



Submission to the
**Inquiry into the health impacts of
alcohol and other drugs in Australia**

October 2024

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Dr Mike Freeland MP
Chair, Standing Committee on Health, Aged Care and Sport PO Box 6021
Parliament House Canberra
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Dear Committee Secretariat,

The Australasian Therapeutic Communities Association (ATCA) welcomes the opportunity to provide a submission to the Inquiry into the health impacts of alcohol and other drugs in Australia.

The ATCA is a member-based organisation, representing non-government alcohol and other drug organisations across Australia and New Zealand, who provide Therapeutic Communities, residential and non-residential rehabilitation services. These include community and prison-based services, withdrawal management and day programs. Our membership supports tens of thousands of people across Australia each year, including young people, adults, parents, carers, and families with children. ATCA members operate under the Therapeutic Community Model of treatment or aim to become a therapeutic community (TC). TCs approach is holistic, assisting people experiencing substance use issues and key social determinants including education, social connections, trauma, mental and physical health, housing and employment.

ATCA supports and represents its members, promoting the Therapeutic Community Model as an evidence-based approach to treatment that enhances the wellbeing of consumers of our member services. We advocate for our members' needs by facilitating continuous quality improvement through the ATCA Standard and providing workforce development opportunities, including the specialised TC Training Course.

ATCA would like to thank the House of Representatives Standing Committee on Health, Aged Care and Sport for undertaking this inquiry and we hope to see the Australian Government prioritise alcohol and other drug (AOD) policy and increase funding to non-government AOD treatment services. ATCA appreciates the opportunity to provide feedback and are available to provide further information, including speaking at any hearings associated with this Inquiry.

Yours sincerely,

Michelle Ridley

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Submission

The ATCA provides the following information and recommendations in relation to the Terms of Reference.

Terms of Reference

- a) **Assess whether current services across the alcohol and other drugs sector is delivering equity for all Australians, value for money, and the best outcomes for individuals, their families, and society.**
- b) **Examine the effectiveness of current programs and initiatives across all jurisdictions to improve prevention and reduction of alcohol and other drug-related health, social and economic harms, including in relation to identified priority populations and ensuring equity of access for all Australians to relevant treatment and prevention services.**

The overall cost-effectiveness of the alcohol and other drug (AOD) sector is well-documented, with reports showing, for every \$1 invested in AOD treatment, \$5.40 is returned in community benefits¹. As an integral part of the AOD sector, Therapeutic Communities (TCs) have been consistently shown over the past 40 years to deliver effective and cost-efficient treatment, particularly for individuals with severe substance use issues alongside complex social and psychological concerns.^{2,3,4} TCs have been shown especially effective in reducing AOD use, mental health symptoms, recidivism and improving employment opportunities and social engagement.^{5,6} Additionally, TCs have proven very beneficial in correctional settings, where they significantly reduce recidivism and support long-term recovery post-treatment.⁷

Therapeutic Communities (TCs) have been an important part of Australian AOD treatment landscape for over fifty years, with a global presence spanning six regions and 40 countries. TCs encompass both residential and non-residential programs and provide a structured, supportive environment, using peers and other evidence-based interventions focused on holistic care related to family, education, vocational training, and physical and mental health.^{8,9} In addition to TCs, ATCA members also provide a range of services across the continuum, from prevention, early intervention and education; to inpatient

¹ Voce, A. & Sullivan, T. (2022). *What are the monetary returns of investing in programs that reduce demand for illicit drugs? Trends & issues in crime and criminal justice no. 657*. Canberra: Australian Institute of Criminology

² De Leon, G., Perfas, F.B., Joseph, A., Bunt, G. (2021). Therapeutic Communities for Addictions: Essential Elements, Cultural, and Current Issues. In: el-Guebaly, N., Carrà, G., Galanter, M., Baldacchino, A.M. (eds) *Textbook of Addiction Treatment*. Springer, Cham. https://doi.org/10.1007/978-3-030-36391-8_48

³ World Federation of Therapeutic Communities (2023). 'WFTC World Social Report', no.2, www.wftc.worldsocialreport.pdf

⁴ Vanderplasschen, W., Colpaert, K., Autrique, M., Rapp, R.C., Pearce, S., Broekaert, E. & Vandeveld, S (2013). Therapeutic Communities for Addictions: A Review of Their Effectiveness from a Recovery-Oriented Perspective. *The Scientific World Journal*. <http://dx.doi.org/10.1155/2013/427817>

⁵ Madden E, Fisher A, Mills K L & Marel C (2020). *Best practice approaches for alcohol and other drug treatment in residential settings - An evidence check and member consult*. University of Sydney, The Matilda Centre for Research in Mental Health and Substance Use.

⁶ Magor-Blatch, L.E., Bhullar, N., Thomson, B.E. & Thorsteinsson, E. (2014). A Systematic Review of Studies Examining Effectiveness of Therapeutic Communities. *Therapeutic Communities: International Journal of Therapeutic Communities*, 35(4), 168-184.

⁷ Ibid.

⁸ World Federation of Therapeutic Communities (2023). 'WFTC World Social Report', no.2, www.wftc.worldsocialreport.pdf

⁹ Vanderplasschen, W., Colpaert, K., Autrique, M., Rapp, R.C., Pearce, S., Broekaert, E. & Vandeveld, S (2013). Therapeutic Communities for Addictions: A Review of Their Effectiveness from a Recovery-Oriented Perspective. *The Scientific World Journal*.

withdrawal management; residential rehabilitation services (RRS); opioid substitution programs; day rehabilitation programs; and outpatient and aftercare programs.

The length of ATCA members' programs and retention rates of participants are key factors in their proven effectiveness.^{10 11 12} The World Health Organisation characterises addiction as a chronic relapsing condition, meaning recovery is an ongoing process that often requires multiple treatment episodes across various modalities.¹³

Research consistently shows that for people with serious substance use issues and other complex co-occurring concerns, longer involvement in structured treatment programs, whether residential or day-based, significantly improves recovery outcomes¹⁴. This approach provides individuals with the necessary time and support to address the underlying causes of the persons substance use problems, develop coping skills, and prevent relapse. TCs create a structured environment based on peer support, self-help, and behavioral therapies, which help individuals build essential coping mechanisms and social skills for long-term recovery.¹⁵ The ATCA emphasises the importance of sustained investment in long-term treatment programs such as TCs and RRS, urging funding bodies not to move away from these options.

Following residential treatment, ATCA members typically provide clients after care support, also known as continuing care, which is shown to greatly improve treatment outcomes, especially for those at a higher risk of relapse.¹³ Continuing care is accessible to all individuals leaving residential treatment, whether they complete the program or leave early, as it offers crucial support in various areas such as managing co-occurring issues like homelessness, isolation, mental health concerns, criminal justice and child protection involvement.¹⁶ However, despite the importance of continuing care in achieving long-term positive outcomes, ATCA member services often face funding shortages, making it difficult to provide this essential support. Many programs rely on unfunded resources to offer aftercare services. The ATCA, therefore, advocates for adequate funding to enable all member services offering TCs and residential rehabilitation to provide comprehensive continuing care programs.

Despite their proven effectiveness, ATCA members face significant barriers delivering programs due to chronic underfunding and short-term contracts. Persistent lack of adequate funding has been evidenced in multiple sector reports, indicating that unmet demand may range up to 48% of individuals seeking AOD treatment, who are suitable for this support¹⁷. This underfunding results in logistical challenges such as lengthy waiting lists, a shortage of qualified staff, and the use of non-purpose-built facilities. These issues are particularly pronounced in regional, rural, and remote areas where a lack of funding for residential rehabilitation, community services, and day programs forces people to travel long distances, incurring high costs and disrupting their lives to receive treatment.

¹⁰ Whitten T, Cale J, Nathan S, Hayen A, Williams M, Shanahan M & Ferry M (2023). *Duration of stay and rate of subsequent criminal conviction and hospitalisation for substance use among young people admitted to a short-term residential program*. Drug and Alcohol Review.

¹¹ Stohr, M. (2020). *Therapeutic Communities in Correctional Institutions*. In: Correctional Assessment, Casework, and Counseling. Springer, Cham. https://doi.org/10.1007/978-3-030-55226-8_12

¹² Staiger, PK, Liknaitzky, P, Lake AJ, & Gruenert, S (2020). *Longitudinal Substance Use and Biopsychosocial Outcomes Following Therapeutic Community Treatment for Substance Dependence*. Journal of Clinical Medicine 9, no. 1: 118. <https://doi.org/10.3390/jcm9010118>

¹³ World Health Organization 2019, Addiction, https://applications.emro.who.int/docs/EMRPUB_leaflet_2019_mnh_213_en.pdf

¹⁴ National Institute on Drug Abuse. (2018). *Principles of drug addiction treatment: A research-based guide (Third Edition)*. National Institutes of Health. <https://nida.nih.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition>

¹⁵ Stohr, M. (2020). *Therapeutic Communities in Correctional Institutions*. In: Correctional Assessment, Casework, and Counseling. Springer, Cham. https://doi.org/10.1007/978-3-030-55226-8_12

¹⁶ McKay, J.R. (2021). Impact of continuing care on recovery from substance use disorder, Alcohol Research, vol. 1, pp. 41.

¹⁷ Network of Alcohol and other Drug Agencies (2022) Challenges and opportunities for the non government alcohol and other drug workforce <https://nada.org.au/wp-content/uploads/2022/06/Challenges-and-Opportunities-for-the-NGO-AOD-Workforce-Final.pdf>

Waiting lists for AOD services can be long however providing specific waiting lists times is complex, as there are many variables involved, such as changing presenting issues, co-occurring mental health conditions, and people's motivation to seek and enter treatment. For those requiring withdrawal management before entering residential treatment, additional delays occur as detox beds are often unavailable on demand. This can result in severe consequences, including death, as most withdrawal services only accept individuals when a residential rehabilitation bed has been secured to ensure a seamless transition into treatment.

While waiting times do exist, ATCA members employ an active management approach for waitlists to mitigate harm and maintain engagement. However, once again, individuals particularly in rural and remote areas, encounter further obstacles accessing these initiatives due to travel distances, transport costs, and limited public transportation options. The current demand for residential treatment far exceeds supply, a situation exacerbated, as mentioned above, by inadequate funding. Funding enhancements are desperately needed for withdrawal management services, aftercare support services, and for residential and non-residential services provided by ATCA members.

ATCA strongly believes that all people across Australia should be able to access AOD treatment services when needed. While ATCA advocates for equitable access to residential and non-residential treatment services across Australia, it acknowledges that establishing services in every urban, regional, rural, and remote location is not feasible. Nonetheless, substantial gaps in service availability exist, especially in rural and remote areas, which disproportionately affects access for First Nations people.

Currently, a disproportionate amount of government funding is allocated to law enforcement rather than health responses to AOD-related issues. Across the three pillars of Australia's National Drug Strategy, law enforcement, criminalisation and supply reduction actions lead Australia's response to AOD use and harms, with law enforcement funding outweighing health responses by a ratio of 2:1. An estimated \$3.5 billion annually is spent on drug law enforcement, compared to \$2 billion on AOD prevention, harm reduction, and treatment.¹⁸ This imbalance drives higher rates of incarceration, with over 60% of people are in prison as a consequence of their AOD use¹⁹ and a high majority have a history of mental health issues (63%).²⁰

A shift in funding priorities toward AOD treatment services, particularly those tailored to priority populations such as First Nations people, is crucial. There is substantial evidence accumulated over the years indicating that incarceration is ineffective in rehabilitating individuals or reducing recidivism rates. Numerous government inquiries and commissions have been conducted into the disproportionate representation of priority populations, particularly First Nations people, in Australian prisons. Without fail, these inquiries have highlighted the pivotal importance of tackling the social and health factors driving incarceration and addressing the criminalisation of impoverished, marginalised, and colonised communities.²¹ ²² This necessitates increased investment in Aboriginal Community Controlled Organisation and non-Aboriginal AOD treatment programs provided by ATCA members to provide comprehensive rehabilitation services that addresses substance use alongside other co-occurring issues.

Increasing investment in drug treatment services for parents and carers with children, that can support the whole family together, is crucial for preventing and reducing drug-related harm within the

¹⁸ Ritter, A., Grealy, M., Kelaita, P. & Kowalski, M. (2024). *The Australian 'drug budget': Government drug policy expenditure 2021/22. DPMP Monograph No. 36.* Sydney: Social Policy Research Centre, UNSW

¹⁹ Australian Drug Foundation (2023) Prison, Alcohol and Drug use. <https://adf.org.au/insights/prison-aod-use/>

²⁰ Mental Health Commission of NSW, The Justice System. <https://www.nswmentalhealthcommission.com.au/content/justice-system>

²¹ Parliament of New South Wales Committee on Children and Young People. (2022). Support for children of imprisoned parents in New South Wales..

²² Yfoundations. (Submission, February 2020).

community. Research consistently shows that supporting children to avoid statutory systems like child protection or the criminal justice system, leads to better long term outcomes. Therefore, prioritising substantial investment in AOD treatment, particularly in services that work with families and children, rather than channeling resources into the criminal justice system is essential. Numerous government inquiries have highlighted the negative impacts of parental imprisonment on children, such as poorer physical and mental health, developmental delays, and financial and housing instability²³. While some ATCA members receive funding to provide residential rehabilitation services to families, these programs are very limited, with only a few available across Australia. The ATCA strongly advocates for expanding resources in this area. This approach will help prevent and reduce AOD-related health, social, and economic harms not only for individuals using substances but also for future generations in Australia.

Increased investment into the non-government AOD sector is also important to build a sustainable workforce. Presently, the ATCA member workforce receives relatively lower remuneration compared to public health staff, posing challenges for some member organisation in terms of attracting and retaining employees²⁴. A capable and supported workforce is critical for addressing AOD related harms for individuals, families and communities²⁵. The AOD workforce needs secure funding to deliver holistic, person-centered and trauma informed services to appropriately work with and assist people experiencing problematic drug use, mental health and other co-occurring issues. Currently ATCA member services are doing their best to provide holistic services and meet the growing needs of the community, but they are often unfunded to provide the necessary psychosocial support. A clear strategy is needed for attracting and retaining staff of ATCA member services and the wider NGO AOD sector.

c) Examine how sectors beyond health, including for example education, employment, justice, social services and housing can contribute to prevention, early intervention, recovery and reduction of alcohol and other drug-related harms in Australia.

Homelessness is one of the major factors impacting people's access and retention in AOD treatment.²⁶ Therefore to improve equitable access to AOD treatment, addressing homelessness among people with AOD issues is essential.²⁷ Barriers to securing housing included gaps in homelessness support services and lack of temporary, social and affordable housing impacts people's capacity to access and stay in treatment. To effectively prevent and reduce health impacts from AOD use in Australia, urgent funding is needed towards social and affordable housing.

To effectively contribute to prevention, early intervention, recovery and reduction of alcohol and other drug-related harms in Australia, health and all other sectors, must work together and build cross sector partnerships. Doing this however is not straightforward, as gaps in service provision and a lack of collaboration across the different sectors, are common. While positive attempts have been made to build partnerships with other services and sectors, particularly at local levels, systemic barriers remain, and this impacts outcomes for individuals, families and the community. Future policy development and planning must recognise the importance of addressing the social determinants of health and work to bring all human services sectors together. Cross sector collaboration is essential that breaks down silos between health and social services sectors.

²³ VACRO Families and prisons in Victoria, Families and prisons in Victoria. www.vacro.org.au/information-about-families-and-prisons-in-victoria

²⁴ NSW Health (2022) NSW AOD Workforce Strategy Consultation Report <https://www.health.nsw.gov.au/aod/resources/Publications/aod-workforce-strategy-consultation-report.pdf>

²⁵ Ibid

²⁶ Homelessness Australia. FAQ. <https://www.homelessnessaustralia.org.au/about/faq>

²⁷ VicHealth. (2020). Housing and health: Research summary. https://www.vichealth.vic.gov.au/-/media/ResourceCentre/PublicationsandResources/Health-inequalities/Housing_and-Health_Research-Summary_web.pdf

d) Draw on domestic and international policy experiences and best practice, where appropriate.

The information and recommendations provided by the ATCA under the Terms of Reference a, b and c are informed by domestic and international policy experiences and best practice, including as referenced in this submission.

Recommendations

The ATCA supports the recommendations detailed in the submission by the Australian Alcohol and other Drugs Council (AADC).

The ATCA recommends the following:

Recommendation 1

- Increased investment in ATCA member's residential and non-residential AOD services, particularly in regional, rural, and remote areas across Australia is urgently needed. Funding must be long-term, reflect the true cost of providing comprehensive and holistic care, include cost escalation, and ensure renewals of funding are provided in a timely manner.

Recommendation 2

- Prioritise substantial investment in AOD treatment services over funding through the criminal justice system and implement additional responses to divert people away from the justice system such as, enhancing TCs and RRS AOD treatment services for women and children, whole family programs that can cater for parents with children together.

Recommendation 3

- Current funding arrangements must be urgently reviewed as current funding arrangements, even with cost-of-living adjustments, remain insufficient, highlighting the need for an immediate increase. This review should also account for the unique costs of service delivery in regional, rural, and remote areas to ensure equitable support across all geographic locations. Additionally, they must reflect the rising costs of wages and other operating costs, including IT, research and evaluation, workforce development and infrastructure, based on regular assessment of need.

Recommendation 4

- A coordinated, consistent and streamlined approach to contracting, reporting and performance measurement of non-government AOD services by all funders of NGO AOD treatment providers.

Recommendation 5

- The development of a National Alcohol and Other Drug Workforce Development Strategy and National Drug Strategy that has a national implementation and evaluation plan to ensure a governance structure, that allows for effective national monitoring and evaluation of national strategies.

Recommendation 6

- Increased investment into the AOD and intersecting sectors is urgently required as all sectors must be resourced to build cross-sector capabilities and local partnerships to enhance support for people experiencing complexity and multiple needs.

Recommendation 7

- To enable effective coordination between the relevant sectors, including mental health, housing, criminal justice and child welfare, a national government framework should be established.

The ATCA welcomes the opportunity to contribute to this inquiry. If you require any further information, please do not hesitate to contact Michelle Ridley on 0413 748 453 or via email at atca@atca.com.au.

Yours sincerely,

Michelle Ridley

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Yours sincerely,

A handwritten signature in black ink, appearing to read 'Gerard Byrne', is positioned above the printed name.

Gerard Byrne
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