highest. Only the 287 service users who answered all eight of the questions could be included in this analysis.

SERVICE USERS AVERAGE SATISFACTION SCORE (CSQ-8)



DATA HIGHLIGHTS

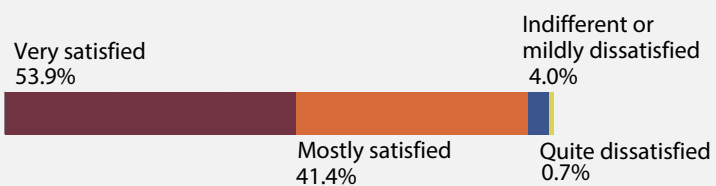
Overall the results show that service users are very satisfied with ACT ATOD services:

- The average (mean) score was 28.1 (out of 32)
- Half of service users gave a score below 29, and half gave a score above it
- 22.6% of service users gave the highest score of 32
- All organisations scored median scores well above the mid-point of the scale (20)

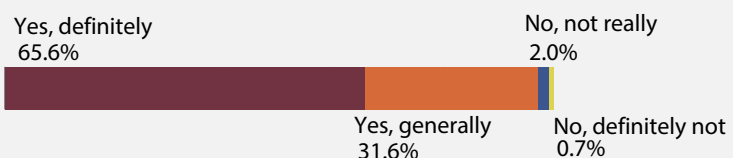
Reference: Tables C54 – C58

THREE QUESTIONS FROM THE CSQ-8 SCALE SHOW PEOPLE'S LEVEL OF SATISFACTION:

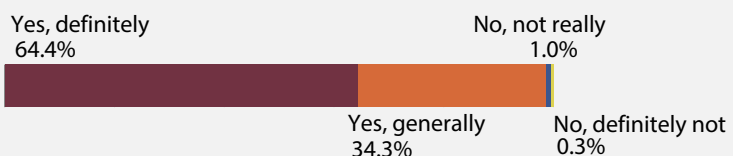
In an overall, general sense, how satisfied are you with the service you have received?



If you were to seek help again, would you come back to this service?



If a friend was in need of similar help, would you recommend this service/program to them?



Outcomes from attending ATOD services

There are three generally accepted primary objectives of ATOD treatment: to reduce levels of substance use; to reduce experiences of ATOD-related harms; and to improve service user health and wellbeing. The survey asked service users about their outcomes related to each of these primary objectives. As different people would be looking for different outcomes from ATOD treatment and support, there were some outcomes that were not relevant for some people—service users had the option to say ‘not applicable’ if the outcome was not relevant to them. Service users reported generally positive, or improved, outcomes for each of items related to ATOD treatment. Where the outcomes scored lower, these were for issues that are not core business of ATOD services—like dental health and housing.

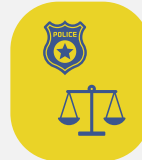
Service users generally reported positive outcomes from attending ACT ATOD services

SERVICE USERS WHO SAID THEIR AOD USE DECREASED (BOTH QUANTITY AND FREQUENCY)



73.9%

SERVICE USERS WHO SAID THEIR RISK OF INVOLVEMENT WITH POLICE AND THE JUSTICE SYSTEM DECREASED



69.2%

SERVICE USERS WHO SAID THEIR ABILITY TO KEEP THEMSELVES SAFE WHEN USING AOD INCREASED

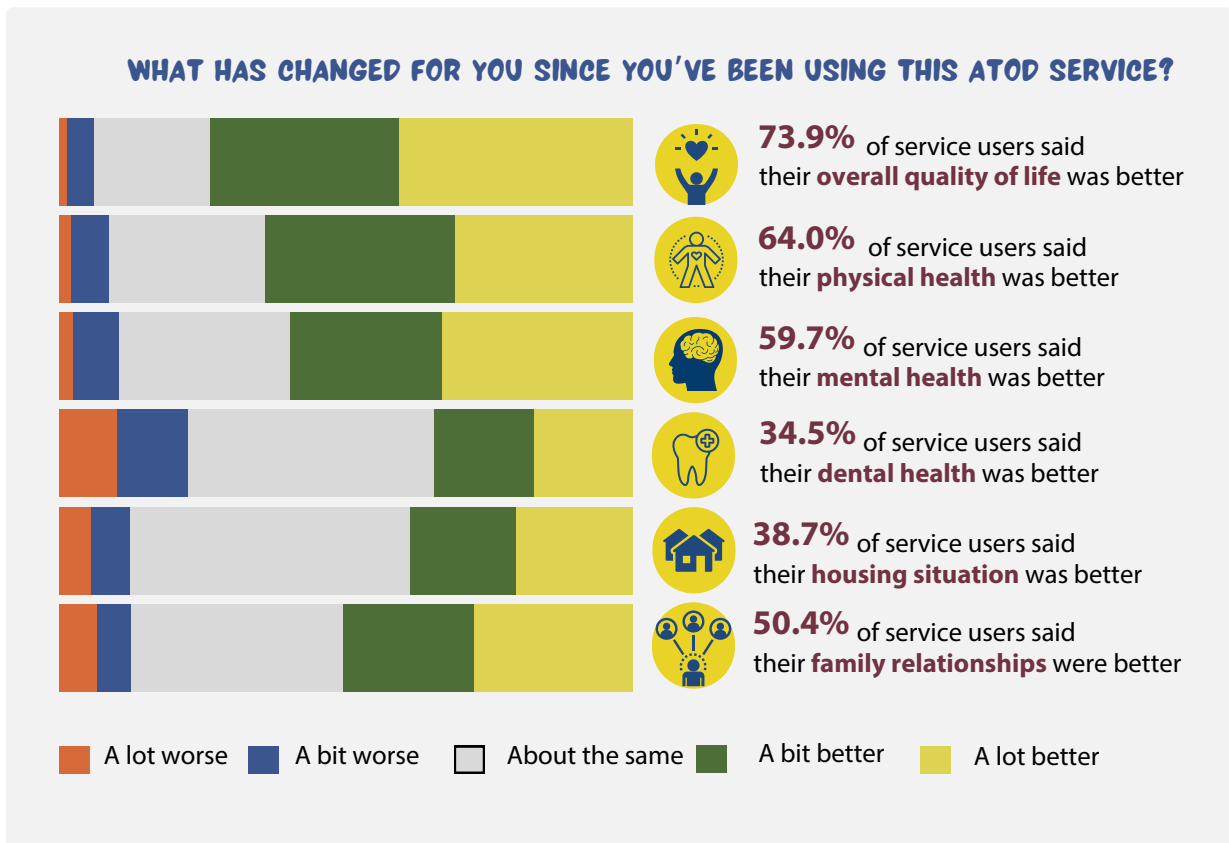
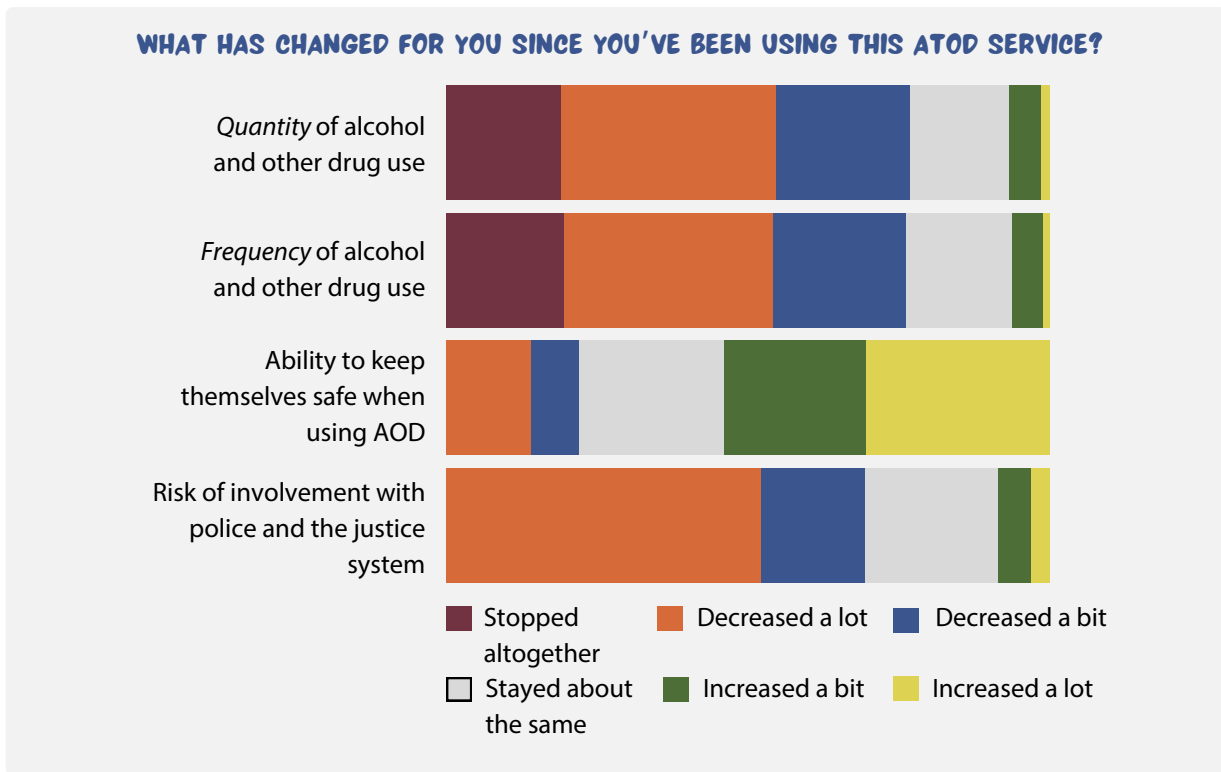


53.9%

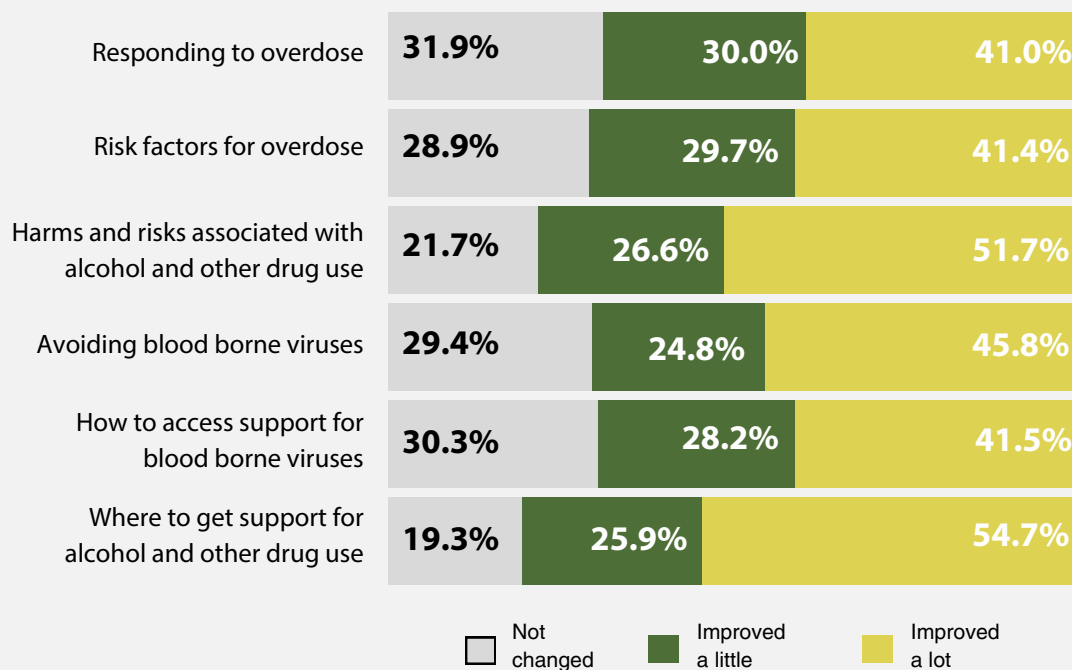


Reference: Tables C59 – 60

The colours in the graphs below show what percentage of people answered in each category.



HOW MUCH HAS YOUR KNOWLEDGE OF EACH OF THE FOLLOWING CHANGED SINCE USING THIS ATOD SERVICE?



Smoking outcomes

ATOD services have the expertise to provide treatment and support for nicotine dependence alongside alcohol and other drug treatment and harm reduction activities. It is important that ATOD services are well-resourced to implement best practice smoking and vaping cessation and harm reduction interventions.

SERVICE USERS WHO WERE SMOKERS WHEN THEY FIRST STARTED USING THE SERVICE WHO HAD EITHER STOPPED SMOKING OR WERE SMOKING LESS



49.1%

Conclusion

The 2023 ACT ATOD Service Users' Survey of Outcomes, Satisfaction and Experience (SUSOSE) found that, overall, service users have positive experiences and high satisfaction with ACT ATOD services. Service users also reported positive outcomes under each of the generally accepted primary objectives of ATOD treatment—i.e. reduced levels of substance use, reduced experiences of ATOD-related harm, and improved health and wellbeing.

The SUSOSE provides valuable data on the profile of service users of ATOD services in the ACT. The data shows the diversity of service users accessing ACT ATOD services and the co-occurring and complex issues they experience alongside ATOD use. A whole-of-person approach is needed to complement effective ATOD treatment and support. As well as providing high-quality ATOD treatment and support, ATOD programs are called upon to respond to other health and social needs of service users. Service users also face barriers to accessing ATOD services, many of which are related to the complex and co-occurring issues they experience.

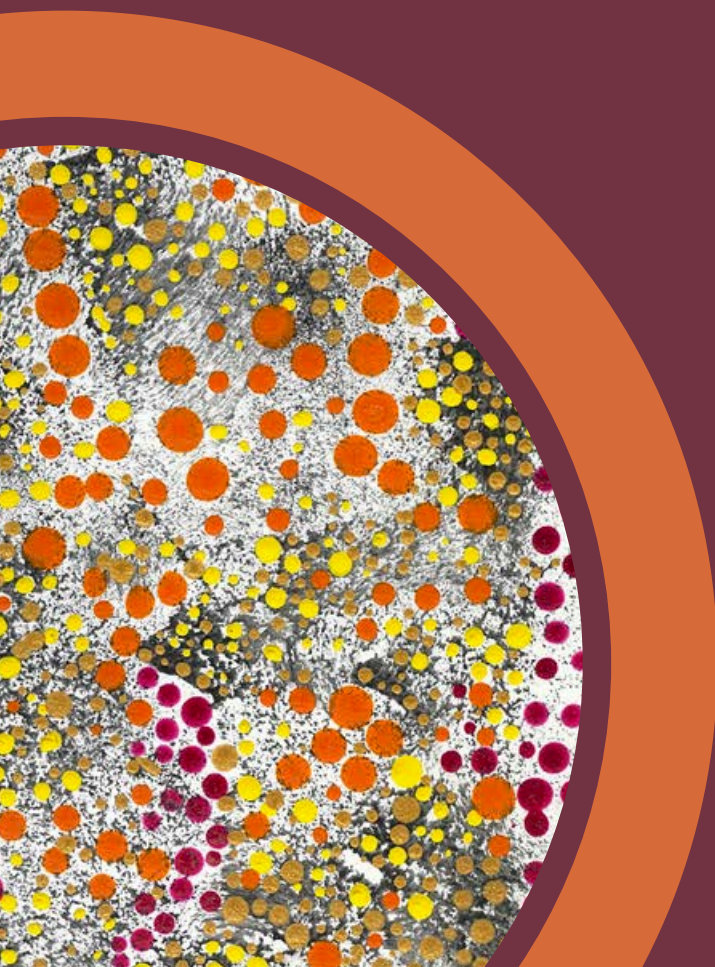
The ACT ATOD sector has an excellent reputation for gathering and using high-quality data and information to deliver evidence-informed ATOD treatment, and to develop effective and supportive ATOD policy. For the 2023 survey, a unique co-design process involved ATOD service users and peer workers alongside ATOD services, the peak organisation, policy makers and researchers in the development of the questions, implementation of the survey, and analysis and reporting of the findings. As far as ATODA is aware, the SUSOSE is the only survey of its kind in Australia to be co-designed with ATOD service users, and to measure the experiences of service use across the entire sector.

Results from the survey are valuable to the ATOD sector in the ACT to improve service responsiveness to the needs of people accessing ATOD services; inform quality improvement programs in these services; and to inform broader policy and service planning processes in the ATOD sector. The survey is key to ongoing monitoring and improvement of quality person-centred service delivery in the ACT ATOD sector.

**Full Report and Appendices available on
ATODA's website [here \(www.atoda.org.au\)](http://www.atoda.org.au)**



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Association ACT