**LEGISLATIVE ASSEMBLY**
**FOR THE AUSTRALIAN CAPITAL TERRITORY**

SELECT COMMITTEE ON THE DRUGS OF DEPENDENCE (PERSONAL USE) AMENDMENT BILL 2021
Mr Peter Cain MLA (Chair), Dr Marisa Paterson MLA (Deputy Chair),
Mr Johnathan Davis MLA

# Submission Cover Sheet

## Inquiry into the Drugs of Dependence (Personal Use) Amendment Bill 2021

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The Committee Secretary
Select Committee on the Drugs of Dependence (Personal Use) Amendment Bill 2021
ACT Legislative Assembly
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# Inquiry into the Drugs of Dependence (Personal Use) Amendment Bill 2021

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# Contents



**This submission addresses each of the matters listed in the ToR, but in a slightly different order than as presented in the Inquiry ToR. Matters e, d, and c are addressed in that order, and best practice policy approaches and responses in other jurisdictions (Matter a) are included as appropriate in discussions of other matters.*

## Executive Summary

Karralika Programs welcomes the opportunity to provide our perspective on the Inquiry into the Drugs of Dependence (Personal Use) Amendment Bill 2021 and related elements of the Inquiry and commends the Assembly in seeking broad feedback on what is working well and what could be improved in drug treatment and harm minimisation.

As a specialist alcohol and other drug treatment service, supporting individuals, families, and communities for over 40 years, our submission builds on our extensive experience and our understanding of the needs of service users, families and those in the community who are currently unable to access treatment and support due to the overstretched system in the ACT, and the desire to take a person-centred and health-first approach to drug law reform and service design and resourcing.

As a jurisdiction, the Territory has a good track record in tackling some tough issues, working with services in the Government and non-government space, and in seeking the views of the community. This Inquiry provides an opportunity for the Assembly to hear breadth and depth of views on the fundamental human rights of people in the community, and the significant and long-lasting positive effects of addressing systemic stigma and discrimination associated with the current laws. The broader remit of the Inquiry also enables the Assembly to understand the strengths and opportunities of the current drug treatment and harm minimisation approach in the ACT. It is the latter, where Karralika Programs has provided a great deal of detail, having been a core part of the ACT alcohol and drug sector for more than four decades.

The introduction of this Bill, and the necessary additional support and the recognition that treatment and harm reduction measures are not only cost-effective but also deliver positive personal and community outcomes, presents an opportunity to address drug use through a human rights lens and as a health issue.

## Summary of Recommendations for the ACT Government

*Decriminalisation Bill (Section 4)*

*Recommendation 1:*
That the ACT Government pass the Bill following further consultation with experts and consumer representative group regarding potential enhancements.

*Recommendation 2:*
That the ACT Government ensure the police provide information about drug treatment and harm-reduction services, followed by a referral to a suitable service as part of a Simple Drug Offence Notice (SDON).

*Recommendation 3:*
The ACT Government collect data to enable evaluation of the Bill's impacts.

*Recommendation 4:*
The ACT Government eliminate the crime of self-administration.

*Recommendation 5:*
The ACT Government pair decriminalisation with increased treatment and harm reduction.

*Matter b), Inquiry Terms of Reference (ToR)*

*Recommendation 6:*
The ACT Government develop an ACT Alcohol, Tobacco and Other Drug Strategy with an accompanying Action Plan in close collaboration with the AOD treatment sector and with the input of other experts, including people who use drugs and families impacted by drug use.

*Recommendation 7:*
The ACT Government develop a strategic and comprehensive approach to tobacco control that prioritises helping people from disadvantaged groups to quit or reduce smoking. This should include funding to support provision of best practice nicotine dependence treatment and smoking cessation support through the expansion of the We CAN Program or similar programs in the alcohol and other drugs sector; and work with the Commonwealth to simplify and speed up the approvals processes to facilitate access for smokers who need the full range of nicotine replacement therapy products with a doctor's prescription.

*Matter e), Inquiry ToR*

*Recommendation 8:*
The ACT Government undertake a detailed, strategic and technical planning process to inform appropriate investment in the ACT specialist AOD sector with a view to both current and future demand.

*Recommendation 9:*
The ACT Government continue its commitment to establish and fund an Aboriginal Community Controlled residential rehabilitation facility.

*Matter d), Inquiry ToR*

*Recommendation 10:*
The ACT Government facilitate innovation and flexibility within current funding contracts.

*Recommendation 11:*
The ACT Government fund a supervised drug consumption site which layers on additional supports.

*Recommendation 12:*
The ACT Government support AOD providers to establish urgently required new service models to address gaps through co-design with the AOD sector, people who use drugs and families impacted by drug use.

*Recommendation 13:*
The ACT Government ensure a Needle and Syringe Program for drug users is provided in the AMC.

*Matter c), Inquiry ToR*

*Recommendation 14:*
The ACT Government develop collaborative and effective mechanisms to coordinate its funding efforts with those of other funders and the specialist AOD treatment sector and introduce effective and efficient mechanisms to collaborate and plan future-focused needs analysis to inform additional Government Investment.

*Recommendation 15:*
The ACT Government fund the treatment sector to increase its capacity to support timely access to those in the community seeking support, and to introduce new treatment and support options through innovation and modification to meet the need.

*Recommendation 16:*
The ACT Government continue to fund existing specialist Alcohol, Tobacco and other drug treatment services such as Karralika Programs, who have a proven track record in effective service delivery, as preferred providers with funding certainty via contracts of no less than 5 years.

*Recommendation 17:*
The ACT Government apply an updated Drug and Alcohol Services Planning (DASP) tool to inform population modelling for treatment, but ensure it is not inappropriately used to determine service funding.

*Recommendation 18:*
The ACT Government urgently fulfill the commitment to undertake a thorough infrastructure review, which should include future as well as current needs and ensure ACT Health Planning includes a specific priority line for purpose-built accommodation and targeted capital works for drug treatment services, including building infrastructure that will allow expansion of current models of care and reduce waiting times for treatment.

*Recommendation 19:*
The ACT Government prevent cost-shifting from the criminal justice to the health system as decriminalisation is rolled out by using data on redirection to inform ACT budget allocation.

*Recommendation 20:*
The ACT Government collect and analyse data on redirection of offenders to the AOD treatment system.

*Recommendation 21:*
The ACT Government ensure sufficient and specific funding to provide drug treatment in its entirety, including infrastructure, to (a) the Drug and Alcohol Sentencing List participants in the future; (b) the Therapeutic Care Court; and (c) for residents of the proposed Reintegration Centre.

*Recommendation 22:*
The ACT Government ensure that all new funding for new drug treatment interventions also includes (a) growth funding, and adequate administrative funding and (b) additional provision for evaluation and monitoring component, budgeted at 10% of total funding.

*Matter f), Inquiry ToR*

*Recommendation 23:*
The ACT Government support effective and efficient drug education programs, including an evidenced-informed school drug education program for the ACT; support and funding for peer-to-peer harm reduction education; and a targeted AOD education program(s) for high-risk industries.

*Recommendation 24:*
The ACT Government continue and increase its support for, and the funding of, the ACT Alcohol Tobacco and Other Drug Qualification Strategy, to ensure all workers are appropriately trained and to recognise the professional standing of the workforce.

*Recommendation 25:*
The ACT Government expand its funding of ATODA to deliver AOD training to people who work with people who use drugs in allied health and social sectors as well as those involved in implementing the legislation.

*Recommendation 26:*
The ACT Government provide financial and other support to specialist alcohol and other drug services to facilitate greater investment and participation in research on alcohol and other drug programs and treatment and prevention.

# 1. About Karralika Programs and this submission

Karralika Programs is a specialist alcohol and other drugs treatment service, proudly servicing the ACT and surrounding NSW community for 43 years. We are client-centred and holistic in our approach to supporting adults, families and young people in the ACT and surrounding NSW region with recovery from problematic drug and alcohol use and the harms associated. We continue to incorporate the best of new approaches and evidence, build partnerships, work collaboratively with other providers and sectors and invest strongly in our workforce to create opportunities for change and positive outcomes for our clients.

Our service types include case management, specialist AOD counselling, family relationship counselling, group work, residential rehabilitation for adults and for families, relapse prevention, non-residential withdrawal support services, pharmacotherapy support, and an AOD program for males in the Alexander Maconochie Centre (Solaris).

As a values-based organisation, we seek to serve our clients, families and the broader community in ways that meet their needs and goals. We strive to deliver high quality services that are evidence-based and evidence-informing, as well as advocating for service system changes underpinned by contemporary policy, legislation and decision-making frameworks to best serve our communities.

In developing this submission, we have drawn on our extensive experience and knowledge of community need; service system strengths, gaps and barriers to service access; the voice of people who use drugs; our workforce; and our partner and peer agencies.

Our submission confirms our support for the extension of AOD treatment services and harm reduction supports, removal of barriers to service access, and strong and collaborative approaches to service planning to address both current need and flexibility to support future needs of our community. We also support continued leadership within the ACT for drug law reform that encourages personal drug use to be viewed and dealt with as a health issue, not a legal issue.

Our commitment to social justice, equitable access to health services, inclusion, harm minimisation and evidence-based practice is resolute. The focus of this Inquiry and the proposed Bill move the ACT community closer to a human rights, and health-first platform.

We remain hopeful that that the deliberations of, and recommendations from, this Select Committee, will come together with the ACT Health Directorate work on the new commissioning model and service planning, in a considered and timely way to ensure that services are in place and have the capacity to support the increased demand from the community that are likely with the passing of this Bill. It is critical that the new commissioning model and service planning being undertaken by the ACT Health Directorate is based on a genuine co-design and co-production approach involving services and people with lived experience.

As a specialist service, Karralika Programs welcomes the opportunity to provide our response to this Inquiry and looks forward to continuing our positive relationship with the ACT Government to meet community need in a meaningful and impactful way.

## 2. Karralika Programs position statement

Karralika Programs has been delivering high quality, targeted and effective alcohol and other drug (AOD) treatment services and programs in the ACT and surrounding region for more than 40 years. It was established in response to strong community demand and call for evidence-based programs and support services to meet the increasing needs of the community to minimise the harms associated with alcohol and other drug use for the individual, family and broader community.

Despite its efforts as a leading provider of services, and working collaboratively with government and non-government agencies, Karralika Programs continues to experience demand that outweighs service capacity. In addition, the continuing stigmatisation and discrimination of people who use drugs, and their families, remains high largely due to myths and misinformation shared by media and high profile commentators and decision-makers, promoting the issue as largely a criminal / police matter with limited understanding and promotion of the health response. Having said that, the ACT has led the way in some key policy and legislative changes, which supports a change in attitudes in the community, and this Bill and related policy and funding decisions will continue to support that reform. Karralika Programs hopes that through this Inquiry and the related Bill, and commensurate changes in service capacity and funding levels, coupled with a focus on health and social justice, that more citizens will come forward for assistance, experience less discrimination and see significant improvements in their personal health, wellbeing, relationships, employment opportunities, housing stability and overall quality of life.

### *Drug use should be viewed from a human rights perspective*

As a values-based organisation, Karralika Programs affirms its commitment to supporting people to live their best lives, with self-determination, access to medical, health and other support services regardless of gender, race, sexual orientation, life and lived experience – in other words a human rights perspective, valuing life, contribution of all people to the society in which we live and work.

The right to health and to access medical services is set out in Article 25 of the Universal Declaration of Human Rights and Article 12 of the International Covenant on Economic, Social and Cultural Rights.(1,2) Australians have a right to expect access to high-quality, publicly funded health services in a timeframe consistent with the preservation or restoration of their health.

Karralika Programs actively supports and encourages a harm minimisation approach, where the harms associated with alcohol and other drug use are minimised through a range of supports, services, systems and information. For some, their recovery goal might be abstinence, others may access pharmacotherapies, safe use of drugs including accessing needle and syringe programs, safe injecting rooms or pill testing, and for others the level of alcohol and other drug use may be minimal requiring education and/or brief interventions and not a treatment episode. The range of treatment and service options also vary markedly depending on the needs of the person.

When taking a human rights and social justice approach to personal use and possession, we are empowering individuals to identify their own goals, access supports and treatment where they are appropriate and available, and limiting the spiral of discrimination associated not only with drug use but with criminal records for said personal possession and use.

With recreational drugs largely illegal in Australia, policy responses to health risks from other drugs have historically focused on criminalising and penalising people who use them, rather than supporting people to reduce their risk. The 'war on drugs' approach with heavy criminal penalties for people who use drugs is one of the clearest policy failures in recent history. According to the former commissioner of the Australian Federal Police, Mick Palmer, "Our current use and possess illicit drug laws operate to criminalise a health problem, isolate and punish people who most need support, and address only the symptoms while ignoring the causes".(5)

In 2019, 43% of Australians aged 14 and over reported ever having used illicit drugs.(6) This is likely an undercount, given that some people who have used illicit drugs are reluctant to disclose illegal activity during a government survey. Regardless, the data clearly illustrate that the threat of criminal penalties has not kept millions of Australians from using drugs. Among adolescents, anecdotal evidence suggests that the prohibited nature may even be attractive.(7) A thorough review of all evidence does not show a consistent causal link between decriminalising drugs and increased drug use or drug harm.

The widespread use of illicit drugs also demonstrates the lack of fairness in the application of laws relating to drug possession and use. While perhaps half of Australians have used illicit drugs, only a small proportion have been arrested or convicted. People from disadvantaged groups are highly over-represented in these arrests.(8) This is because people from disadvantaged backgrounds come into contact with the criminal justice system more frequently than others, so their risk of being discovered with drugs is increased.

Additionally, drug-related harms, including drug dependency, are associated with persistent socio-economic disadvantage and marginalisation. Criminal conviction carries lifelong consequences in a range of areas, such as; employment, student placements, access to private housing and ability to build financial wealth and can initiate or worsen a spiral of diminished life-choices. In turn, this can worsen drug related harms. This is a tragedy in the lives of individuals. It is also poor public policy which artificially represses the ability of many people to make their fullest social and economic contributions to society and can have long-term negative impacts on their family members and others who rely on them. Unequal application of the law against disadvantaged people is a clear problem when viewed from a human rights perspective, especially since there are no benefits to the criminalisation of personal-level drug possession and use.

Aboriginal and Torres Strait Islander people are vastly overrepresented in the criminal justice and child protection systems, and interactions with these systems can exacerbate harms from drug use.(9) The criminalisation of drugs perpetuates past injustices against the First Australians. Other minorities, including some ethnic minorities and people who identify as LGBTIQ+,(10) also have higher rates of drug use stemming from disadvantage. Criminalisation of drug possession and use perpetuates this disadvantage, often intergenerationally.

### *Alcohol, tobacco and other drugs should be treated more consistently and addressed with health interventions*

A rational response to all drugs, including alcohol, tobacco, pharmaceutical products and other drugs, is to treat them as health issues irrespective of drug type. Any harmful drug use is a health issue and should be treated as such rather than criminalised. It is discriminatory to criminalise people because of a health issue.

As the Select Committee will be aware, there are three pillars that comprise the Australian definition of 'harm minimisation'. As shown in Table 1, an analysis of 2009/10 expenditure by Australian governments on illicit drugs ($1.7 billion), found that nearly two-thirds was directed to drug law enforcement, with 23% spent on treatment, 10% on prevention, and just 2% on harm reduction.(11) This is contrary to the evidence about their relative effectiveness. While this data relates to all levels of Australian governments, it illustrates the responsibility of the ACT to offset these disproportionate allocations to law enforcement, increasing investment to harm reduction, and demand reduction (including treatment).

*Table 1. Expenditure against the three pillars of harm minimisation*

| Pillar | Description | Proportion of government budgets (2009/10) |
|---|---|---|
| Harm reduction | Aim to reduce the harm from drugs for both individuals and communities and do not necessarily aim to stop drug use. Examples include needle and syringe services, methadone maintenance, brief interventions, and peer education. | 2% |
| Supply reduction | Aim to reduce the production and supply of illicit drugs. Examples include legislation and law enforcement. | 64% |
| Demand reduction | Aim to prevent the uptake of harmful drug use. Examples include community development projects and media campaigns, as well as treatment. | 33% |

Despite a national strategy, it is disappointing that the latest data found to show the breakdown of expenditure across the three pillars is more than 10 years old. Although not within the control of the ACT Government, the collation and publication of data on expenditure at Territory level, linked to a local level Strategy would demonstrate the commitment to supporting this important health issue.

Drug policy approaches which allow people to better understand the health risks of their drug use (be it alcohol, tobacco, non-prescribed pharmaceutical products or other drugs), and enable them to better manage those risks are effective in reducing a population's risk from drugs and to be cost-effective for taxpayers.(12, 13) Decriminalising these drugs can increase health-promoting behaviour, such as the regular procurement and use of sterile injecting equipment and seeking drug treatment. Conversely, stigmatisation of people who use drugs, including discrimination against them, drives people away from help. According to the World Health Organization, substance use disorders are the world's most stigmatised health condition.(14) Australians' median wait time to first treatment for alcohol dependence is 18 years.(15) National modelling suggests that in the ACT only a small proportion of people who could benefit from treatment ever seek it.(16)

In the final Report of the National Ice Taskforce, chaired by Ken Lay:

> "…..ice use was causing significant harms across Australia, but that in spite of the best efforts of Australian law enforcement that the ice market remained high and very resilient to law enforcement (due to the capacity to both import and domestically manufacture supplies). The taskforce thus concluded that ice is "not something we can simply arrest our way out of" and recommended that governments focus action on reducing the demand for ice and reducing the harm it causes: via expanded prevention and treatment responses."

### *Treatment and harm reduction deliver positive outcomes and are cost-effective*

Karralika Programs is a key provider of AOD treatment in the ACT, offering high quality evidence-informed harm reduction and treatment that seek to reduce harms and improve overall health outcomes for our clients, despite limited resources and high demand that it has experienced since its establishment in 1978, following a call from the community for treatment. The ACT community benefits from the collaborative approach between services providers in the community sector and with Government, with the community services delivering cost effective treatment options. However, as previously stated, the chronic shortage of service capacity has left community needs unmet.

Several evaluations of Karralika Programs services and programs have confirmed the positive impact our work has had in terms of health outcomes and reduction in drug related harms. A recent evaluation of our Family Program (the only comprehensive AOD treatment service for families in the ACT) conducted by Nous in 2019 confirmed, in addition to the improved personal and family outcomes and impacts, that our program had significant financial and economic benefits in relation to care and protection and the justice system. Following that evaluation, Nous estimated that the potential cost savings to government from reduced child protection costs and the projected government service use costs of young people who leave child protection and lead troubled lives, was in the order of $60million over fourteen years. This is considered an underestimate of savings as the analysis did not include any calculation of savings generated by diverting people from prison, hospitals and mental health services, and other cost-generating interactions with government services. The potential savings from this program alone is significant, and with increased resources to enable an expanded program to meet unmet demand, the savings could be even greater. If these savings could be redirected back into the health system, including drug and alcohol treatment and prevention activities, the impact and benefit for the community would be amplified and make a positive difference in the lives of families and communities.

Karralika Programs actively participates in ACT AOD sector reviews and evaluations including the Service User Satisfaction Survey, the most recent survey being completed in 2019, that confirmed people accessing ACT AOD services reported: reduced substance use (75% of people receiving services); improved general health (81%); improved mental health (73%); and reduced experience of AOD related harms, including reduced involvement in crime (80%), and improved knowledge of preventing transmission of blood borne viruses (78%).(17)

National modelling and reports have also shown that AOD treatment and harm reduction services are a good investment with one confirming that for every $1 invested in alcohol and other drug treatment, society gains $7.(18) Other studies have found similarly favourable cost-effective ratios across AOD treatment services and harm reduction programs.(19-21)

In order to deliver quality services to support improved individual and family health outcomes and societal benefits, we need a solid workforce. Karralika Programs invests strongly in our workforce, to attract and retain qualified, skilled and, committed and values-driven staff. But with concerns regarding certainty of funding and given the ever-present unmet and changing needs of the community, services can the changing and unmet needs of the community, workforce shortage and risk of burnout are concerning.

### *The specialist alcohol and other drug service system is experiencing a funding stress*

Despite Karralika Programs delivering quality services efficiently, the service system and the organisation is constrained in our ability to grow and adapt to meet the changing needs of the community. Over the 40 years of operation, Karralika Programs has remained a viable and quality service organisation, however our capacity to support the needs of the community, and achieve further economies of scale, has been limited by the quantum of core funding. To that end, Karralika Programs has actively sought, and been successful in securing, some time-limited funding from other sources to fill the breach. However, this is uncertain, unsustainable and inefficient due to the multiple reporting requirements, inability to manage community expectations when time limited funding ceases, etc.

Increased demand means individuals wishing to access treatment (of varying types, duration and intensity) often need to wait. Evidence shows that the length of time a person is connected to treatment (of some type) and the timeliness of that service significantly improves outcomes and recovery. Although Karralika Programs has been innovative in ways to minimise the gap in service due to limited capacity, there remains a risk for the individual, family and community. Similarly, Karralika Programs works closely with Government to identify ways of providing services to meet Government priorities, such as the Drug and Alcohol Sentencing List, but the short-term nature of the program and funding envelope has limited its success and sustainability.

The Australian Government commissioned a review of AOD treatment services in Australia which found that nationally, treatment places would need to double to meet demand.(16) This research estimated that approximately 200,000 people receive AOD treatment in any one year in Australia. At the same time, modelled projections of the unmet demand for AOD treatment (that is, the number of people in any one year who need and would seek treatment) were conservatively estimated to be up to 500,000 people over and above those in treatment in any one year.(16)

A prime example is the Karralika Programs residential recovery program for families. We have successfully operated the only residential AOD recovery program of its type for single (including fathers) or dual parent families for over 20 years. Children under 12 years old can reside with their parent/s who are receiving an AOD recovery and parenting enhancement program. This program is the only one of its type available between Melbourne and Sydney and consistently has long waiting lists. In 2019 the family residential program was evaluated by an external firm (Nous) which demonstrated not only the positive impacts to the adults but also to the children, allowing the cessation of the inter-generational trauma and drug use. The evaluation also demonstrated funding saved in the child protection and Justice areas but was unable to place an amount on the positive impact functional and contributing adults and children have on our society. This program is supported by both ACT Health and Department of Social Services and desperately needs more places, but infrastructure is at capacity.

### *Co-designed investment in the sector and growth is needed*

Karralika Programs actively collaborates with Government and other services to map, plan and deliver services to meet the needs of the community, bringing our perspective and significant clinical expertise to the fore and we have been encouraged by the messages coming from Government regarding co-design of commissioning and service planning. Unfortunately, over the last 5 years, system design and policy has been ‘stop-start’, with changing goalposts and funding limitations.

While we understand that public monies are finite and finding the most cost effective and efficient options that still deliver improved services and health outcomes, there are improvements that can and should be made to the way in which non-government agencies are involved, valuing the expertise and knowledge held by these services in working at the grass roots level as well as sector-level.

Karralika Programs supports the ATODA position that co-design processes should consider:

- the mix of availability of AOD treatment, prevention and harm-reduction types according to community need for timely treatment.
- the workforce needed to support specific drug treatment, prevention and harm-reduction types and identified needs, including considerations of workforce professional development, and clinical supervision.
- the infrastructure needed to support an AOD service system—including addressing both current and future infrastructure needs.

These co-design processes with AOD service providers and service users would enable the sector to meet current unmet need. Demand will continue to increase, due to population growth and greater willingness to seek treatment as decriminalisation reduces stigmatisation. Modelling and planning for future need must be supported by access to, and use of, high quality data and analysis, and informed by a co-design process. Urgent priorities for investment should be addressed at the outset.

## 3. Decriminalisation Bill

Karralika Programs warmly welcomes the Drugs of Dependence (Personal Use) Amendment Bill 2021 (Bill) as a necessary step in making Australia's drug law more evidence-based. The ACT may be the first jurisdiction in Australia to partially decriminalise the personal use of the drugs covered by the Bill. However, it is following precedents set in several jurisdictions internationally, including in Portugal and the United States. Indeed, one source lists 29 nations that have some form of drug decriminalisation.(24)

We have seen the impacts of criminalising drug use, and of the benefits of decriminalising personal drug use in other jurisdictions around the world. The 'war on drugs' has become the 'war on people who use drugs', and this is dehumanising and unjust. Karralika Programs understands and supports the pillars of harm reduction, and the important role that the police and law play in respect of drug trafficking for example. However, when talking about the people who use drugs, a paradigm shift is required.

The former Commissioner of the Australian Federal Police, Mick Palmer has noted that "contrary to frequent assertions, drug law enforcement has had little impact on the Australian drug market"(25) and that "law enforcement outcomes are frequently counterproductive and operate to increase harm rather than reduce it".(5)

Similarly, the New Zealand government's 2018 report into Mental Health and Addiction made recommendations (numbers 27, 28) to:

- "Replace criminal sanctions for the possession for personal use of controlled drugs with civil responses (for example, a fine, a referral to a drug awareness session run by a public health body or a referral to a drug treatment programme).
- Support the replacement of criminal sanctions for the possession for personal use of controlled drugs with a full range of treatment and detox services."(26)

Further, this Bill partially implements the recommendation of the World Health Organization and United Nations to repeal punitive laws which criminalise "drug use or possession of drugs for personal use".(27) The International Narcotics Control Board, which monitors and supports international compliance with drug treaties, has similarly emphasised proportionality in responses to drugs. It notes that international treaties for drug control do not require countries to criminalise drug use and possession for personal use, and lays out alternative responses including "treatment, education, aftercare, rehabilitation and social reintegration".(28)

As noted above, the evidence does not show that criminalising drug use deters use on balance, nor that decriminalising drug use will lead to increased drug use,(29) or an increase in other crimes. Cannabis use did not increase in the ACT when minor cannabis offences were decriminalised in 1992,(30) nor did it when decriminalisation occurred in South Australia and Western Australia.(31) After the most recent legislation which removed any penalty for possession of small amounts of cannabis, wastewater data indicate that use decreased slightly immediately following decriminalisation.(32) While this drop could be attributed to natural variation rather than the changed legislation, it nevertheless demonstrates that policy makers should not fear the consequences of decriminalising the possession of small amounts of other

drugs. Such a standpoint is backed by public sentiment, which strongly supports a decriminalised approach to personal possession and use.(33)

Furthermore, decriminalising drug possession for personal use can enhance a population's health-promoting behaviours, including harm-reduction activities and treatment seeking. The ACT Government clearly understands the value of these activities and supports them through its funding of relevant programs. Decriminalising personal possession of an expanded number of drugs would increase uptake of Government funded programs, enhancing value for money. It would also reduce other health and criminal costs.

Importantly, the Bill provides further opportunity for the ACT Government to lead Australia in rational policy that is evidence-informed, supported by the community and improves the health of Canberrans.

*Recommendation 1: The ACT Government should pass the Bill with recommendation for further consultation with experts and consumer representative groups regarding potential enhancements.*

Karralika Programs strongly supports the Bill and notes several areas of potential enhancement which would augment the Bill's benefits. In relation to the current list of drugs and amounts in personal possession, we recommend consultation with experts and consumer representative groups.

*Recommendation 2: The ACT Government should ensure the police provide information about drug treatment and harm-reduction services, followed by a referral to a suitable service as part of a Simple Drug Offence Notice (SDON).*

Most people who use drugs would benefit from engagement with AOD services to help reduce help-seeking stigma and promote harm reduction strategies. For some people, an interaction with service providers triggers self-examination about the role of drugs in their life and possible avenues for assistance to support change. For others, it's simply an opportunity to meet with service provider, dispel any myths or negative preconceived ideas, to then access services at a later date. There are a range of Police and Court diversion programs operating Nationally that successfully promote education and service introduction, reducing harms related to AOD use.

*Recommendation 3: The ACT Government should collect data to enable evaluation of the Bill's impacts.*

Making evidence-based decisions on illicit activities is difficult due to their covert nature, inhibiting the creation of reliable information for legislators and policymakers. As elaborated in further detail in the section addressing section e) of the Inquiry's ToR below, information on drug use, drug arrests, and drug treatment in the ACT has received little investment and is insufficiently robust. For instance, ATODA has stated that they are unaware of any specific effort to collect baseline data to measure the effects of the 2020 partial legalisation of cannabis. Such information would be of obvious use in consideration of this Bill and informing many other policy decisions. (Note that the evidence is clear that it did not lead to increased cannabis use. Anecdotally, it did lead to increased treatment seeking for cannabis).
Karralika Programs supports the ATODA recommendation that provisions be added to the Bill which require the ACT Health Directorate to work with the drug treatment sector, in consultation with relevant academic experts, to design and implement an evaluation of the Bill's effects on drug use and harms.

Given that the police will have discretionary power under the Bill, it will be important to ensure that this does not lead to potential discrimination against disadvantaged groups. This might be achieved via directives for the police force and should be formally evaluated after one year with ongoing monitoring.

*Recommendation 4: The ACT Government should eliminate the crime of self-administration.*

Karralika Programs supports the human rights of individuals to self-determination. Whilst the Bill would decriminalise the possession of some drugs for personal use, it does not alter the crime of self-administration of those drugs, (as specified in the Medicines, Poisons and Therapeutic Goods Act 2008, s. 37). This is an inconsistency which ought to be remedied through additional legislation to decriminalise self-administration of cannabis and the drugs listed in the Bill. It is of concern that there may be an unintended risk as a result of this inconsistency where people who use drugs may still be open to possible criminal justice sanctions for self-administration, thereby inhibiting health-promoting behaviour such as regular procurement and use of safe injecting equipment.

*Recommendation 5: The ACT Government should pair decriminalisation with increased treatment and harm reduction.*

Recognising the importance of decriminalising personal possession of listed drugs through this Bill, and hopefully the reduction in community discrimination and stigmatisation of people who use drugs, we expect to see an increase in the number of people seeking access to treatment and harm reduction services.
At this point in time (and for many years previously), the service system has been at capacity and unable to meet not only the identified demand (that is: people who are contacting Karralika Programs for services and support) but also the need in the community (that is: people who are in need of assistance but do not contact services or supports due to stigmatisation, and knowledge that the system was already at capacity as evidenced by waiting lists for some service types).

It is therefore critical that with the passing of this Bill, that there is an accompanying increased treatment and harm reduction services available to people. From a philosophical perspective, once drug use is seen as a health and human rights issue rather than a law-and-order one, it becomes imperative that a health response is readily available, when and where it is needed by the individual or family, and at the right intensity and treatment type to meet their needs. Practically, anecdotal evidence is that more people came forward for treatment for cannabis use after cannabis was partially legalised in the ACT, and a similar effect is likely for other drugs. Additionally, evidence from other jurisdictions such as Portugal is that decriminalisation is most effective at reducing drug harms when it is accompanied by ready access to treatment and/or other supports for those who need it, as discussed below.(39, 40)

Government, as part of the passing of this Bill, and its subsequent roll out, must consider changes to enhance and increase drug treatment services and other responses and undertake this in consultation with AOD services. Karralika Programs has and continues to participate in discussions regarding service capacity, access, appropriateness, and timeliness of service delivery and looks forward to working with the Government in connection with this Inquiry, Commissioning Service activity, and the Territory-Wide Health Service Plan among other policy frameworks and strategies.

# 4. Response to different matters in the Inquiry's Terms of Reference (ToR)

*This submission addresses each of the matters listed in the ToR, but in a slightly different order than as presented in the Inquiry ToR. This submission engages with best practice policy approaches and responses in other jurisdictions (Matter a) as appropriate in discussions of other matters. Matters e, d, and c are addressed in that order.*

## Matter b) the health, criminal justice and social impacts of current policy and legislation approaches to drug use in the ACT (including the ACT Government's ACT Drug Strategy Action Plan 2018-2021)

*Recommendation 6: The ACT Government should develop an ACT Alcohol, Tobacco and Other Drug Strategy with an accompanying Action Plan in close collaboration with the AOD treatment sector and with the input of other experts, including people who use drugs and families impacted by drug use.*

*Recommendation 7: The ACT Government should develop a strategic and comprehensive approach to tobacco control that prioritises helping people from disadvantaged groups to quit or reduce smoking. This should include: funding provision of best practice nicotine dependence treatment and smoking cessation support through expansion of the We CAN Program or similar programs in the alcohol and other drugs sector; and work with the Commonwealth to simplify and speed up the approvals processes to facilitate access for smokers who need the full range of nicotine replacement therapy products with a doctor's prescription.*

Unlike most jurisdictions, the ACT does not currently have the benefit of its own Alcohol, Tobacco and Other Drug Strategy. Without the support of a Strategy, the current ACT Drug Strategy Action Plan (DSAP) does not capitalise on opportunities for harm minimisation, including drug treatment and harm reduction, and lacks a coordinated smoking cessation effort.

Establishing an ACT Strategy, having regard to the National Drug Strategy and other related frameworks, and linking this with the Territory-wide Health Services Plan and approach to commissioning makes it clear both the common and shared goals and priorities, as well as having more tangible, time-specific actions coming from the Action Plan. As it is currently framed, the Action Plan is time specific and linked largely to arms of government and budget cycles without the key elements and longer-term priorities to which the whole community including government and non-government service providers, policy and decision makers etc can make solid progress on and are likely to extend well beyond the time limits of the machinery of government.

The impacts of the current policy and legislative approach that focuses on directing resources and attention to a criminal justice response to illicit drugs, with less attention to a health response to alcohol, tobacco and other drugs, has been discussed. It is also well documented elsewhere.(41-43) Community concern is rightly focused on reducing the harms from alcohol, tobacco and other drugs. This includes reducing the overwhelming harm that comes from penalising and incarcerating citizens.

### *Need for an ACT-specific Alcohol Tobacco and Other Drug Strategy*

The current ACT Drug Strategy Action Plan 2018 – 2021 (DSAP) does not provide an adequate framework for alcohol, tobacco and other drug policy in the ACT. The Plan is almost entirely silent on treatment and focuses on action in the Government space, with little mention of non-government activities. Given that nine of the ten specialist AOD treatment service providers are NGOs, including Karralika Programs, is considered a significant omission. Further, the Action Plan includes only new ambitions, excluding existing programs like treatment services that are working well but require additional resourcing. Furthermore, it does not re-balance the serious, problematic misallocation of resources, with the bulk of the ACT's expenditures on responding to drugs and drug use going to the domain with the least evidence for cost-effectiveness, i.e., criminal justice responses.

The ACT has had a series of ACT drug strategies beginning in 1999. They were all meant to implement the key elements of the National Drug Strategy, in the circumstances of the local jurisdiction:

- ACT Department of Health Community Care, From Harm to Hope: ACT drug strategy 1999 (Canberra, September 1999).
- ACT Alcohol, Tobacco and Other Drug Strategy 2004 – 2008 (2004).
- ACT Alcohol, Tobacco and Other Drug Strategy 2010-2014 (June 2010).

The current document, entitled ACT Drug Strategy Action Plan 2018-2021: A Plan to Minimise Harms from Alcohol, Tobacco and Other Drug Use differs from its predecessor particularly in the absence of precise indicators by which progress towards the achievement of the actions can be monitored and evaluated.

The current ACT Drug Strategy Action Plan does not meet the ACT's needs as well as it could, partly because it is based on the *National* Drug Strategy document. The purpose of the National Drug Strategy is to identify "national priorities relating to alcohol, tobacco and other drugs, guides action by governments in partnership with service providers and the community." As a result, most states have their own Drug Strategy. Differences between the ACT and other contexts warrant an ACT-specific Strategy that can define and articulate local priorities; this will be even more relevant if the Decriminalisation Bill under consideration is passed.

Identifying strategies and setting clear, measurable targets for reaching disadvantaged groups with comprehensive, high quality treatment would need to be a key part of a Strategy. Important considerations would include:

- Continuation and creation of more places for and use of the Drug and Alcohol Sentencing List, with commensurate increase and variety of treatment service places;
- Consideration of both adolescents and adults in drug reform;
- Clear measures to include people who use drugs in the development and monitoring of policy;
- A holistic approach which improves the current drug driving countermeasures which criminalise those detected with the mere presence of an illicit drug without any evidence of intoxication or that the amount detected impairs the capacity to drive, given that presence can remain for days. This is potentially at odds with human rights considerations and does nothing to enhance road safety.(44)

- Ending restrictions on detainee access to the full range of treatment and harm reduction measures, including implementation of a needle and syringe program in the AMC;
- Providing equivalent access to ATOD harm reduction and treatment to people in the police and corrections system as in the ACT community, including access to a choice of pharmacotherapies, and access to an expanded Needle and Syringe Program;
- Formalising mechanisms to improve cooperation, coordination and collaboration between AOD and mental health services;
- Setting targets to remove barriers to suitable, safe housing for people who use drugs.
- Involving people who use drugs to promote the realisation of the targets of the Strategy and tackling underlying barriers of stigmatisation; and.
- Ensuring evidence-based assessment of the relative harms of various legal and illicit drugs, with appropriate investment to reduce these harms via appropriate treatment models.

### *Reducing harms from nicotine dependence and supporting smoking cessation among high-prevalence sub-groups in the ACT*

Reducing harms from nicotine dependence among high-prevalence sub-groups is one of the most effective and important ways to improve health and wellbeing in the ACT community. Of ***all*** risk factors, not just alcohol and other drugs, tobacco use contributes the most disease burden in Australia (9.3%).(4)

While the ACT has been successful in reducing the overall daily smoking rate to 8.2%,(45) this equates to more than 32,000 people who still smoke. Karralika Programs advocates for a refocussing of effort to enable people from disadvantaged backgrounds to quit. Smoking rates are higher for some disadvantaged sub-groups: for example, 77% of people accessing AOD specialist services are smokers.(6, 17, 45, 46)

Past health promotion efforts have largely targeted and enabled higher socio-economic groups to quit smoking and have been less successful for people who are disadvantaged.

Karralika Programs provides support to clients and workers to address harms associated with nicotine dependence through a range of education and information, and where possible through access to Nicotine Replacement Therapies (NRT). In addition to our overall commitment to reduce the morbidity and mortality from smoking, Karralika Programs also complies with the smoke-free requirements of an ACT Government funded service.

Our workforce and, in particular, our clients are among one of the high-prevalence sub-groups in the ACT. Karralika Programs supports the proactive provision of NRT to clients and has drawn heavily on the previously funded (albeit limited) WE CAN program offering vouchers to clients accessing smoke-free AOD treatment services. Karralika Programs has and continues to strongly advocate for further investment in this program to remove unnecessary barriers for clients seeking to access AOD treatment.

While the ACT Drug Strategy Action Plan 2018-2021 and the Healthy Canberra ACT Preventive Health Plan 2020-2025 include the commitment to 'Further develop approaches to reduce smoking rates among high-risk population groups in the ACT', they do not articulate how it will be achieved.

Karralika Programs provide clients (most of whom experience multiple types of socio-economic disadvantage) with free access to all-types of NRT through the limited *We CAN Program* or utilising our own funding where there is a shortfall.(47) This is, however, not sustainable nor consistent with our collective goal of minimising harms associated with smoking. For some clients wanting to access AOD treatment in a smoke-free program or site, the inability to access NRT support, is a bridge too far, amplifying the risk of harms to them of continued smoking and drug use.

Given the pivotal role of the workforce in delivering quality AOD services to the community, Karralika Programs would also encourage greater investment in support for workers to quit or reduce their smoking by providing access to free NRT as well as to clients. Organisations like Karralika Programs, invest strongly in our workforce, however current funding arrangements do not provide sufficient capacity for us to roll an NRT program for staff across the board.

We have been advised by ATODA that the changes to legislation around access to nicotine-containing personal vaporisers and liquid that will come into effect from 1 October 2021 will effectively remove access to these products for people in the ACT.

As occurred with the procedures associated with accessing medicinal cannabis, the approvals and procedures that will be needed to access nicotine-containing personal vaporisers for smoking cessation purposes will result in greatly reduced access, particularly by people from marginalised and disadvantaged groups.

It is likely that some people currently using nicotine-containing liquid in personal vaporisers as a harm reduction strategy will revert to smoking tobacco unless they are given ongoing subsided access to nicotine replacement therapy for harm reduction. We hope that the ACT Government, in collaboration with the sector, will work with the Commonwealth to simplify and hasten the approvals processes to facilitate access for smokers who need these products with a doctor's prescription.

## Matter e) issues specific to the drug rehabilitation and service sector (covering alcohol and other drug services) including the following:

*i) identifying current strengths and weaknesses in the sector;*
*ii) assessing current and future demands; and*
*iii) recommending services, referral pathways and funding models that will better meet people's needs.*

Karralika Programs is a leader in the provision of specialist alcohol and other drug treatment, offering a range of treatment types and intensity with core funding provided by the ACT Health Directorate but remains stretched with an inability to meet current demand nor the flexibility (largely due to infrastructure and workforce) to increase capacity even with additional funding.

Over the last 10 years, Karralika Programs has seen an increase in demand for services and worked hard to identify innovative ways to meet that demand, including applying for funds from other sources. Despite our success, core funding provided by the ACT Health Directorate has remained relatively stable and has not addressed increasing demand (and unidentified but expected increases in need as evidenced by national level modelling) leaving the community and organisations like Karralika Programs at risk.

This is exacerbated by the fact that alternative sources of revenue (such as that provided by the Commonwealth Government and Primary Health Networks) are not often considered recurrent but fund pilots, innovation or time limited projects.

With the decriminalisation, and hopefully resulting reduction in stigma and discrimination, we expect this demand to increase as more people who use drugs come forward for treatment and support including harm reduction. In addition to continuing existing funding and funding agreed priorities, we strongly recommend a collaborative and evidence-based co-design process to plan, and then adequately fund service delivery including both service delivery, capacity building, administration costs and other below the line expenses as key components in delivering and running organisations that are predominantly supporting the needs of the ACT community.

*Recommendation 8: The ACT Government should undertake a detailed, strategic and technical planning process to inform appropriate investment in the ACT specialist AOD sector with a view to both current and future demand. Any reforms in alcohol, tobacco and other drug policy and to the harm reduction and treatment sector should be in-line with the following principles:*

- *ensure that the key strengths of the alcohol, tobacco and other drug service system are maintained, and not inadvertently lost.*
- *meet the key aim of enabling all people in the ACT seeking AOD treatment to access high quality treatment appropriate to their needs and in a timely way.*
- *enhance equity of access to alcohol, tobacco and other drug services, and effectiveness in their delivery.*
- *include review of available data sets to identify opportunities for analysis, information sharing and potential new data items (in consultation with specialist AOD services).*
- *appropriately resource an experience-based co-design process that involves service users, family and friends, service providers, researchers and policy makers in identifying and designing solutions to improve access to the service system.*

*Recommendation 9: The ACT Government should continue its commitment to establish and fund an Aboriginal Community Controlled residential rehabilitation facility.*

### *Strengths of the ACT specialist alcohol, tobacco and other drug service system*

Karralika Programs operates specialist AOD services (residential and community-based services) within the ACT and NSW. It is clear that within the ACT, the collaborative work between services in the AOD field as well as related sectors (mental health, housing and homelessness, domestic and family violence, child protection, Aboriginal community controlled organisations and with government service providers) is strong and seeks to limit the system gaps and access issues for those in need in the community.

The quality of services delivered are evidenced by client outcomes, organisational accreditation and other quality frameworks, workforce qualifications, service evaluation, partnerships and importantly through service user feedback.

Karralika Programs is proud to be one of the longer standing specialist AOD services, demonstrating our ability to adapt and innovate. We have a strong commitment to harm minimisation and consumer participation and engagement, and advocate for reforms and evidence-informed policy decisions that have the needs of the community at the heart of all of

that we do. We endorse the aim of the National Framework for Alcohol, Tobacco and Other Drug Treatment to ensure that "all Australians seeking AOD treatment are able to access high quality treatment appropriate to their needs, when and where they need it" (48). However, like our peers in the sector, we are hamstrung and limited in our endeavours at times by physical infrastructure, quantum of funding and contractual frameworks, and other systems constraints.

### *Weaknesses of the ACT specialist alcohol, tobacco and other drug sector*

Canberrans seeking treatment and support for problematic use of alcohol and other drugs can struggle to access the treatment that they need in a timely way. As stated previously, Karralika Programs works hard to limit the time a person or family needs to wait before accessing treatment.
We work closely with other organisations and services, establish formal and informal pathways for referrals, and find ways to plug the gap. However, we need support to plan for, and implement, more sustainable options to meet those needs.

Karralika Programs operates two residential rehabilitation programs, one for adults and one for families (the latter being the only comprehensive AOD treatment program of its type in the ACT). These sites are ageing, and although we work with government to advocate for repairs and maintenance, they are no longer fit-for-purpose. In addition, the physical infrastructure does not allow for increase in bed capacity to meet increasing needs – residents already share bedrooms and bathrooms, and we are unable to meet the needs of clients with significant mobility issues due to the pre-dated infrastructure.

Karralika Programs is adept at modifying and introducing new programs and practice to support the ever-changing drug trends, population growth and patterns of use. However, this requires not only physical infrastructure, but also importantly the investment in growing and upskilling the workforce. This capacity building of the workforce can be expensive and is not adequately provided for in the service-funding agreements that exist. Despite Karralika Programs investment in continuing to develop and support our committed and valued workforce, to attract and retain staff and deliver quality services, there is little financial bandwidth to support moves into new and emerging practice, When introducing new programs and practice, whole teams require support and training, and this requires the ability to not only pay for professional development and wages for those staff, but also to backfill workers to ensure continuity of service.

### *Assessing current and future demands – the need for improved data collection and co-design to inform strategic technical planning*

There have been several attempts locally and nationally to measure demand and need for AOD treatment. Often, numbers of treatment services delivered (occasions of service) have been used as a marker of demand. However, this data only reflects the number of people who were successful in accessing services. It does not record unmet demand, nor potential need for services in the community.

One of the more recent tools developed to model at a population level, was the Drug and Alcohol Services Planning (DASP) tool.(49) National modelling using this tool identified that an additional 200,000 to 500,000 people Australia-wide needed and would seek AOD treatment (over and above the 200,000 already in treatment) per year.(16)

Although designed as a population-based modelling tool, and indicative guide for resource allocation at a jurisdictional level, it has unfortunately and worryingly been proposed as the tool to use for service delivery costing.

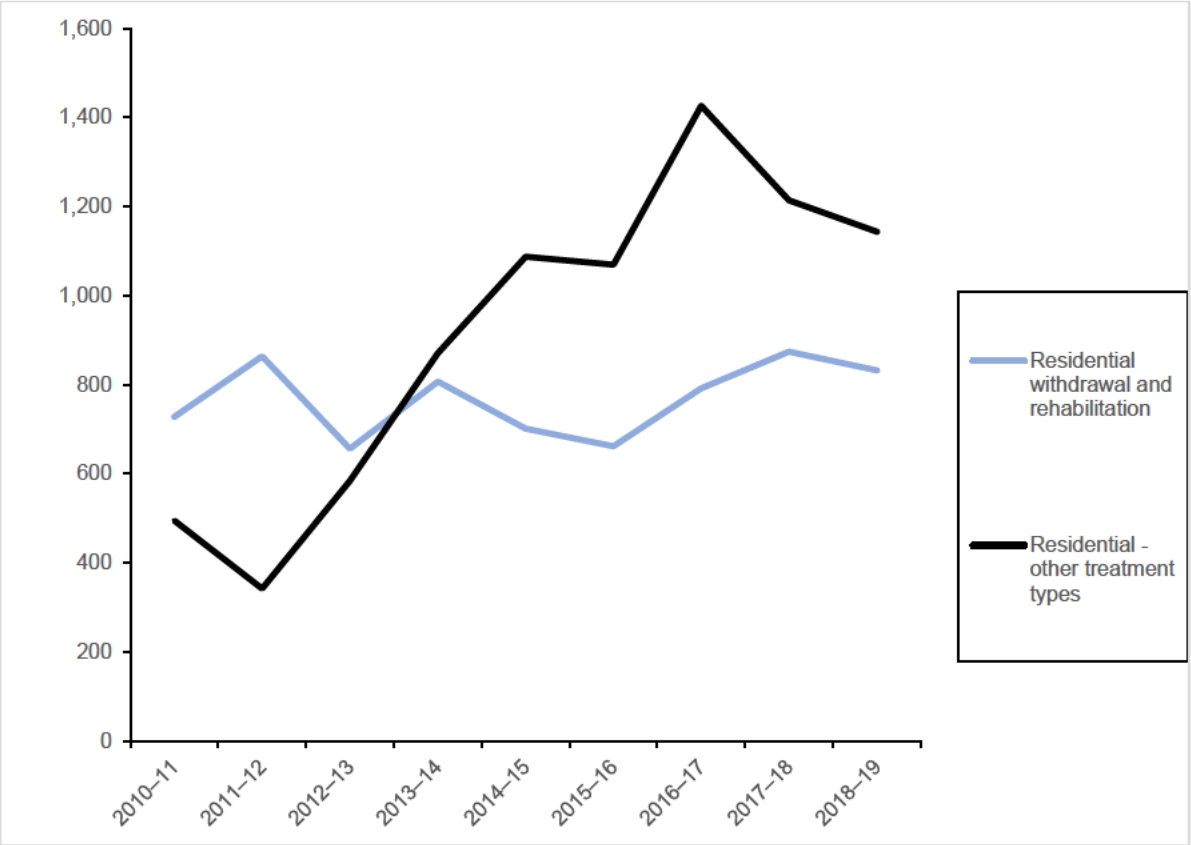
The tool is not only out of date in relation to the modelling, but also neglects to consider the implications for delivering services on the ground. Karralika Programs would caution the use, and potential misapplication of this tool in the commissioning process being undertaken by the ACT. Having said that, Karralika Programs would welcome the opportunity to work with ACT Health Directorate, ATODA (the ACT peak body for alcohol, tobacco and other drugs), other services and experts, and consumers to review and plan for current and future AOD service demand. Planning should consider increased demand that may accompany the legislative changes of the Decriminalisation Bill currently under consideration.

The increasing demand for ACT specialist AOD services over time can be (in part) illustrated through an analysis of the annually reported data to the AOD Treatment Services National Minimum Data Set (AODTS-NMDS).(52) However there are several limitations in the use of this data to reflect demand including (a) this data only counts those who have those who have approached and been successful in accessing services and (b) does not reflect the true increased demand for residential rehabilitation given that bed numbers have changed little over the last 10-20 years. This is demonstrated through the flat line trend in Figure 1 in relation to residential treatment for data on 'withdrawal' and 'rehabilitation' offered in residential settings.

However, the increase in demand for residential services is clearly illustrated by the data for other treatment types delivered within these residential service settings (e.g., support and case management only, assessment only, information and education only, etc) supporting people whilst waiting for admission to a residential service. They are instead recorded as an 'assessment only' treatment episode, or are provided with, and recorded as, 'information and education only' or 'support and case management only'. These two lines paint a vivid picture of a sector struggling to provide at least some help to a growing client load in the absence of commensurate funding.

Although there has been some small additional investment (for example through the Capital Health Network from mid-2017), there has been a consistent increase in demand for treatment provided in non-residential settings—a 38% increase between 2014-15 and 2018-19.

*Figure 1: Treatment episodes provided in residential settings in ACT specialist AOD services—annual comparison of residential withdrawal and rehabilitation with other treatment types* (2010-11 to 2018-19) Source: AODTS-NMDS 2019(52)*




*Residential – other treatment types: Includes counselling only; other, including pharmacotherapy; support and case management only; information and education only; assessment only.

### *The need for strategic and technical planning*

The need for strategic and technical planning is addressed in Matter c) below.

### *Services, referral pathways and funding models that will better meet people's needs*

As one of the longest servicing specialist AOD organisations in the ACT, Karralika Programs has a strong track record in service delivery and modification/adaptation informed by evidence, expertise and critically through the community and consumer voice.

We listen to and understand the changing needs of the community we serve, and the treatment models and services to meet those needs – at an individual and family level. We welcome the opportunity to work with the Government and ACT Health Directorate and other services to plan and support investment in areas such as:

- increased community-based treatment and support utilising a combination of in person and virtual delivery, and extended hours of operation (with appropriate funding) to support people when and how they need.
- increased capacity to offer intensive early intervention support and trauma-informed counselling to families and children to extend the programs currently delivered by Karralika Programs through the Family residential rehabilitation program, family counselling, and to

introduce the child and youth program Karralika Programs currently delivers in regional NSW to children and young people aged 10-19 years.

- Alternative locations and specifications for residential rehabilitation services for existing and future models of care and cohorts to extend the service capacity we deliver.
- Extending the capacity currently offered by Karralika Programs through our identified Aboriginal and Torres Strait Islander Cultural Support and Liaison Officer and establishing a larger peer workforce across AOD services.
- Recurrently funding the delivery of the Solaris program within the Alexander Maconochie Centre delivered by Karralika Programs and funding a comprehensive AOD program for women.
- Addressing the chronic shortage of affordable housing and crisis accommodation for people who are exiting AOD services.
- specialised support and intensive treatment for families at risk of interaction with the child protection system due to AOD issues for enhanced family wellbeing.
- increased diversion for low-level, non-violent offending associated with AOD use.
- increased services for families impacted by a family member's AOD use.

Karralika Programs requests a commitment to increased flexibility in service delivery and innovation to existing programs provided for in future contracts, with commensurate funding that would support our ability to vary delivery models, locations and hours, adapt programs to meet needs of particular cohorts and emerging drug use patterns and population trends; and continuing to support and grow our skilled and valued workforce.

Flexibility should be built into funding models to allow trialling of innovations and service improvements, and the ability to discontinue, modify and upscale based on user feedback and ongoing review of outcomes achieved. It is important to fully appreciate that innovation in the short term requires additional investment whilst maintaining service delivery to meet community need, with savings largely realised in the medium to longer term. It is also critical that innovation is not used interchangeably with 'cost-savings' or efficiencies, even though this may be a positive by-product. Innovation around treatment models and service types will necessarily have a focus on outcomes and impact, with the possibility of multiple pilots/trials, modifications and evaluation included.

## Matter d) opportunities and challenges for community-based and community-controlled organisations, programs and initiatives to reduce harm from drugs (for example a clinically supervised drug consumption site in the ACT)

Karralika Programs delivers both community-based and bed-based (residential rehabilitation) services and has a strong track record of developing innovative programs that reduce harm from drugs. Examples below demonstrate our expertise and success in supporting the ACT community, and the relative risk of limited recurrent funding:

- In 2008-09 Karralika Programs was successful for funding from the Commonwealth Government to deliver, in partnership with ACT Corrective Services, a drug and alcohol program within the newly established Alexander Maconochie Centre. Although this funding has continued (with 3 year rollovers), it remains at risk should policy or funding priorities change. At the time of its establishment, this program was one of only a very small number

of comprehensive AOD programs within a correctional setting and has served as a national demonstration model of a partnership between government and non-government agencies.

- In 2013-14, Karralika Programs with the support of the ACT Government and AOD services, was the first service in the ACT to introduce pharmacotherapies into a residential rehabilitation service. This was made possible through funding from the Commonwealth Government. The evaluation of the service demonstrated positive impacts and the service remains funded by the Commonwealth but is at risk of potential funding or policy changes. This program has been a core component of the service system for many years, benefiting the ACT community.

- In 2018, Karralika Programs designed and delivers a non-residential withdrawal service for those seeking access to AOD treatment requiring a supported withdrawal (detox) prior to commencement in a program. This again was funded through an innovation grant from the Commonwealth Government, via the Capital Health Network. Again, this short-term pilot was extended with a further time-limited contract having demonstrated that it not only met a need but was an effective service but was not recurrently funded. Karralika Programs has continued to deliver this service with a combination of CHN and short-term funding from ACT Health via the stimulus package.

Additional, and sustained funding is needed to expand existing services and develop new services without risks associated with alternative / pilot-based funding, to meet the needs of the ACT community.

*Recommendation 10: The ACT Government should facilitate innovation and flexibility within current funding contracts and extend those to five-year core funding.*

*Recommendation 11: The ACT Government should fund a supervised drug consumption site which layers on additional supports.*

*Recommendation 12: The ACT Government should support AOD providers to establish urgently required new service models to address gaps through co-design with the AOD sector, people who use drugs and families impacted by drug use.*

*Recommendation 13: The ACT Government should ensure a Needle and Syringe Program for drug users is provided in the AMC to comply with the Human Rights Act.*

Community-based and community-controlled organisations have a strong track record of developing and operating innovative programs to meet emerging community needs. These reduce harm from alcohol and other drugs and are informed by international best practice and sensitive to the unique conditions of the ACT. As previously demonstrated, Karralika Programs, and the NGO AOD sector successfully introduces innovative services and programs to meet the community's needs. However, these funding grants are not usually sustained and are opportunistic. Including a flexible funding arrangement within the funding model would encourage and support innovation.

Karralika Programs is one of the ten specialist AOD services (nine of which are non-government providers including Karralika Programs), providing quality treatment services, prevention and harm minimisation supports, and actively contributing to advocacy, research, policy and capacity development. Most harm reduction interventions currently provided in the ACT are delivered by community-based or community-controlled organisations: for example, needle and syringe programs, opioid overdose prevention and management, and pill testing at festivals.

ACT NGOs have significantly advanced the AOD sector in Australia, for instance having pioneered take-home naloxone programs.

As previously noted, harm reduction initiatives, such as needle and syringe programs, are an excellent investment. An evaluation of Australia's first peer administered take-home naloxone program conducted in the ACT found that naloxone could be safely distributed to, and used by, non-health professionals to successfully reverse opioid overdoses. Similarly, an evaluation of pill testing at the 2019 Groovin the Moo festival found that it was well received, and impacted positively on patron knowledge, attitudes and behaviours.

Nevertheless, there is still significant morbidity and mortality among people who use drugs, including from overdose related risks. Table 2 shows the unacceptably high number of unintentional drug-induced deaths in the ACT and compares them to the number of ACT road accident deaths. Risks are exacerbated by the criminalisation of self-administration as this encourages people to take drugs alone. There remain considerable opportunities for non-government organisations, in partnership with government, to deliver and augment existing harm reduction programs. Challenges include providing services where people live, work or socialise, so they can be accessed when people need them. This is complicated by the dispersed pattern of Canberra's population. Specific population groups (including Aboriginal and Torres Strait Islander people, youth, and women) have needs that must be met, for example by redesigning modalities of access, locations, opening times, and appropriate staffing.

*Table 2. Numbers of drug-induced and road accident deaths in ACT**

| Year | Drug-induced deaths | Road deaths |
|---|---|---|
| 2017 | 16 | 4 |
| 2018 | 22 | 7 |
| 2019 | 18 | 6 |

*Defined by underlying cause of death (unintentional) and excluding deaths directly attributable to tobacco or alcohol; data for 2018 and 2019 are preliminary. Data sourced from: Chrzanowska et al 2021 (53); and AFP 2021 (54)

Karralika Programs supports the findings of the recent feasibility study into the establishment of a supervised drug consumption site. It is important to develop a model which matches the ACT's unique context, meeting drug user needs while optimising opportunities to connect to and layer on relevant services and ensuring value for money. Karralika Programs also supports the expansion of other harm reduction activities such as: needle syringe programs, pill testing at festivals, Opiate Replacement Therapy and trialling of stimulant-based pharmacotherapies. These strategies should be conducted as a co-design process with government, experts and consumers.

## Matter c) the adequacy and implementation of the ACT Government's current funding commitments to support drug control and harm reduction

Karralika Programs has remained a trusted service and has delivered quality programs of varying kinds and have appreciated the close working relationship we have with other AOD services and with Government. As a not-for-profit organisation managing a mix of services with varying agreements (some recurrent, some time-limited and others project specific) we work hard to maximise the use of every dollar through various negotiations on corporate services etc.

However, there is no further efficiencies to be found and so without adequate funding now and growth funding into the future, AOD treatment services will remain well below the level required to meet current demand and increased demand into the future.

The New Horizons report (Ritter et al 2014) stated that capacity nationally needs to double in order to meet the predicted demand at that time, without even taking into account subsequent population growth and demand for services. Karralika Programs is keen to work with Government to properly map and project demand and service need, followed by discussions on funding models that provide appropriate funding to deliver those services on the ground.

*Recommendation 14: The ACT Government should develop collaborative and effective mechanisms to coordinate its funding efforts with those of other funders, and with the specialist AOD treatment sector, and introduce effective and efficient mechanisms to collaborate and plan future-focussed needs analysis to inform additional Government investment.*

*Recommendation 15: The ACT Government should fund the treatment sector to increase its capacity to support timely access to those in the community seeking support, and to introduce new treatment and support options through innovation and modification to meet the need, with five-year contracts.*

*Recommendation 16: The ACT Government should continue to fund existing specialist Alcohol, Tobacco and other drug treatment services such as Karralika Programs, who have a proven track record in effective service delivery, as preferred providers with funding certainty via contracts of no less than 5 years.*

*Recommendation 17: The ACT Government should apply an updated Drug and Alcohol Service Planning (DASP) tool to inform population modelling for treatment, but ensure it is not inappropriately used to determine service funding.*

*Recommendation 18: The ACT Government should urgently fulfill the commitment to undertake a thorough infrastructure review, which should include future as well as current needs, and ensure ACT Health Planning includes a specific priority line for purpose-built accommodation and targeted capital works for drug treatment services, including building infrastructure that will allow expansion of current models of care and reduce waiting times for treatment.*

*Recommendation 19: The ACT Government should prevent cost-shifting from the criminal justice to the health system as decriminalisation is rolled out by using data on redirection to inform ACT budget allocation. Savings from the criminal justice system should be reinvested in the AOD services.*

*Recommendation 20: The ACT Government should collect and analyse data on redirection of offenders to the AOD treatment system.*

*Recommendation 21: The ACT Government should ensure sufficient and specific funding to provide drug treatment in its entirety, including infrastructure, to (a) the Drug and Alcohol Sentencing List participants in the future; (b) the Therapeutic Care Court and (c) for residents of the proposed Reintegration Centre.*

*Recommendation 22: The ACT Government should ensure that all new funding for new drug treatment interventions includes (a) growth funding and adequate administrative funding, and (b) additional provision for evaluation, budgeted at 10% of total funding.*

In support of the recommendations above we provide the following commentary.

### *Inadequacy and lack of coordination of current funding*

The understanding of, and commitment to, delivering AOD treatment and support to people when they need it, in a way that best meets their needs is uncontested. However, the level of funding and the way in which this is calculated and administered has at times created inefficiencies and gaps. AOD services work hard internally to marry funding allocations with service objectives and deliverables, however the total quantum of funds and the lack of coordination and various duplications and red tape create inefficiencies and risk.

Appropriate levels and coordination of funding for services, with reduced red-tape and longer contracts, would enable organisations to plan and deliver services that meet the needs of people to receive treatment when they seek it, in a way that best meets their needs (service type) and at the right intensity (occasions of service and duration). Karralika Programs supports the ACT Government flagship priorities and initiatives below and wants to work with Government to deliver on these priorities. However, this can only be done with a viable, sustainable and accessible specialist AOD service system built upon solid and coordinated funding and systems:

- ACT Drug and Alcohol Sentencing List
- ACT Policing's new community policing model
- Reducing Recidivism by 25% by 2025
- Safer Families Initiative
- Therapeutic Care Court
- Reintegration Centre.

Current ACT Health Directorate contracts end in June 2022, with limited review of the true cost of delivering services. ATODA have stated that the ACT Government currently provides approximately $20 million annually for AOD services via the Health Directorate. Federal government funding is also provided directly to services and via the Canberra Health Network, making up the funding mosaic, along with in-kind and philanthropic funds, to deliver services in the ACT. It is pleasing to see the recent efforts to share information and coordinate funding between funders. However, the short-term nature of some of this funding, and the differing policy and political priorities can lead to cost-shifting, service gaps, multiple procurement processes and red-tape.

Decriminalisation of possession of illicit drugs will also likely lead to a significant increase in the number of people requesting services. Real-time collection and analysis of data on service demand will be needed to inform discussion at a whole-of-ACT Government level on appropriate reallocation of funding between the heath and criminal justice budgets.

As stated earlier, Karralika Programs has been successful in securing alternative sources of time-limited funding to trial new programs and service. With success comes community expectation and some of these programs remain at risk should funders determine that these are now 'business as usual' and have not been incorporated into the ACT health service planning and funding modelling. This presents a risk to organisations, to Government and critically to the community for whom these programs seek to support.

### *Need to increase funding for workforce and physical infrastructure*

As explained in the response to Matter e), a key constraint is the shortage of skilled AOD treatment workers. This has been particularly challenging over the past 12 months with the pandemic. Karralika Programs and other services work hard to attract and maintain our highly skilled workforce and will also support professional development and progression of motivated people new to the AOD sector. Although the Equal Remuneration Order has been a key contributor to our ability to offer attractive remuneration, it does fall short when considering the funding for other critical elements in supporting our workforce such as professional development practice supervision, career progression and also HR and corporate related costs. Although it may not seem significant, for a medium sized organisation where workforce is the largest cost, a small increase in the Superannuation Guarantee of 0.5% (when moving from 1 July 2021 to 10%) can be challenging when base funding remains static.

As previously stated, physical infrastructure for the delivery of AOD services whether that be residential sites or office locations, has remained an ongoing issue and risk whether that is related to safety, amenity, space and fit-for-purpose, and room to grow and change. Failure of any of these infrastructure components risks undermining the availability and quality of specialist AOD treatment and can present a significant risk to clients, workers, organisations and to the Government. Without urgent and substantial investment, infrastructure limitations will further reduce capacity to treat those who want help and limit the ability of Government to scale up or implement priority initiatives such as the Drug and Alcohol Sentencing List and the Therapeutic Care Court.

The ACT community has benefited from an AOD service system that is cohesive and well-coordinated, and engaged closely with the ACT Health Directorate, with the support of the AOD sector peak organisation (ATODA). Karralika Programs understands that ATODA receives little funding to act as a peak organisation. Rather it is funded for project specific tasks. Given the importance of co-design, coordinated approaches and the work of the peak in supporting consultation, engaging with and sharing information with the community through media and other forums, and given the ambitious set of reforms to the AOD sector being considered, Karralika Programs supports investment by Government in the peak beyond time-limited and specific projects.

### *Opportunities for future investment*

The Health Directorate is making plans to progressively shift to a commissioning model of procurement. Karralika Programs has welcomed the focus and level of engagement with Government to date in the scene-setting for commissioning. It remains a concern, however, that certainty for services and the community is dependent upon outdated information regarding treatment types and the cost of delivering specialist services.

#### *1) Properly fund core treatment programs by updating and extending contracts*

Previous commitments from the ACT Government to consider longer term contracts for core AOD services (of 5 years or more) is strongly supported. In order for these arrangements to be successful in meeting the needs of the community, adequately funding services/organisations is critical.

Work to properly cost and fund service delivery (including both client and non-client facing expenses) is required. Agreements should have built in flexibility, and bandwidth to innovate and adapt to meeting the changing needs of the community and new / emerging evidence and treatment types.

Although timing is paramount in relation to certainty for organisations, and thereby for retaining and attracting highly skilled workforce, this work must be comprehensive and collaborative. Although we have been pleased to hear that the commissioning work would not reduce the overall funding envelope for the delivery of AOD services, this level of funding is already well behind the funds needed to meet everyday costs.

Certainty of contract terms and duration are essential, as is the need for better lead time for negotiations well before the contract end date to ensure organisations like Karralika Programs can prepare and plan for change, minimise angst of its workforce and continue to meet community demand and expectations.

Contracts for five or more years allow organisations to attract and retain workers and make efficient planning decisions for the long-term. However, these longer-term contracts must include appropriate growth funding and regular review of base funding to address increasing costs of delivery and operation, along with the flexibility to adapt as the need within the community changes and as new and emerging treatment options are identified.

### *2) Expand and create AOD treatment and harm reduction programs addressing priority areas via a co-design process.*

Karralika Programs has been working with specialist AOD providers, government and the community, including service users for decades to identify and develop programs for priority cohorts and treatment types and is committed to continuing our collaborative codesign approach. Despite this work, baseline funding has remained low, with very little new funding from the ACT Government. As stated earlier, the vast majority of new (albeit modest) funding has come from the Australian Government via Primary Health Network and directly to services with short contract terms. In some cases, this has involved 1-year extensions. Where additional funding from the ACT Government has been provided, for example to support the introduction of the Drug and Alcohol Sentencing List (DASL), it was for an 18-month period ending in June 2021, and even now (at the time of writing this submission – 11 June 2021) it remains unclear whether the programs are to continue beyond 30 June 2021.

The new commissioning process being discussed currently will benefit from a co-design process that has begun with some principles around co-design however work has yet to commence in earnest. If this Commissioning process is to be concluded, in true co-design, in order to establish certainty and stability for organisations delivery much needed services for the community, it must begin immediately and must involve service users, their families and friends, service providers, researchers, and policy makers.

Experience-based co-design can help to reflect on existing data and obtain information about people's experiences of the alcohol, tobacco and other drug service system. It can identify the 'touchpoints' in this service system, and then to facilitate stakeholders to work together to design improvements.(55, 56) This approach taps into the experiences of service users and their families

and involves them as equal partners with other stakeholders in the design of solutions. While commonly used in the (re)design of services, experience-based co-design has also been successfully used to improve the design of a service system.(57) Such experience-based co-design is consistent with the ACT Government's commitment to person-centred care and citizen participation in policy processes.(58, 59) It also provides a means to collect qualitative data about program and service system experiences.

The ACT Commissioning process should be wary of introducing elements already experienced as problematic in other jurisdictions, such as the negative impacts following the inclusion of low-quality providers experienced in Victoria with the inclusion of private health service providers offering AOD rehabilitation and counselling services without the proper rigour regarding accreditation, evidence-based treatment and qualified workers. The ACT system operates far more efficiently because of the consistently high level of quality among its providers. The Victorian Health Complaints Commissioner's review of private health service providers offering AOD rehabilitation and counselling services noted that: "The unregulated nature of the private sector has allowed numerous operators to open AOD treatment services without the necessary competence, skills or experience to meet client needs or expectations". (60)

#### *3) Conduct needs assessment and co-design future services*

Information about drug and alcohol harms, unmet demand and projected future demand for services is needed to direct future investment within the AOD sector. It should include current and future demand from initiatives in the courts and criminal justice system, including the Drug and Alcohol Sentencing List, the Therapeutic Care Court, and the planned Reintegration Centre at the AMC. Funding for these programs should be drawn from the Justice and Community Safety Directorate budget, rather than the Health Directorate budget to prevent cost shifting.

All new funding for new specialist drug treatment interventions should include: appropriate funding for administration and engagement in collaborative work, policy and planning functions (15%); and, an expert external evaluation and monitoring component, budgeted at 10% of total funding, and developed at the start of the funding.

## Matter f) the availability, access and implementation of best practice drug education material to enable and support prevention, early intervention, and community safety

Karralika Programs strongly supports the role of education in AOD, with funds and activities focussed where it is most effective, including to help people who use drugs to reduce or minimise harm. It should also include specialist training for those in the AOD and related sectors, as well as utilising and incorporating the voices of people with lived experience. Some modern educational approaches are useful in schools, and other forums. However mass media campaigns have been shown to be ineffective in this space and are a waste of the limited funds.

*Recommendation 23: The ACT Government should support effective and efficient drug education programs, including an evidence-informed school drug education program for the ACT; support and fund peer-to-peer harm reduction education; and consider a targeted AOD education program(s) for high-risk industries.*

Although 'Drug education and information' can mean different things depending on the aims and audience, Karralika Programs strongly supports the development of a clear prevention strategy that guides the ACT's approach to drug education. This Strategy should define the intended purpose of drug education, with clarity of the audience, goals and intended outcomes. The Strategy must be grounded in evidence, with a focus on defining the audiences, delivery approaches and messaging that would have the desired impact.

Mass media campaigns [1]have been shown to have little impact in this sector, and school-based programs[2] have had varying impact. An evaluation of the current school-based program in the ACT is recommended, along with collaboration with communications specialists alongside AOD specialists to develop and test targeted AOD education programs for young people, those in high-risk industries, families and allied health sector workforce. (61)
Peer to peer approaches, when implemented in ways that are sensitive to context and accompanied by ongoing monitoring by the user groups, are often effective in reaching out-of-school-youth, adolescents and other disadvantaged groups.(68, 69) In the ACT, the peer-based organisation has been providing a number of successful harm reduction education programs, most notably the Opioid Overdose Prevention and Management Program, a pilot of which evaluated favourably in support of a peer education approach. It is therefore recommended to continue and enhance support for peer-based drug user education programs in recognition of their effectiveness.

*Recommendation 24: The ACT Government continue and increase its support for the funding of the ACT Alcohol Tobacco and Other Drug Qualification Strategy, to ensure that all workers are appropriately trained, and to recognise the professional standing of the workforce.*

*Recommendation 25: The ACT Government should expand its funding of ATODA to deliver AOD training to people who work with people who use drugs in allied health and social sectors, as well as those involved in implementing the legislation.*

Karralika Programs supports the continuation of the ACT Government-supported Qualification Strategy for AOD workers and recommends this not only be continued but extended with additional resources to support the treatment sector's peak body (ATODA) to train other workers in allied health and service sectors who routinely work with people who use drugs, and importantly to provide further support and education to those responsible for implementing the legislation and who will have a role in this Bill when it is passed (including police). This training helps increase awareness of issues for people who use drugs and improves workers' ability to collaborate with people who use drugs. The training has been very favourably reviewed by recipients and should be expanded.

[1] A group of European experts recently brought together all the peer-reviewed evaluations of mass media campaigns for preventing illicit drug use in people under 26 years of age.(62, 63) They found that most campaigns were not effective in changing drug use or intent to use drugs. What's worse, some well-funded ad campaigns increased drug use among adolescents. Many of these campaigns deliberately increase the level of stigma associated with drug use. Caitlin Douglas and colleagues have shown that people who use ice felt stigmatised by the "Ice Destroys Lives" campaign.(64) This may decrease people's willingness to seek treatment due to embarrassment.

[2] School-based drug education programs generally fall into the category of 'popular but not proven'. The best designed and implemented programs only show small effect sizes, low cost-effectiveness and low cost-benefit.(12, 13, 65) In recent years, however, Australian researchers have demonstrated that innovative approaches to school drug education that are in tune with Australia's National Drug Strategy and Australia' distinctive cultural make-up, can be both efficacious and cost-effective. This has been demonstrated by recent scholarly reviews,(66, 67) and by the excellent documentation at the NDS Positive Choices website. There is a need for targeted education/ brief intervention for 'at risk' students.

Karralika Programs also recommends education and training for those sectors and services involved in the implementation of this legislation, addressing myths and misconceptions about people who use drugs and the importance of a health-based response, to ensure that the aims and intention of the legislation is realised in practice, and that the experience of the workforce and the community interacting with the law enforcement are congruent.

*Recommendation 26: The ACT Government provide financial and other support to specialist alcohol and other drug services to facilitate greater investment and participation in research on alcohol and other drug programs, treatment and prevention.*

Karralika Programs has sought, and continues to seek, opportunities to participate in research and evaluation activities including those lead by the sector and those initiated by tertiary institutions. Resources and capacity remain a significant barrier to the desired level of involvement. For example, practice-led research requires investment of both time and money to seek research partners or students, co-contribute or fund involvement of researchers and participants, aligning organisational and research topics of interest, as well as embedding a role/s within the organisation with appropriate skills and capability. Participation in University-led research can similarly be challenging in relation to scope of the research, timeframes, capacity of workforce to participate (and/or backfilling of roles) and financial investment.

Several years ago, the ACT Government sought the views of community sector providers with respect to practice-driven and evidence-informing research and opportunities to improve linkages with research institutions. The status of this work is unclear, and Karralika Programs would recommend this issue be incorporated into discussion on the ACT Alcohol, Tobacco and Other Drugs Strategy and as part of the new commissioning and funding modelling work, and be resourced appropriately.

# 5. Conclusion

Karralika Programs welcomes the Bill, and the progressive move forward to respect the rights and wellbeing of those in our community who use drugs, to minimise the harms for themselves and others, and to have increased access to the right treatment and support to meet their needs when they need it. We believe that drug and alcohol support is a part of the fabric of community health system and is a critical part of prevention. It is a health issue and can be addressed through increased access to supports including treatment, requiring increased access that is both appropriate and timely, with a person-centred approach at the heart of the system.

Karralika Programs also welcomes the scope of the Inquiry and the opportunity to provide further comments and recommendations in relation to the broader issues of alcohol and drug treatment access, appropriate service mix that is well funded, with a priority focus on health and addressing the insidious stigmatisation and discrimination of people in our community.

Karralika Programs has been and continues to be a leading end-to-end alcohol and other drug treatment service provider and collaborates with other services and with Government. We stand at the ready to provide further recommendations and assistance with the design and implementation of a well-functioning and people-first service system for all. We would welcome the opportunity to provide further information or evidence on the topics discussed in this submission.

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