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31 January 2020

2020-21 Pre-Budget Submission

The Treasury

Email: [prebudgetsubs@treasury.gov.au](mailto:prebudgetsubs@treasury.gov.au)

Dear Colleagues

The Australian Injecting and Illicit Drug Users League (AIVL) welcomes the opportunity to provide input to the 2020-21 Pre-Budget Submission process.

### **Australian Injecting and Illicit Drug Users League (AIVL)**

AIVL is the Australian national peak organisation representing the state and territory peer-based drug user organisations in relation to issues of national relevance for people with lived experience of drug use. AIVL's vision is a world where the health and human rights of people who use/have used drugs are equal to the rest of community. This includes a primary focus on reducing the transmission and impact of blood borne viruses including HIV and hepatitis C – including for those accessing drug treatment services – through the effective implementation of peer education, harm reduction, health promotion and policy and advocacy strategies at the national level.

### **Increasing pressure on an already under-resourced service system**

In terms of assessing budgetary implications of currently proposed legislation, AIVL does not support the *Social Services Legislation Amendment (Drug Testing Trial) Bill 2019* ('the Bill'). AIVL believes that the establishment of mandatory drug testing in trial areas as a condition of receiving income support is a coercive and punitive measure that lacks any evidence of achieving lower rates of income support, increased income support compliance or decreased community harms related to drug use. During previous attempts to introduce this Bill, strong evidence has been presented to the Australian Government highlighting the proposed measures to be ineffective in achieving the desired outcomes.

Furthermore, it is already known that the alcohol and other drug (AOD) treatment service system in Australia is vastly underfunded and unable to meet current voluntary demand.

A review by the National Drug and Alcohol Research Centre in 2014 found that there is a substantial unmet demand within the AOD treatment sector across Australia, with an estimated 200,000 – 500,000 Australians each year unable to access treatment for problems associated with drug or alcohol use.<sup>1</sup> Furthermore, it is reported that the Australian AOD treatment system is currently under resourced by an incredible \$1.24 billion.<sup>2</sup>

The implementation of the proposed Bill is not tenable given the lack of capacity within the AOD treatment sector as it currently stands.<sup>3</sup>

AIVL notes the commitment of an additional \$10 million in funding for treatment services across the trial locations of Canterbury-Bankstown, Logan and Mandurah however data from the local Primary Health Networks (PHNs) that operate within these areas raises concerns about the ability of the additional funding to enhance capacity within a significantly stretched system, particularly in the short term. Needs analysis reports produced by the respective PHNs highlight long waiting lists for inpatient and community-based treatment, limited services for complex cases, limited access to pharmacotherapies, little scope for early intervention of drug-related issues, poor linkages to mental health services and a forecasted shortage in workforce capacity, as well as ongoing issues with retaining the existing workforce.<sup>4 5 6</sup>

From information which has been made available to the public in the context of the Senate Community Affairs Legislation Committee public hearing on 2 October 2019, it is known that only \$3 million of the abovementioned \$10 million is currently planned to be directed into the existing AOD service infrastructure, with the remaining amount to be directed to support individuals to access counselling services.<sup>7</sup> This does not represent a significant budgetary investment to increasing current capacity in the AOD treatment sector.

Consequently, the additional investment into drug support services in these areas will not be enough to adequately enhance system capacity, and increased referrals to treatment will displace those who voluntarily seek support for their drug use. In this context, AIVL believes that the costs of drug testing, as well as the additional \$10 million being invested, would be better used to enhance the AOD treatment sector in Australia more broadly for people who are already actively and voluntarily seeking to address issues related to their drug use.

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<sup>1</sup> National Drug and Alcohol Research Centre. (2014) *New Horizons: The review of alcohol and other drug treatment services in Australia*. Available at: <https://ndarc.med.unsw.edu.au/sites/default/files/ndarc/resources/New%20Horizons%20Final%20Report%20July%202014.pdf>, accessed 25 September 2019, p. 13

<sup>2</sup> *ibid.* p 68

<sup>3</sup> Ardill, A. (2019) Mandatory Welfare Drug Treatment in Australia. *Journal of Law Medicine*, vol. 26 (4), pp. 800 – 814

<sup>4</sup> Brisbane South Primary Health Network. (2018) *Primary Health Network Program: Needs Assessment Reporting Template*. Available at: <https://bspnhn.org.au/wp-content/uploads/2019/07/Brisbane-South-PHN-2019-22-Needs-Assessment.pdf>

<sup>5</sup> South Western Sydney Primary Health Network. (2018) *Primary Health Network Program: Needs Assessment Reporting Template*. Available at: [https://www.swsphn.com.au/client\\_images/2108900.pdf](https://www.swsphn.com.au/client_images/2108900.pdf)

<sup>6</sup> Perth South Primary Health Network. (2018) *Primary Health Network Program: Needs Assessment Reporting Template*. Available at: <https://www.wapha.org.au/wp-content/uploads/2019/03/Perth-South-PHN-Needs-Assessment-2019-22.pdf>

<sup>7</sup> Parliament of Australia. *Social Services Legislation Amendment (Drug testing Trial) Bill 2019. Public Hearings and Transcripts*. Available at: [https://www.aph.gov.au/Parliamentary\\_Business/Committees/Senate/Community\\_Affairs/DrugTestingTrial2019/Public\\_Hearings](https://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Community_Affairs/DrugTestingTrial2019/Public_Hearings)

## **Allocation of funds to evidence-based treatment options**

As an alternative, AIVL calls for the allocation of funds to be directed towards a suite of evidence-based options to enhance access to effective and affordable treatment, which supports the priorities outlined in the *National Drug Strategy 2017-2026* and the *National Framework for Alcohol, Tobacco and Other Drug Treatment 2019 - 2029*.<sup>8 9</sup>

Funding needs to be allocated consistently based on evidence - providing the appropriate resourcing and infrastructure so that responses can be tailored to communities and ensure that individuals have the ability to access the treatment option most suitable to their personal circumstances. This includes the need to reduce barriers for people seeking to access existing treatment options such as Opioid Substitution Treatment (OST).

For example, there are disparities across states and territories regarding subsidies of co-payments for OST. Many people who access OST are from marginalised or vulnerable communities and in some states and territories the cost of the co-payment for OST is beyond their financial means. As such, additional funding to lower co-payments is one way through which this proven treatment option could be made accessible and affordable more broadly.

Research has shown investment in AOD treatment to be cost-effective and beneficial to society. For every \$1 invested in alcohol or drug treatment, society gains \$7.<sup>10</sup> It has been demonstrated that AOD treatment can: reduce consumption of alcohol and other drugs, improve health status, reduce criminal behaviour, improve psychological wellbeing and participation in the community.<sup>11</sup>

In the context of this Bill, we believe that the significant costs associated with drug testing would be better spent enhancing the overall capacity of AOD treatment options in Australia. Such an investment could be used to enhance implementation of the Australian Government's priorities as outlined in the *National Drug Strategy 2017-2026*.<sup>12</sup>

## **Additional funding for evidence-based initiatives for marginalised populations**

In addition to the issues with the Bill as described above, there is a need for additional investment in the blood borne virus and sexually transmissible infections and AOD sectors more broadly to improve the health and wellbeing outcomes for some of Australia's most marginalised and vulnerable people. This has been highlighted through consultations and research conducted by AIVL in 2018-19 and 2019-20.

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<sup>8</sup> Australian Government, Department of Health. (2017) *National Drug Strategy 2017 – 2026*, available at: <https://www.health.gov.au/resources/publications/national-drug-strategy-2017-2026>

<sup>9</sup> Australian Government, Department of Health. (2019) *National Framework for Alcohol, Tobacco, and other Drug Treatment 2019 - 2029*, available at: <https://www.health.gov.au/resources/publications/national-framework-for-alcohol-tobacco-and-other-drug-treatment-2019-29>

<sup>10</sup> Ettner, S., Huang, D., Evans, E., Ash, D., Hardy, M., Jourabchi, M., et al. (2006). Benefit-cost in the California treatment outcome project: does substance abuse treatment “pay for itself”?, *Health Services Research*, 41 (1), 192 – 213.

<sup>11</sup> National Treatment Agency for Substance Misuse. (2012) *Estimating the Crime Reduction Benefits of Drug Treatment and Recovery*, available at: <https://www.bl.uk/collection-items/estimating-the-crime-reduction-benefits-of-drug-treatment-and-recovery>

<sup>12</sup> Australian Government, Department of Health. (2017) *National Drug Strategy 2017 – 2026*, available at: <https://www.health.gov.au/resources/publications/national-drug-strategy-2017-2026>

AIVL makes the following recommendations for further initiatives and funding to support systemic change:<sup>13 14 15</sup>

### **AOD and blood borne virus/sexually transmissible infections sectors**

- Enhance capacity of peer-based programs and services

Studies have shown that people who use drugs are more likely to seek support, help or treatment from peer-based services and programs. Greater investment in resourcing of peer-based programs is critical if harm reduction messages are going to reach the people that they are intended for. Peer education has been adopted in health promotion owing to its effectiveness over clinically delivered services in terms of messaging and cost benefits.

### **Ageing and aged care**

- Hepatitis C prevention, testing and treatment services should be available and offered in aged care settings.
- Eligibility requirements for aged care services require greater flexibility to accommodate the premature ageing of this cohort.
- Addressing the lack of access to clinical staff through the utilisation of innovative models of care, including more in-house prescribers in aged care settings; and clinical in-reach to aged care facilities, particularly where resourcing and funding constraints are an issue.
- Funding for in-reach capacity for specialist AOD and palliative care services, including peer-based drug user organisations, to:
  - provide formal and informal workforce development
  - contribute to the development and implementation of care plans tailored to individual need
  - facilitate linkages with community pharmacy services (dosing, prescriptions, deliveries, disposals)
  - provide health promotion, advocacy and support services to individuals
  - contribute to strategic service planning

### **Prisoner health**

- Rectify Medicare access barrier for current and ex-detainees

A long-standing barrier which limits equity of access to services within and between custodial facilities and makes accessing health care services in the community difficult for those whose Medicare entitlements have lapsed during their period of incarceration.

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<sup>13</sup> Australian Illicit and Injecting Drug Users League. (2019) *Missing Connections: Service user experiences of people living with hepatitis C exiting custodial settings*. Available at: <http://aivl.org.au/resources/page/2/>

<sup>14</sup> Australian Illicit and Injecting Drug Users League. (2019) *Hidden Harms: Methamphetamine use and routes of transmission of blood borne viruses and sexually transmissible infections*. Available at: <http://aivl.org.au/resources/>

<sup>15</sup> Australian Illicit and Injecting Drug Users League. (2019) *A Hidden Population Supporting healthy ageing for people who inject drugs and/or receive pharmacotherapies*. Available at: <http://aivl.org.au/resources/>

## **Concluding statement**

AIVL supports measures that enable people excluded from the job market to find secure, ongoing employment as well as measures which enable people to access AOD treatment when they seek support. The proposed *Social Services Legislation Amendment (Drug Testing Trial) Bill 2019* is ill-conceived and will not address unemployment or reduce harms related to drug use.

The establishment of a program that has no evidence base to show significant gains to any stakeholders, when trialled in other countries, will simply misdirect scarce resources away from the estimated 200,000 – 500,000 Australians each year who are already unable to access treatment and support when they require it because of chronic underfunding of the AOD treatment sector.

AIVL urges Treasury to direct funds toward the resourcing of evidence-based initiatives which have been proven to deliver outcomes to improve the health, wellbeing and employment prospects of Australia's most vulnerable, in line with National Strategy priorities.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Melanie Walker', with a stylized flourish at the end.

Melanie Walker  
Chief Executive Officer