



Commissioning of Alcohol and Other Drug Treatment and Support Services

Commissioning Intentions

Version 1.0 – 10 August 2022

Introduction

Commissioning of Health Services in the Community is aligned to key policy strategic frameworks and plans that guide the service direction of the ACT public health system.

The *Commissioning Roadmap – For NGO services in the community 2021 – 2023*¹ (the Commissioning Roadmap) established the approach that the ACT Health Directorate (ACTHD) and the Community Services Directorate (CSD) will take to the commissioning of services in the community.

*Accessible, Accountable, Sustainable: A Framework for the ACT Public Health System 2020–2030*² is focused on integrating services across three areas of health—preventive health, community-based services and care in hospital, ensuring they are innovative, effective and sustainable.

The Territory-wide Health Services Plan (TwHSP) is a key deliverable under *Accessible, Accountable, Sustainable: A Framework for the ACT Public Health System 2020–2030*. The Plan will set the direction and priorities for a system wide approach to health services in the ACT that is person-centred, culturally safe, and integrated.

The commissioning objectives provide a guide to the intent of commissioning for health and community services in the ACT to:

- Better respond to community need, both existing and emerging.
- Improve integration across the service systems to support seamless and holistic care, and transitions between services.
- Reduce the pressure on our hospitals and other crisis services.
- Improve equity in health and life outcomes for priority population groups.
- Improve sector sustainability through closer partnerships and better understanding the needs of our service delivery partners.

¹ The Commissioning Roadmap, for NGO Services in the Community 2021-2023. Available from:

https://www.communityservices.act.gov.au/__data/assets/pdf_file/0006/1815189/ACTHDCSD-Commissioning-Roadmap-2021-2023.pdf

² ACT Health Directorate, 2020, *Accessible, Accountable, Sustainable: A Framework for the ACT Public Health System 2020– 2030*. Available from: <https://www.health.act.gov.au/about-our-health-system/planning-future/accessible-accountable-sustainable-framework-act-public>.

Rationale

ACT Health Directorate (ACTHD) values the important role of sector partners in supporting the delivery of health services in the community. ACTHD is seeking to work in collaboration with community and health sector partners, service users and other key stakeholders to commission the alcohol and other drug (AOD) treatment and support services our community needs.

The [ACT Approach to Commissioning](#)³ (ACT Approach) includes the principles and shared priorities to guide the way government and non-government organisation (NGO) sector partners will work together to undertake commissioning. The ACT Approach was developed following consultation with NGO sector partners.

With the release of the Commissioning Roadmap and The ACT Approach to Commissioning on 5 August 2021, the Minister for Health, Families and Community Services and Aboriginal and Torres Strait Islander Affairs stated the shared vision for commissioning is to work collaboratively so that:

“together we support Canberrans to thrive in the community. We approach commissioning as an opportunity; to do things better, to foster greater flexibility, creativity, innovation and early support”.

The commissioning approach involves working collaboratively with sector partners, and people with lived experience, to plan, design and deliver the best health and support services for Canberrans.

Through this process, commissioning will provide greater opportunities for innovation by adopting an integrated, partnered approach to delivering and procuring services. The ACT Government is listening to sector partners and individuals to inform the future health services.

We will continue to listen and learn as we work together and focus on achieving significant and meaningful outcomes for Canberrans.

³ [The ACT Approach to Commissioning](#)

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Commissioning in the ACT

The commissioning approach for the ACT is a staged and iterative process which involves working with community, including community and health sector partners, service users and other key stakeholders to shape and deliver services in our community.

The Government's priority is to maintain stability for services users and ensure they continue to have access to high quality support.

The commissioning cycle will follow the five main phases outlined below and be recorded within this document as a living record of the commissioning process as it progresses.

Strategise

During strategic planning, we will:

- Consider the system reforms required to meet key reform agendas (e.g., the early support reforms).
- Identify services that meet/largely meet current community need.
- Identify areas to collaboratively design.
- Identify existing service gaps and emerging priorities.
- Determine timeframes and methods to approach the market.
- Test data and evidence against local knowledge and on the ground perspectives.

Design

During design we will implement collaborative design thinking to agree service outcomes and guide investment.

Procure (Invest)

During procurement of services, we will:

- Select and contract future services.
- Ensure sustainable resourcing.
- Actively work with sector partners to support mutual development and capability uplift.

Deliver outcomes

We will collaborate to successfully deliver the outcomes that matter most to service users, ensure continued service flexibility and support outcomes reporting.

Continuous Evaluation

We will embed the measures and processes into partner relationship to continuously evaluate whether services are delivering value for the communities we serve.



Commissioning stages

Strategise

The key principles to consider and guide health services in the future.



Aligns to health strategies

Service aligns with strategic priorities:

- Territory and National strategic plans e.g. *National Agreement on Closing the Gap, National Drug Strategy, National Chronic Disease Strategy, ACT Mental Health and Suicide Prevention Plan.*
- *Accessible, Accountable, Sustainable.*
- Reduces pressure on hospitals by prioritising prevention and early intervention (unless a specialist treatment service).



Health outcomes for priority population groups

- Defined and quantified target cohort for a substantive health priority.
- May include emerging needs that are yet to be formally documented or have detailed evidence from other sources. Could include evidence presented through stakeholder engagement.



Evidence Based

- There is evidence that the service achieves/will achieve desired health outcomes for the target population.
- Evaluation has been undertaken to support continuation of service funding.
- The service is suitably geographically located and readily accessible to the target cohort.
- Similar services with the same intended outcomes are not provided or funded by Commonwealth or other Territory agency (e.g. CHN, CHS, CSD).
- Improve integration across the service system to support seamless and holistic care, and transitions between services.



Integrates health services

Service demonstrates:

- Integration across the service systems to support seamless and holistic care, and transitions between services.
- Innovation in relation to how service is delivered and / or budget considerations, for example, models of service delivery that have been successful in other jurisdictions and emerging research and development.



Addresses unmet need

- Risk of Not Proceeding - in terms of potential consequences of health inequalities persisting or being exacerbated.
- Is needed to address an emerging identified need such as an impact of COVID relating to the health and wellbeing in the community.
- Does the service need to be implemented immediately or are there longer-term solutions or dependent activities that need to be in place before delivery?

ACTHD recognises the knowledge and expertise that all NGO sector partners have to offer the commissioning process.

During strategic planning we together aim to:

- Understand the scope and nature of the system and services currently provided.
- Understand the underlying population need, including demographic profile, and other factors impacting communities (e.g., health and social impacts of COVID-19).
- Define the system outcomes we are seeking to achieve, taking into consideration the ACT Wellbeing Framework and other key policy objectives.
- Consider the degree to which existing services are meeting population needs.
- Understand the sector partner landscape.

Outputs from this stage include:

- Needs assessment – complete needs and gaps analyses, identify eligible target groups, identify what data exists, and what data is needed.
- Current service provision – what services are provided, and to whom, for what purposes.
- Commissioning priorities – identified priority areas of focus over commissioning cycles.

Design

Once ACTHD and community partners agree on the population needs, the outcomes we are seeking to achieve, and the extent to which existing services are meeting these needs, we will work together to design the desired outcomes.

This approach needs to:

- Align with the ACT Government's strategic directions for an accessible, accountable, sustainable service system.
- Ensure that funding is both adequate and directed toward the delivery of agreed priority outcomes.
- Agree on the indicators that will be used by sector partners to both report on and measure success against those outcomes.
- Be consistent with the capacity and capability of the market.
- Agree on reporting requirements that ensure accountability and helpful data, without being burdensome for organisations.
- Agree on methods to evaluate the success of programs over time, and for improving them as the need arises.

Outputs from this stage include:

- Defined outcomes and metrics
- Service specification
- Commissioning Intentions (this document).



Procurement (Invest)

This stage will culminate in new agreements. The key outcome of this stage will be that participating sector partners have new agreements for services in the community.

Outputs from this stage include:

- Approach to market
- Contract variations
- Procurement documentation
- Service specifications.

Deliver outcomes

This stage will involve ACTHD and participating sector partners working in close partnership to deliver agreed outcomes.

Outputs from this stage include:

- Agreed partnership approach
- Services delivered that meet community needs.

Evaluation

The stages of commissioning are encompassed by evaluation across the full cycle of the process, evaluating the process will enable learning from this experience of commissioning.

Ongoing evaluation of the commissioned activities and agreed outcomes as developed during the Design phase.

The functions of alcohol and other drug treatment and support

Opportunities

Commissioning provides an opportunity for stakeholders to work together to develop and articulate a common understanding of the intention of government funding.

The commissioning partners will engage closely with a broad cross-section of stakeholders, including sector partners, community members, service users, and stakeholder organisations to seek input that will inform service planning and design to meet identified need.

Consultation process

Strategise phase

As part of the Strategise phase of the commissioning process, the Alcohol and Other Drug Policy team at ACT Health ran a series of workshops to inform commissioning of the AOD services our community needs in collaboration with community and health sector partners, service users and other key stakeholders. ACTHD was seeking to develop a shared understanding of the current and emerging needs of the community the alcohol and other drug service system serves to ensure future services are designed to meet those needs.

The workshops were broken into areas of focus based on specific areas identified in recent consultations:

1. Youth (Monday 31 January 2022)
2. Women and Families (Wednesday 2 February 2022)
3. People with lived experience and peer representatives (Friday 4 February 2022)
4. AOD and Mental Health (Tuesday 15 February)
5. AOD Specialist Services (Friday 18 February)

Each workshop began with an overview of what we've heard and what we know (data and evidence to date), followed by a facilitated discussion on existing service strengths, areas for improvement and emerging priorities. It was intended that any areas of specific service need for Aboriginal and Torres Strait Islander people were invited to be raised within any of the sessions.

The feedback was also used to inform the early development of the next Drug Strategy Action Plan following the conclusion of the previous plan in 2021.

The following organisations and individuals were represented at one or more of the workshops:

- Aboriginal and Torres Strait Islander Health Partnerships
- ACT Education Directorate
- ACT Gambling and Racing Commission
- Alcohol and Other Drugs Policy
- Alcohol, Tobacco and Other Drug Association ACT
- Australasian College for Emergency Medicine
- Australian Federal Police – ACT Policing, PACER (Police, Ambulance, Clinical, Early, Response)
- Canberra Alliance for Harm Minimisation and Advocacy
- Canberra Health Services (CHS) – Alcohol and Other Drugs Services, Mental Health, Justice Health
- Canberra Mental Health Forum
- Capital Health Network
- CatholicCare
- Chronic Conditions, Primary Care and Workforce
- Communities@Work
- Community Services Contracts and Grants Unit
- Directions Health Services
- Family and Friends for Drug Law Reform

- Foundation for Alcohol Research and Education
- Health Policy and Strategy
- Health Protection Service – Public Health and Regulation Projects, Sexually Transmissible Infections and Blood Borne Viruses
- Housing Policy - Homelessness Services
- Justice and Community Safety Directorate – Legislation, Policy and Programs
- Karralika Programs
- Mental Health Community Coalition ACT
- Mental Health Coordinator General
- Mental Health Policy
- Meridian
- Northside Community Services
- Preventative and Population Health Policy
- Salvation Army
- Social Policy – Family and Inclusion
- Ted Noffs Foundation, Canberra Service
- Toora Women
- Youth Coalition

What did we hear in the consultations?

The following material provides a summary of the key themes identified within each consultation workshop. Further detail on these themes can be found in **Appendix 1**.

Youth workshop

- ACT has high-quality **treatment services** for young people, however greater resources are needed to meet demand.
- **Early intervention** for young people should be expanded.
- There are concerns about the quality and consistency of **drug education** delivered in schools.
- **Parents** are a key resource for supporting young people and are not being adequately supported.
- Young people aged **18 to 25 years** are falling between adolescent and adult AOD services.
- **Decriminalisation and diversion** from the justice system are important for young people.
- **Housing and homelessness** are significant issues and young people experiencing AOD dependence are being excluded from housing and homelessness services.
- Training and tools for **health professionals on AOD screening and brief interventions** for young people are needed.
- Greater **integration of AOD and adolescent mental health services** would be beneficial.
- Culturally appropriate services for **young Aboriginal and Torres Strait Islander people** are needed.
- Additional training for AOD services is required to address a lack of knowledge regarding young **LGBTQIA+** people and their needs.
- Some young people from **culturally and linguistically diverse** backgrounds experience increased stigma regarding AOD use.
- **Pill testing** will provide a new opportunity to engage young people in harm reduction and referral.

- Benzodiazepines and e-cigarettes are **emerging drugs of concern** for young people.
- **Policy changes** regarding the minimum age of criminal responsibility and decriminalisation will require new **service entry points** for young people.
- Options were provided for ACTHD to **hear directly from young people**.

Women and Families workshop

- The ACT has a number of **treatment services** available for women and children, however an increase in **demand** has led to a need for increased and improved resources.
- **Decriminalisation** paired with **holistic** approaches, rather than statutory ones are important for women and families.
- **Housing, homelessness and temporary housing** are prominent issues for families and older single women.
- Fear of **intervention by Child and Youth Protection Services** is limiting engagement with AOD services.
- Changing approaches for interactions with **Aboriginal and Torres Strait Islander communities** could support improved relationships with AOD service providers.
- Expansion of **long-term treatment AOD services** would support ongoing healing and reduce intergenerational trauma.
- **Parenting programs** post-rehab could support parents in their carer roles.
- **Stigma and guilt** are barriers to ongoing support from family and friends of AOD users.
- Women are most at risk of **abuse**, which can trap them into cycles of AOD use.
- Education around **Fetal Alcohol Spectrum Disorder (FASD)** should be improved to support pregnant women.
- The impact of COVID-19 on **young women** is not yet understood.
- **Domestic and family violence** is increasing, along with **Delivery on Demand alcohol services** and **mega alcohol stores**.
- Yet to see the effects of **e-cigarette use** on pregnant women and their children.
- COVID-19 has caused smaller organisations to **reduce or stop programs** in certain areas.
- Increase in **disengagement of services by women** because of parenting commitments.
- There is a lack of **trauma focused groups** and programs within the AOD sector.
- Increased need for a broader approach to **community welfare**.
- Options were provided for ACTHD to hear directly from **women and families**.

People with Lived Experience and Peer Representatives workshop

- The ACT has good service models that encourage **consumer engagement** and well organised AOD services, however where **AOD issues** co-occur with **mental health** ones, the services are lacking.
- AOD services that employ **peer workers** with lived experience support **empathetic and trust-based** relationships with the community.
- There is an increased need for **Needle and Syringe Programs** in outer suburbs.
- Additional **AOD training** for mental health workers to better support those with **comorbidity issues** would be beneficial.
- **Decriminalisation** is important to reduce stigma and discrimination in all aspects of the ACT community, especially in **health care settings**.
- **Family Drug Support** could be a key resource for parents in **reducing escalation** of AOD use.



- **Formal peer worker certifications** could support further integration and expansion of services and provide pathways into **paid employment**.
- **Social media** is an opportunity to provide information about AOD services to **young people**.
- **Hospital services** are lacking for AOD users with **comorbid mental health conditions**, as well as emergency department services for AOD users without mental health diagnoses.
- **Peer workers** can support clients within the healthcare system through **advocacy**, linking them with both AOD and mental health services.
- **Child and Youth Protection Services** would benefit from the integration of **peer support workers**.
- **The National Disability Insurance Scheme (NDIS)** does not provide services that have already been funded, which includes many AOD services (e.g., funded by ACT Government). This has led to difficulty in situations where mental health and AOD substance use is co-occurring as only mental health treatment is provided under the NDIS.
- **Housing** is a significant issue for people who use drugs.
- The lack of **ageing population** support services is an emerging issue.
- There is limited support for **mothers who use drugs**.
- More conversations about the needs of **First Nations Peoples** are needed.
- Options were provided for ACTHD to hear directly from people with lived experience.

AOD and Mental Health workshop

- The ACT has good **services** for AOD treatment and mental health support, however there is a difficulty in **integrating models** from each sector.
- Services that have workers skilled in **both the AOD and mental health spaces** that can provide **holistic care** are needed.
- Current services expect clients to **navigate the system** whilst **symptomatic**, which is ineffective and doesn't support them.
- **Follow up and immediate support services** are lacking.
- **Crisis support services** are lacking in the AOD sector.
- **Health care providers** focus on **singular primary diagnoses** rather than 'whole person' ones.
- Communication of **AOD treatment options** within mental health units are **lacking**.
- **Integration of specialists** into community support services **reduce barriers**.
- There is a lack of **low-threshold services** to support **direct pathways into AOD treatment**.
- A **medically supervised injection facility** with a **mental health nurse** within the centre could support service user's mental health.
- Assertive **outreach service resources** do not have the capacity to **support demand**.
- **Stigma associated with gambling** often **reduces engagement in AOD services** by clients with co-occurring conditions and **mental health issues**.
- Support services for people with **severe and enduring mental illness**, low prevalence disorders and borderline personality traits are **lacking**. This demographic often has **high rates of AOD** use and experience **more stigma** than other groups.
- **NDIS support is problematic**, as it can cause individuals to be unsupported by both the Commonwealth system and ACT services due to **funding overlaps and difficulties**.
- **Collaboration** between AOD, mental health and correctional services is **lacking**.
- **Complex clients** who use AOD often face **discrimination by essential services**, such as **housing and disability**.



- **Complex clients** may find it difficult to access mental health services due to historical **violence against staff** or providers being **unable to identify further treatment** options.
- The **terminology** used for diagnoses of both mental health and AOD issues could be **re-evaluated and changed**.
- **Police officers** within **PACER** could be provided with more advanced **AOD training and education**.
- **AOD and mental health** services would benefit from **long-term reform** and **increased resources**.
- There is a lack of services to support our **ageing population**.
- The existing **pain management prescription system** is **inadequate** in supporting those who are dependent on opioids.
- There is **increased stigma** and **discrimination** for those in the **LGBTQIA+ community** due to AOD use, minority stress and lived experience.
- **Stable** and **accessible** housing is **lacking**.
- **Assertive outreach** may increase **demand** past what **current resources** can **supply**.
- There is a lack of **holistic outreach services**.
- **Intersectional approaches** that support **LGBTQIA+ people**, those with **disabilities**, **Aboriginal and Torres Strait Islander people** and those from **multi-cultural backgrounds** are needed.
- **Connected work between AOD and Child and Youth Protection Service (CYPS)** is **lacking**.
- There is a **lack of funding** for training of **AOD nurses**.
- **AOD nurses** in **AOD services** are **underrepresented**.
- There are no **harm reduction** pathways within **CYPS** for parents and carers who **cannot achieve abstinence**.
- Responses from **specialist mental health providers** from the AOD sector are **inadequate and unsupportive**.
- **Gender specific services** could be **increased**.
- Options were provided for ACTHD to hear directly from people within the **AOD and mental health sectors**.

AOD Specialist Services workshop

- The ACT offers a wide range of treatment **services** that work well together, however may require **additional resources** to successfully support the **demand** for them.
- **Waitlists** are **extensive** and the range of **services doesn't effectively support** the needs of clients.
- There is a lack of **day programs** and **intervention stages** at both pre and post treatment.
- **Transitional post treatment** funding is needed.
- There is a lack of **AOD counselling** and **youth services** outside of the city, effectively **excluding** those without cars.
- An **intensive counselling** and **case management model** that works within a **rehab** model is needed to support **intensive community outreach**.
- **Accessibility** of services are **limited** and there are extensive wait times for **AOD specialist services**, as a result, users struggle to **access** community-based **treatment**.
- **A reporting system** could provide understanding of **wait times**.
- **Infrastructure investment** is needed in Toora.
- It is difficult to support clients with **complex cases** due to a **lack of connection** between the AOD **withdrawal unit** and the Canberra **hospital**.



- **Funding** of nursing staff and beds in **rehabilitation centres** are lacking and would support **on-site detox services**.
- Increased **funding** would support an **increase in capacity** for medium to low **on-site detox services**.
- **Non-residential withdrawal services** could provide counselling, detox services and support transition onto **pharmacotherapies**, some services exist but **more** are needed.
- **Assertive outreach** paired with **case management** could support diversion from waiting lists.
- **Decriminalisation** could support individuals to manage their **own problems** and feel less anxious about **accessing treatment**.
- The **workforce** is a **limiting factor** and could be improved through **professional development** and **qualifications**.
- **Opioids** are at the top of the list of detrimental drug use in terms of **mortality and disability adjusted life years**, indicating a need for **medically assisted heroin treatment**.
- Better services for people with **trauma** and **personality disorders** are needed.
- A **dedicated** service for **family support** is needed to produce **good recovery outcomes** for **youth** drug abusers.
- **Stigma** is contributing to young people **disengaging** with **education institutions**.
- **Early intervention** via support services to **schools, family and friends** could reduce **low level drug use escalating**.
- **LGBTQIA+ AOD services** are lacking, especially for **families**.
- **Involuntary treatment** was discussed, however **no consensus** on this was reached.
- Our **ageing population** needs **new infrastructure**, especially for those with **long-term dependence issues**.
- **New operating systems** to support services for **disabled people** are needed.
- **Current services** are unable to meet **demand**, which is set to become a more **significant** issue as **border communities** grow.
- **Detoxing services** often **refuse clients** based on the **quantity** of drugs they're taking, leaving many without **treatment**.
- **Transitional and permanent housing** is difficult to access due to high rental prices.
- **Bad credit** leaves many clients without much needed **resources**.
- **Current and future** demand cannot currently be met by **community-based counselling** services.
- **De-stigmatisation** would benefit the **community** but would also **increase demand** to a level that's **unable** to be met by **resources**.
- **COVID-19** lockdowns have left many **children** and **young adults** without **necessary social skills**.
- **Youth drug courts** reduce **substance abuse** by not **reoffending**.
- **Parental consent** is needed for **child support** with **family AOD services**, which may **limit engagement**.
- The need for **pharmacotherapies** is likely to **increase**.
- **Drinking** and **alcohol abuse** trends over the last two years are likely to **increase**.
- Options were provided for ACTHD to hear directly from people within the **AOD specialist services sector**.

Areas for possible further targeted consultation

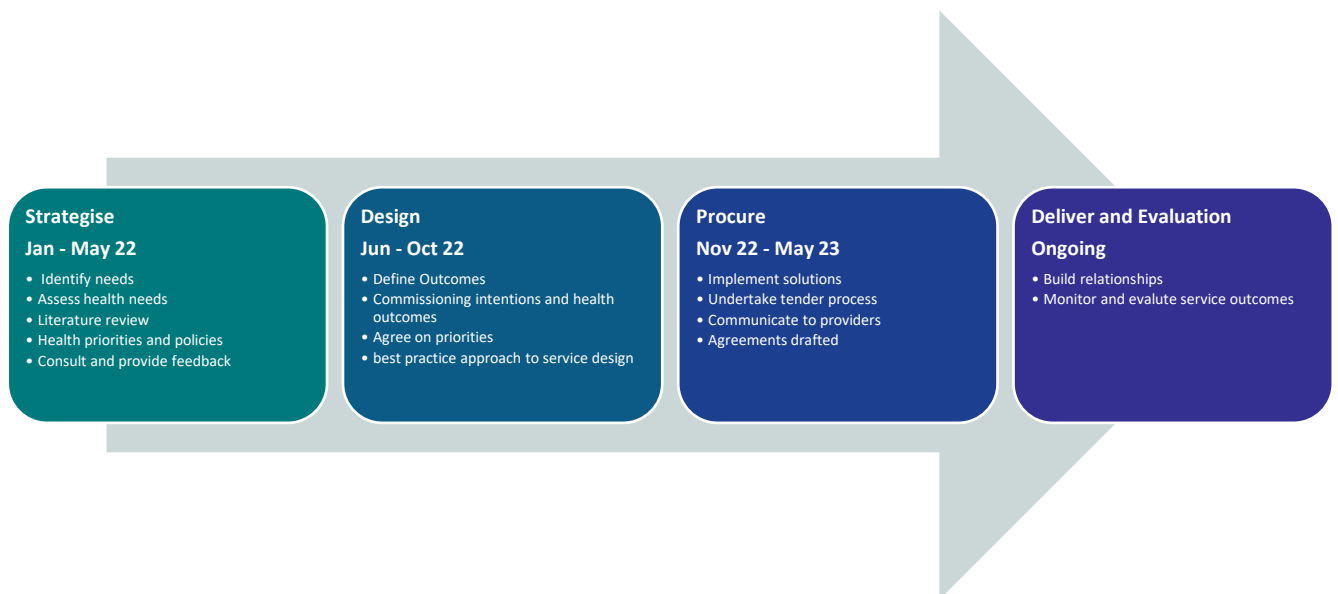
The following areas were identified as areas where more targeted consultation could take place:

- Direct consultations with young people, women, people from culturally and linguistically diverse backgrounds, and other people with lived experience
- Aboriginal and Torres Strait Islander people’s service needs.

Next Steps

This paper is part of the ACTHD’s process of commissioning for outcomes and intended to support discussion.

Each of the commissioning phases in this document will be updated and made available on the ACT Government’s joint commissioning webpage⁴.



If you would like to provide feedback on the issues or questions raised by this paper, please provide this to Alcohol and Other Drug Policy, ACTHD, by emailing AODPolicy@act.gov.au.

The team at ACTHD is looking forward to working with you, our community partners, to design alcohol and other drug services that best meet the needs of Canberrans.

⁴ [Home - Commissioning \(act.gov.au\)](https://www.commissioning.act.gov.au)



Appendix 1: Strategise Phase workshops – summary of key themes

Youth workshop – 31 January 2022

- ACT has existing high-quality treatment services for young people, however greater resources are needed to meet demand.
 - There is a need for services to engage with young people while they are on the waitlist (e.g., a Therapeutic Case Worker making regular contact).
- It is beneficial that young people in the youth justice system and Bimberi Youth Justice Centre can access AOD services.
- Early intervention for young people could be improved and expanded to ensure support is not only provided to young people once they require treatment. For example, support in other areas of the social determinants of health, and work promoting community and social connection, could be protective.
- Education on alcohol and other drugs is important, however, education can have unintended consequences depending on how it is delivered. There are concerns about the quality and consistency of current education delivered in schools. Service providers would like to be able to provide education in schools, particularly with a harm reduction lens, which is not permitted under existing service contracts. Providing an AOD counsellor in schools could be helpful.
- There is currently high-quality, evidence-based education on AOD provided to the youth sector and youth workers. Youth workers trained in AOD could also provide a pathway into the school community.
- Parents are a key resource for supporting young people (up to and beyond 25 years) experiencing issues with AOD and are not currently being utilised effectively in responses. Many young people who are marginalised and homeless still have contact with parents. Greater education and support for parents could reduce stigma, encourage help seeking, support harm reduction and recovery, reduce family conflict and keep young people connected to families and services.
 - Parental engagement could take place through schools, a family support line, and AMC.
 - Family therapy is currently provided by CHS Alcohol and Drug Service, however the waiting list is long due to its intensive and specialised nature, and workforce and resourcing issues.
- Young people aged 18 to 25 years are falling between adolescent and adult AOD services. This cohort may require a different service model. New strategies are required to reach this group with education. Primary care may be another avenue. There is also unmet demand for AOD support for this cohort through AMC.
- Decriminalisation and diversion are important for young people. Current moves towards decriminalisation under the proposed and recent amendments to the *Drugs of Dependence Act 1989* target people over 18 years.
 - Youth workers embedded with police could be a benefit.
- Referrals for young people to AOD services through the Drug and Alcohol Court and through the Restorative Justice scheme could be increased.
- Housing and homelessness are significant issues for young people experiencing AOD dependence. AOD dependence will exclude you from most refuges and accommodation services, which is highly problematic, even for young people supported by AOD organisations



and peer support services. Currently AOD workers are using informal ad hoc processes based on their networks to find young people accommodation.

- Youth homelessness services could partner with AOD services to provide in-reach and improve referrals between services.
- ACT Government Community Services Directorate invites people to provide input through their homelessness services commissioning process. Further information available [here](#).
- AOD support for young people following contact with hospitals, emergency departments and in-patient mental health is lacking. Health professionals, including GPs, are not necessarily asking young people questions regarding AOD use. A standardised assessment process that includes mental health, AOD, engagement with education, homelessness, could be implemented. Additional training of health professionals, EDs and GPs on screening and brief interventions would be beneficial.
- There is increased stigma for some young people from culturally and linguistically diverse backgrounds.
- Culturally appropriate and responsive services for young Aboriginal and Torres Strait Islander people are needed.
- There is a lack of knowledge in services regarding young trans people and other LGBTIQ+ young people. Additional training for services is required.
- Greater integration of AOD and adolescent mental health services would be beneficial, including presentations for self-harm and outpatient mental health support.
- Pill testing will provide a new opportunity to engage young people in harm reduction brief interventions and referral pathways to AOD services.
- Emerging issues:
 - When ACT raises the minimum age of criminal responsibility services will need to be designed to provide AOD service entry points for children under the age of 14 who would have otherwise been engaged through youth justice.
 - Benzodiazepine use is an emerging trend in rehabilitation presentations. Work with GP prescribers may be required.
 - E-cigarette use is increasing among young people.
 - If a supervised injecting facility is established in the ACT, it should not be limited to people over 18 years of age.
 - The impact of COVID-19 lockdowns on the mental health and socialisation of young people may become apparent in AOD issues in the coming years.
- Options were provided for ACTHD to hear directly from young people.

Women and Families workshop – 2 February 2022

- The ACT has a number of treatment services available for women and children, however an increase in demand has led to a need for increased and improved resources.
 - There is an increased need for services to focus on families where older family members (for example: teenagers and older) who uses, or has used alcohol or other drugs, to provide support for the entire family unit.
 - Coordinated care and mobile outreach services are an identified need for women who are unable to access services due to a lack of reliable transport, or ability to drive.
 - Whole family focused services have been identified as lacking the required resources.
- Women only groups have been helpful as many groups are male dominated, however:



- This is an area that could be improved through after hours scheduling to support those with other commitments (for example: employment, family and child caring responsibilities).
 - There are currently no women specific peer support groups in Canberra, despite the AOD workforce being largely women.
- There are concerns about interventions by CYPS, as they have been identified as a limiting factor in engagement by women and families in AOD programs. For example, women often fear child removal when accessing treatment and may not engage authentically, or at all, with treatment providers due to this anxiety, which can limit the benefits they receive from treatment.
- Greater focus on a holistic, rather than statutory approaches to AOD services is needed.
- Women and families-oriented programs could be expanded to reduce waitlist numbers, improving opportunities for restoration of care responsibilities and improved engagement with CYPS.
- Quasi-mandated spaces for re-unification or reduction of child removals could be an opportunity for CYPS, ACT Health and community organisations to support those who wish to access AOD services. The demand of AOD services is likely to increase as access is improved, however current resources may not be able to support this.
- Ongoing CYPS removals of children has been identified as a potential 'stolen generation'.
- For Aboriginal communities, the threat of having their children removed by CYPS hinders their ability to heal and access services. Having one point of contact with community groups, for the family group, helps to build trust through forming meaningful relationships that would otherwise not be possible if interacting with numerous providers.
- Homelessness and lack of access to suitable and safe accommodation for single women and women and children is a significant problem.
- Long term non-residential support options are lacking within the AOD sector, with many clients, particularly women unable to access support for longer than 3 months. This leads to difficulties after treatment has concluded. This is an area for improvement. Some longer-term non-residential treatment is available through some AOD services; however, this could be expanded to ensure women have access to support beyond the initial stages of treatment.
 - Stigma, shame, and guilt are barriers to effective ongoing support from family and friends. These are exacerbated by the complexities involved with trauma, housing insecurities and interactions with and fear of CYPS. This could be reduced through contact with individuals with relevant lived experiences, who provide guidance and support.
- Access to parenting programs and support for older children in the AOD sector, post rehabilitation and outside of rehab programs, are an opportunity to reduce ongoing generational trauma and improve community wellbeing. Often intergenerational trauma in older children is due to family dynamics that are inappropriate for their age (e.g., having carer responsibilities).
- Parenting programs post-rehabilitation services could support parents in their carer roles, which may be impaired because of ongoing trauma, potentially due to being removed from their parents as children. Both men and women's groups could provide this support.
- Through investment in long-term and trauma focused programs, intergenerational trauma and harm could be avoided or reduced.
- Longer term programs that focus on working through and dealing with trauma for both women and families could support current short-term programs.
- Women are most open to abuse, which can trap them into a cycle of ongoing re-engagement with alcohol and other drugs, post/throughout engagement with AOD treatment services, which



then affects their children. This is particularly relevant for women in unstable or unsafe accommodation.

- Within the AOD sector, there is a need for a broader approach to community welfare, which considers the complexities of clients who require access to a number of varying programs and treatments as a result of co-occurring needs.
 - There is a lack of services that address the whole family and their access to financial resources that work with therapists and counsellors (including food and housing).
- There is a lack of trauma focused groups and programs within the AOD sector.
- COVID-19 has had a significant impact on smaller organisations, limiting their ability to maintain support services, which often have a lot of cross-over of program delivery. As a result of this, some organisations have had to stop programs in certain areas, leaving in-need individuals without support.
- ACT government support of holistic, health lifestyle approaches, rather than statutory ones could support integration of divisions to support community organisations manage individuals with complex or challenging needs.
- Primary healthcare services for women that support regular screenings (e.g., for cervical and breast cancers), as well as mental health support could act as opportunities for women to access needed medical support.
- Emerging Areas of Need:
 - Difficulty in engaging women in AOD treatment (both starting and continuing) due to carer commitments. For example, when counselling is moved to online, parents find it difficult to attend when children are home. This has led to disengagement during school break times.
 - Lack of access to suitable accommodation where women and families feel safe.
 - Homelessness for older women (single, with adult families or both) due to a lack of superannuation and financial security, with individuals often living in boarding houses or hotels and lack the support they need from multi-dimensional services, including AOD and trauma treatment programs.
 - Domestic and Family Violence (DFV) is increasing, leading to increases in stress and trauma for both women and children.
 - Though understanding and diagnosing of FASD is improving, there are still deficiencies in educating pregnant women on the effects and problems associated with consumption of alcohol during pregnancy and supporting them throughout their pregnancy.
 - Yet to see the effects of e-cigarette use on pregnant women and their children.
 - Rise of Delivery on Demand Alcohol and mega alcohol stores.
 - The impact of COVID-19 lockdowns on young women is not yet understood and may lead to increased demand for AOD and therapy-based services, as they have missed two years of building social skills.
 - Economic stressors are causing detriment to women and families.
- Decriminalisation is important for women and families. It could decrease societal stigma and thus increase support options, reduce anxiety related to CYPS intervention and replace punitive approaches in favour of support-focused ones.
- Options were provided for ACTHD to hear directly from women and families.

Lived Experience and Peer Representatives workshop – 4 February 2022

- The ACT has good service models that include effective consumer engagement mechanisms and well organised AOD services, however they lack simple and effective crossover between sectors.



- There are a significant number of people working within the ATOD sector with lived experiences, which has produced services that are more empathetic and trustworthy for the community.
- Co-occurring mental health and AOD use have been identified as a significant issue within the community and present a difficulty in navigation of services.
- Mental health workers could receive AOD training through the Alcohol, Tobacco and Other Drug Association (ATODA) if they haven't already done so, to support crossover between the two sectors.
- AOD support for longer term outreach transitional housing programs and residential services funding are lacking and as such, they do not have the capacity to keep up with demand.
- There is an increased need for Needle and Syringe Programs (NSPs) in outer suburbs like Gungahlin and Tuggeranong, especially as Canberra expands:
 - Primary NSPs that are staffed by AOD peer workers and medical practitioners, such as nurses, would improve support and safety for people who use injectable drugs and could provide training for secondary NSPs.
 - An increase in primary NSPs could provide more primary health care options, a greater supply of equipment and support more complex health interventions.
 - A HIV and Related Programs unit could further support people who use injectable drugs.
- Decriminalisation is important to reduce stigma and discrimination would:
 - support individuals with lived experience in obtaining employment, as they are currently ineligible for Working with Vulnerable People cards, regardless of outcomes from criminal charges.
 - further support peer workers with lived experiences working within the AOD sector.
- There is a need for additional AOD training within Aged Care Services to support older individuals. Aged care services will often exclude older people from accessing care because of AOD substance use.
- Additional in-reach counselling services for our ageing population are needed.
- Family Drug Support could be a key resource for parents in supporting their family if there is suspected substance use, which could reduce escalation of ATOD use and support parents and carers to maintain relationships.
- Integrated services with peer workers and clinicians have been successful nationally and could be further supported by formal certifications in peer work (e.g., Cert IV in Peer Work):
 - A sector supported by peer workers with lived experiences is an opportunity to support non-governmental pathways into housing and extended support of priority populations.
 - Formal certifications would also support individuals to engage with the workforce and begin careers.
- Social media is an opportunity to provide accessible information of the services offered in Canberra and connect with young people whilst doing so.
- Media that provides information on the services available in the ACT could be used to target individuals who have never accessed treatment before.
- Stigma surrounding people who are experiencing addiction is leading to those who have mental health conditions being unable to access necessary hospital care when experiencing symptoms like psychosis.
 - Hospital care for people who use AODs without identified mental health conditions is also lacking.
- Programs that support pathways between mental health stabilisation, AOD treatment and independent living would be beneficial. Oftentimes individuals undergoing AOD treatment are unable to access mental health services quickly enough and are often 'sent to the end of the queue' of one service, after completing treatment with another.



- Integrated care services could be improved to support individuals to be in control of their own health. These would benefit from the support of certified peer workers with lived experiences who can improve consumer experiences and support a 'person centred' approach.
 - Peer workers can further contribute to this approach through advocating for their clients, which has been identified as beneficial for people who require both mental health and AOD services.
- Support services for pregnant women are lacking, leading to a lack of engagement due to anxieties surrounding the CYPS system.
 - A similar service to the NSW Chemical Use During Pregnancy service could help to improve engagement with the health care system, so that parents don't lose custody of their children once they are born.
 - CYPS services would benefit from the integration of peer support workers.
- More conversations about the needs of First Nations Peoples are needed.
- Emerging issues:
 - The NDIS won't provide services that have already been funded, which includes many AOD services, which has led to difficulty in situations where mental health and AOD substance use is co-occurring, as they do support those with severe and persistent mental illness.
 - To become a NDIS provider requires significant resourcing, making it inaccessible for many organisations who offer peer support services that could support individuals with both AOD and mental health conditions.
 - People who use drugs are often unable to secure housing, in part because of Centrelink support issues and stigma.
 - A lack of ageing population support services, especially those who use drugs and experience premature ageing as a result, are an emerging issue.
 - There is limited support for mothers who currently use drugs.
 - There are limited outreach services for women.
- Options were provided for ACTHD to hear directly from people with lived experience.

Alcohol and other Drugs and Mental Health workshop – 15 February 2022

- The ACT has good services for AOD treatment and mental health support; however, it is lacking in services that support individuals with co-occurring needs
 - AOD services are better skilled at addressing issues in a holistic way than mental health ones.
 - Services in the ACT have strong interpersonal relationships and are well known to each other, which supports individuals in the navigation of services.
 - There are some integrated models that are working well for the AOD and mental health community, however these are difficult to facilitate and are limited.
 - Integrated models are also challenging due to differences in operations and philosophies, as well as the distinct differences between hospital and community systems.
- Services that have workers skilled in both the AOD and mental health spaces that can provide holistic care are needed.
 - Current services are unable to effectively support clients, as they are expected to navigate the system whilst symptomatic.
- Follow up services for individuals with a dependence on AOD are lacking and clients are ineffectively supported whilst going through crisis.

- There is a lack of immediate support for individuals who use AOD. Increased walk-in services to link clients with relevant services for immediate support would be beneficial, however the available resources do not match the demand.
- ACT Policing's SupportLink is an example of a service that is better equipped to support individuals in mental health crises but lacks support for those undergoing AOD use ones :
 - Police have a direct access to a mental health support line, which provides immediate assessment of mental health issues, but is lacking one for AOD services.
- A focus by health care providers on a primary diagnosis, rather than a 'whole person diagnosis' creates barriers to access for individuals who need both mental health and AOD services to support ongoing treatment.
 - Young people's mental health is often overlooked because of this.
- Clients who require AOD treatment are expected to initiate the process, however this is not necessarily the pathway for mental health treatment.
 - Communication of AOD treatment options within mental health units are lacking.
 - Education for mental health providers of AOD treatment services are needed.
- Criminalisation of AOD is uncondusive to the alleviation of stigma and improvement of AOD resources and funding.
- Integration of specialists (e.g., psychiatrists and general practitioners) into community support services helps to reduce barriers and difficulties in navigation of services.
- There is a lack of low-threshold services that can support direct pathways into AOD treatment, especially after mental health crises are managed.
- A medically supervised injection facility with a mental health nurse within the centre could support service user's mental health.
- Assertive outreach service resources do not have the capacity to support demand.
- Due to the stigma associated with gambling, many individuals who have co-occurring AOD and/or mental health problems are reluctant to access services until they reach a crisis point. Gambling is also often overlooked and could be included in screening tools for AOD to support a holistic approach that addresses complex needs and stressors that clients experience.
- Support services for people with severe and enduring mental illness, low prevalence disorders and borderline personality traits are lacking:
 - Individuals with these conditions are often excluded from mental health services, with the services that do support them lacking the resources for sustained support.
 - This demographic often has high rates of AOD use and experience more stigma than other groups.
 - The services that do exist often do not have the resources to support sporadic engagement, which limits the ability of services to work with and support these groups when they require support, rather than when the service is able to accommodate them.
- NDIS support is problematic, as it can cause individuals to be unsupported by both the Commonwealth system and ACT state services. This is especially difficult for individuals with both AOD and mental health issues.
 - This also contributes to funding difficulties with state service providers, as they are unable to receive funding for services that are provided by the NDIS, however these services may exclude individuals or be inaccessible for some individuals with complex disabilities.
- Individuals who can engage with the NDIS system are able to access long-term support for complex needs, however those who are unable to, due to the complexity of it, are unable to access vital services (e.g., transport and home support) and because of their challenges, may find it too difficult to try.
- Collaboration between AOD, mental health and correctional services is lacking, largely because of lack of resources.



- Services are not collocated geographically, making resource referral difficult.
- There is a lack of pathways for people with complex healthcare needs who may be unable to access mental health services because of violence towards staff or inability of providers to identify future treatment options.
- Clients with complex needs who use AOD often face discrimination by essential services, such as housing and disability.
- The terminology used for diagnoses of both mental health and AOD issues could be re-evaluated and changed (e.g., there are concerns with the term 'comorbidity').
- Sustained long-term reform and increased resources for the AOD and mental health sector would support integration of the two and their services.
- Police officers within PACER could be provided with more advanced AOD training and education.
- Emerging areas of need:
 - There is a lack of services, such as counselling, to support to our ageing population, including counselling services and support to engage with aged care services due to stigma and discrimination.
 - The existing pain management prescription system is inadequate in supporting those who are dependent on opioids.
 - There is increased stigma and discrimination for those in the LGBTQIA+ community due to use of alcohol and other drugs, minority stress and lived experience as an LGBTQIA+ individual.
 - Stable and accessible housing is lacking.
 - Though assertive outreach supports individuals, it could increase demand to levels that are unable to be met with current available resources. These individuals may also be more complex and require more support and coordination with other systems, which may be unrealistic.
 - There is a lack of holistic outreach services that provide support for those who would benefit from mental health services, AOD treatment and primary health support.
 - Intersectional approaches that support a range of community members, such as LGBTQIA+ people, those with disabilities, Aboriginal and Torres Strait Islander people and those from multi-cultural backgrounds are needed.
 - Connected work between AOD services and care and protective services are lacking, which is contributing to separated families and a lack of harm minimisation services.
 - There is a lack of funding for training of AOD nurses and a lack of positions available for them, leading to an underrepresentation of AOD nurses in services.
 - There are currently no harm reduction pathways within CYPS for parents and carers who cannot achieve abstinence from substance use but are not problematic or dangerous parents.
 - Responses from specialist mental health providers from the AOD sector are inadequate and unsupportive.
 - Gender-specific services could be increased.
- Options were provided for ACTHD to hear directly from people within the AOD and mental health sectors.

Alcohol and other Drugs Specialist Services workshop – 15 February 2022

- The ACT offers a wide range of treatment services that work well together, however may require additional resources to successfully support the demand for them.
 - Currently the range of services is not wide enough to support the needs of the clients and waitlists for services are extensive.



- Extensive waitlists could be due to people at the end of treatment who have nowhere to go and may require access to other services (e.g., Mental health, accommodation, medical support).
- Transitional post treatment funding is needed.
- There is a lack of day programs, brief intervention stages at the beginning and post-treatment.
- Demand for counselling and case management exceeds supply:
 - There is a lack of AOD counselling outside of the city, which excludes those without cars accessing services.
 - Services for young people outside of the city are needed, especially in Gungahlin.
- An intensive counselling and case management model that works within a rehab model is needed to support intensive community outreach.
- Accessibility of services are limited and wait times are extensive for all AOD specialist services (bed intake, detox programs, counselling programs, immediate responses).
- Some individuals who use AOD substances struggle to access community-based treatment services.
- There is a lack of stable accommodation, which is restricting accessibility for persons who use AOD substances to access day programs.
- Infrastructure investment is needed in Toora, as many houses are in dire need of repairs.
- The AOD withdrawal unit is not connected to the hospital, which leads to an inability to place individuals into higher care when needed.
- Fast responsiveness to clients in need is lacking and could be improved through funding for nursing staff and beds in rehabilitation services. There are delays in access to detox services as they are unable to support individuals when they need help and often place them onto waitlists instead.
 - On-site detoxes for methamphetamine and cannabis would be possible if additional resources were provided, this would then allow alcohol and heroin withdrawals to be left to other alcohol and other drugs services.
 - Increased funding would support an increase in capacity for medium to low on-site detox services.
 - Increased nursing staff would support increased capacity for medicated detoxes.
 - Medium intensity interventions could support wait list reductions.
- A system that reports on start and end dates for treatment types could provide deeper understanding of wait times for each area.
- For those with accommodation, non-residential withdrawal services increased the threshold of detox services and small reductions. This was supported by increases in nursing staff.
 - Mixed detox approaches (inpatient and outpatient) are needed and require further resources.
 - Non-residential detox services that co-ordinate with hospitals have successfully worked to support individuals who GPs won't, but further funding is needed.
 - Non-residential services can help to provide counselling services and support people to transition onto pharmacotherapies.
 - The Karralika model is effective in providing these services, however more are required and could benefit from adaptations of the model.
- Prediction of future needs is complicated and depends on numerous factors and changing needs.
- A central intake line would not be effective for the AOD sector.
- Assertive outreach paired with case management for clients, could support clients to receive support without being on waiting lists:
 - This was effectively demonstrated in NSW, where there was ongoing everyday support for clients and keeping them off waiting lists, however, this was costly and may not be possible in the ACT.



- Decriminalisation could support individuals to manage their own problems, especially when paired with de-stigmatisation. Clients would be likely to feel less anxious about the possible legal ramifications of seeking support.
- Opioids are at the top of the list of detrimental drug usage in terms of mortality and disability adjusted life years, which indicates that heroin assisted treatment is needed. International trends in this area reflect the need for hydromorphone trials.
- The workforce is a limiting factor and could be improved through professional development and qualifications.
- A lack of available services can lead to overdoses and suicide, especially when the focus is on mental health support rather than AOD services.
- Better services for people with trauma and personality disorders (e.g., bipolar disorder and borderline personality disorder) are needed. These individuals would benefit from better access to therapies such as dialectical behaviour therapy.
- A dedicated service for family support is needed to produce good recovery outcomes for youth drug abusers. This service could supplement the Family Drug Support service and provide resources for family, friends and schools. Currently this lack of support, paired with stigma, is leading to schools expelling students who use drugs, which reduces their engagement with education facilities and is uncondusive to engagement in AOD treatment. Early intervention services in schools that are focused on de-stigmatisation is lacking and current services are unable to meet demand to support schools seeking resources.
 - Early intervention, through support services, for children, youth and families is needed, to reduce low level use of AOD substances from escalating.
 - Support for families and children who are experiencing addiction is lacking and should operate separately from CYPs.
- LGBTQIA+ AOD services are lacking, especially for families.
- Involuntary treatment was discussed, however no consensus on this was reached. Different stakeholders have different concerns, for example:
 - Parents of individuals who use AOD substances may support involuntary treatment to manage the effects of their children using alcohol and other drugs (e.g., ice benders and their impacts).
 - Individuals concerned with the dangerous effects of others currently using drugs, on themselves and others.
 - Community groups have identified the risk of involuntary treatment centres imitating incarceration facilities.,
 - There has been an identified risk of voluntary treatments being undermined by the treatment service accepting involuntary clients due to the financial benefits that arise from accepting them.
 - Some community groups have looked to other states (e.g., Victoria and NSW) to see the potential benefits it could bring to the ACT and potential risk to users, including higher mortality rates due to involuntary treatment.
 - As a result of COVID-19 isolation and lockdowns, children and young adults have not had enough time to develop necessary socialisation skills.
- Emerging areas of need:
 - Our ageing population needs more new infrastructure to support people with a dependence on drugs as they age, especially as populations of individuals with long standing dependences on alcohol and other drugs are aging.
 - New operating systems to support services for disabled people.
 - Disabled bathrooms with buzzers are needed.
 - The population of Canberra is growing substantially, largely due to new border communities, and current services are unable to support this increasing demand.

- External population growth may also introduce new drugs, which would require increased infrastructure.
 - Services that operate within more than one jurisdiction could offer a solution to this issue, therefore engagement with the NSW government would be helpful.
 - Detoxing services in Canberra are often refusing clients due to the quantity of drugs they're using, leaving individuals too sick for hospital or community-based detoxing treatment but not sick enough for hospital admission, indicating the ongoing need for an expansion in treatment beds.
 - Transitional and permanent housing is difficult to access due to high rental prices.
 - Vehicles are difficult to obtain by clients with bad credit ratings.
 - Current community-based counselling and case management cannot match current and future predicted demand, with around 10% of those who are seeking information being family and friends reaching out on the behalf of someone else.
 - Though increasing demand through reduction of stigma would support the community, it could not be supported by current resources.
 - Youth drug courts have been shown to reduce substance use, but not reoffending.
 - Parental consent is needed for child support with family AOD substance use, which may limit services engagement ability with children.
 - Need for pharmacotherapies to is likely to increase and is currently lacking for treatment of stimulants.
 - Alcohol consumption trends over the last two years are likely to continue to increase.
- Options were provided for ACTHD to hear directly from stakeholders in the AOD sector.

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