

NADA
network of alcohol and
other drugs agencies

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

September 2024

The Network of Alcohol and other Drugs Agencies (NADA) is the peak organisation for the non-government alcohol and other drugs sector in NSW. We represent 80 organisational members that provide services in over 100 locations across NSW. They provide a broad range of services including health promotion and harm reduction, early intervention, treatment and continuing care programs. Together, we improve the health and wellbeing of people who use, or have used, alcohol and other drugs across the NSW community.

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ABOUT NADA

The Network of Alcohol and other Drugs Agencies (NADA) is the peak organisation for non-government alcohol and other drug (AOD) services in NSW. We lead, strengthen and advocate for the sector. Our decisions and actions are informed by our members' experiences, knowledge, and concerns.

We represent 85 organisational members that provide services in over 100 locations across NSW, employing over 1,000 staff. Our members are diverse in their structure, philosophy, and approach to service delivery. They provide a broad range of alcohol and other drugs services, including health promotion and harm reduction, early intervention, treatment and continuing care programs.

We provide a range of programs and services that focus on sector and workforce development, data management, governance and management support, research and evaluation, sector representation and advocacy, and actively contribute to public health policy.

Together, we improve the health and well-being of people with living and lived experience of alcohol or other drug use across the NSW community.

NADA has award-level accreditation under the Australian Services Excellence Standards (ASES), a quality framework certified by Quality Innovation and Performance (QIP).

To learn more, visit www.nada.org.au.

PREPARATION OF THIS SUBMISSION

The comments provided in this submission have been prepared by NADA as part of the NSW non-government AOD peak body role in representing the views, experiences and concerns of its members. An evidence brief has been provided as an appendix to support this submission. Further, NADA are a member of the Australian Alcohol and other Drugs Council (AADC) and contributed to and fully supports their submission to this Inquiry.

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SUBMISSION

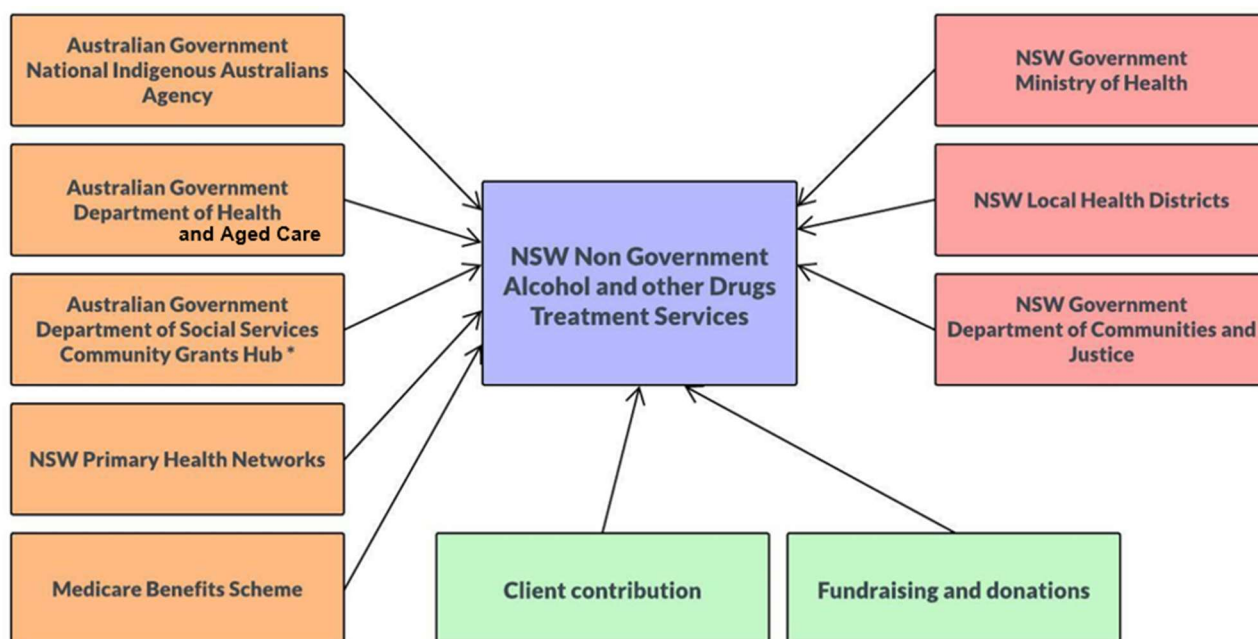
NADA would like to thank the House of Representatives Standing Committee on Health, Aged Care and Sport for undertaking an inquiry into the health impacts of alcohol and other drugs in Australia. We would like to see the Australian Government prioritise alcohol and other drug (AOD) policy, increase funding to AOD services and establish national governance arrangements to oversee the review and progress of AOD policy and programs. The outcomes of the Inquiry will be of critical importance with the National Drug Strategy due for completion in 2026.

About the NSW non-government AOD sector

NSW has a diverse, strong and effective non-government alcohol and other drugs sector which has provided services to individuals, families and communities for more than 50 years. The sector has been critical in responding to the health and welfare needs of those affected by alcohol and other drugs, particularly those experiencing marginalisation and complex health and social issues.

Overview of funding to the NSW NGO AOD sector

The NSW NGO AOD, like all Australian jurisdictions, has a complex mix of funding that has both a positive (diversifying funding opportunities) and negative (increasing compliance and variability of performance requirements) effect.



* Department of Social Services provides funds, but also provides grants management for Department of Health AOD treatment grants via the Community Grants Hub.

Funder	Total in 2022/23
NSW Ministry of Health Centre for Alcohol and Other Drugs	\$64.3m
NSW Primary Health Networks (PHNs)*	\$28.7m (+ approx. 6% operational = \$30.1m)
Australian Government Department of Health and Aged Care**	\$21.4m
National Indigenous Australians Agency	\$13.6m
Total	\$ 128 million

* Not all funds distributed to NGOs, also includes PHN administration for AOD funds – can be up to 6%.

** Does not include SACS/ERO supplement in that year (now DATSM).

The non-government AOD sector is the largest provider of residential rehabilitation services in NSW and also provide a wide range of specialist prevention and treatment services:

- health promotion and education
- harm reduction
- outreach
- counselling
- case management
- withdrawal management
- residential rehabilitation
- day programs
- support for families and significant others
- continuing coordinated care

ASSESS WHETHER CURRENT SERVICES ACROSS THE ALCOHOL AND OTHER DRUGS SECTOR IS DELIVERING EQUITY FOR ALL AUSTRALIANS, VALUE FOR MONEY, AND THE BEST OUTCOMES FOR INDIVIDUALS, THEIR FAMILIES, AND SOCIETY

- Almost half of all alcohol and drug treatment in NSW is provided by the non-government sector.
- There are 101,773 people in NSW who do not receive treatment despite being suitable for and wanting treatment.
- The growing complexity of client presentations in NGO services has placed additional demands on the NGO workforce, requiring multi-disciplinary teams to meet client needs.
- The NSW NGO sector is leading on outcome measurement in the AOD field ensuring that services are producing positive outcomes for people who access treatment.
- Independent evidence shows increasingly complex client presentations, unfunded costs for NGO service providers, structural vulnerability in contract arrangements, and extensive unmet treatment need in NSW.

Source: [Evidence brief: The NSW non-government alcohol and other drug sector](#)¹

The ability to be flexible and agile, which comes with being a non-government organisation, allows services to pivot and innovate rapidly, and to shift priorities and responses as new drug problems emerge, or as community needs change. The NSW NGO AOD sector is supporting the Australian Government to deliver equity for all Australians, value for money, and the best outcomes for individuals, their families, and society – within their current capacity and the resources available.

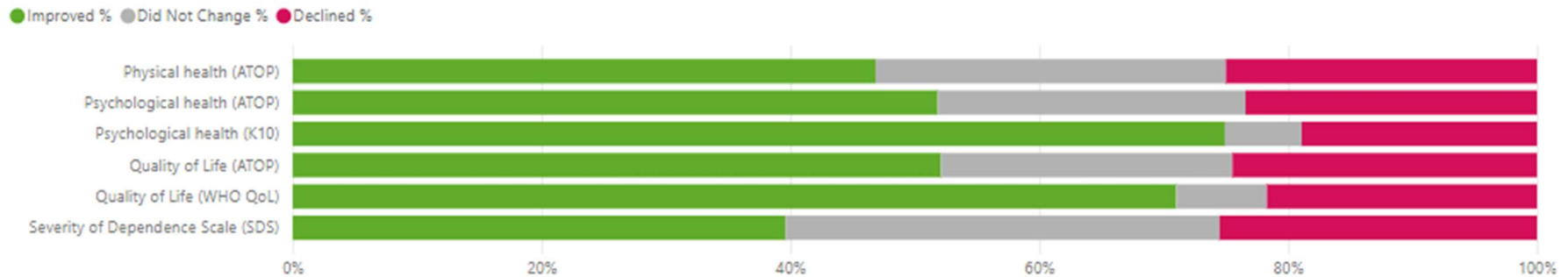
Despite insufficient funds to respond to the demand for treatment in Australia, the NSW NGO sector is leading on outcome measurement in the AOD field ensuring that services are producing positive outcomes for people who access treatment. NADA is fortunate the NSW Government has invested in NSW NGO AOD data collection and reporting via NADAbase. [NADAbase](#) is a system for client and episode data collection and reporting, including outcomes data. NADA provides the database free to members for the National Minimum Data Set and NSW Minimum Data Set for Alcohol and Other Drug Treatment Services (N/MDS) and a Client Outcome Measurement System (COMS).

¹ Ritter, A. (2024) Evidence brief: The NSW non-government alcohol and other drug sector. Drug Policy Modelling Program: UNSW Sydney. Retrieved from: <https://nada.org.au/wp-content/uploads/2024/09/Evidence-brief-NSW-NGO-AOD-services-Ritter-2024.pdf>

Overview of treatment outcomes for the NSW NGO AOD sector in 2023-24

The data provided below shows that the NGO sector is able demonstrate significant outcomes across a range of outcomes domains. Significantly, of the services that use the Kessler 10+ to measure psychological health outcomes, 75% of people improved, and those that use the EUROHIS-QOL 8-item to measure quality of life outcomes, 71% of people improved, and 40% of people decreased their severity of dependence using the Severity of Dependence scale. Considering the complexity of people who present to NGO services these data highlight the significant outcomes of the investment of public funds.

Percentage of Outcomes that Improved, Did Not Change or Declined



Outcome	Improved %	Improved	Did Not Change %	Did Not Change	Declined %	Declined	Improvement Average	Maximum Score	Episodes	Total Clients
Physical health (ATOP)	46.8%	178	28.2%	107	25.0%	95	0.44	/10	380	375
Psychological health (ATOP)	51.8%	197	24.7%	94	23.4%	89	0.77	/10	380	375
Psychological health (K10)	74.9%	1834	6.2%	151	18.9%	463	7.17	/50	2447	2338
Quality of Life (ATOP)	52.1%	198	23.4%	89	24.5%	93	0.75	/10	380	375
Quality of Life (WHO QoL)	71.0%	1783	7.3%	183	21.7%	545	4.51	/40	2510	2401
Severity of Dependence Scale (SDS)	39.6%	562	34.9%	495	25.5%	362	0.81	/15	1418	1384

Source: NADAbase Outcomes Dashboard. Data is closed episodes for all NSW NGOs that submit outcome data into NADAbase for 2023-24.

Positively, NSW NGOs are using their data to report back to communities. This is primarily done via annual reports, social media and their websites. For The Glen Group (The Glen for Men and The Glen for Women)², an Aboriginal Community-Controlled residential rehabilitation organisation, this data is provided on their website. The Glen Group have also used this data to evaluate the outcomes of their service and published the findings in a peer-reviewed publication³.

² The Glen Data Dashboard, <https://www.theglencentre.org.au/the-glen-publications-and-data/>

³ Kelly, P.J., Coyte, J., Robinson, L.D., Deane, F.P., Russell, S., Clapham, K., Dale, E., Longbottom, M., Solley, R. and Baker, A.L. (2022). "Evaluating an Aboriginal community controlled residential alcohol and other drug services: Use of benchmarking to examine within treatment changes in wellbeing." *Drug and Alcohol Review* 41(4): 953-962.

Through a collaboration with one of our university partners, the University of Wollongong, NADA has also published data in peer-reviewed publications on the outcomes achieved by the NSW NGO AOD sector.^{4 5 6 7} Like The Glen Group, other individual NGO AOD services are also publishing their data through partnerships with universities in peer-reviewed publications, for example, The Ted Noffs Foundation's Street University for young people⁸.

In 2023, NADA established a First Nations Research and Data Reference Group to guide the collection, analysis, interpretation and reporting of data for First Nations people in NADAbase. In 2023/24, 25% of all episodes in NADAbase are for First Nations people. NADA will work with the reference group to explore the data to better understand access and outcomes for First Nations people accessing NGO AOD services in NSW. This review should also consider how to improve First Nations voices in all aspects of national AOD policy, research, data and practice.

Measuring performance of AOD treatment services

There is no consistent approach to performance measurement of AOD treatment in NSW, or nationally. To demonstrate accountability of public funds to the various funders outlined in the diagram above, NGO AOD providers are required to provide a range of data outlined by performance measures (or KPIs), within contracts with each funder. In addition to the contractual requirement of all publicly funded treatment providers in Australia to provide a set of minimum data on their client population and associated treatment activity, NGOs are required to report on a range of other measures. These may be determined by, or negotiated with, each funder. Therefore, NGOs are subject to a wide range of measures that differ between funders. This has resulted in the following impact on providers:

- Without an overarching national AOD performance framework, the existence of multiple funders with differing expectations and measures has resulted in a significant burden of reporting, and concerns about attributing performance and outcomes related to different funding sources and streams.
- Balancing the needs and expectations of community, service users, treatment providers, governing bodies, funders, and policy makers. This included a lack of clarity on what constitutes an effective treatment outcome, which may vary between stakeholders.
- The use of multiple data systems (including some paper based), issues with data quality and treatment providers fears about the interpretation of data and comparison with other providers that does not consider the complexity of people who access treatment.

⁴ Kelly, P. J., Robinson, L. D., Baker, A. L., Deane, F. P., Osborne, B., Hudson, S., & Hides, L. (2018). Quality of life of individuals seeking treatment at specialist non-government alcohol and other drug treatment services: A latent class analysis. *J Subst Abuse Treat*, 94, 47-54. doi.org/10.1016/j.jsat.2018.08.007

⁵ Wells M, Kelly PJ, Mullaney L, Lee ML, Stirling R, Etter S, Larence. B. (2024) Predictors of alcohol and other drug treatment completion among young people accessing residential and community-based treatment: A retrospective analysis of routinely collected service data. *Addiction*. 119(10): 1813-1825. doi.org/10.1111/add.16602

⁶ Kelly, P. J., Deane, F. P., Davis, E. L., Hudson, S., Robinson, L. D., Keane, C. A., . . . Larence, B. (2020). Routine outcome measurement in specialist non-government alcohol and other drug treatment services: Establishing effectiveness indicators for the NADAbase. *Drug Alcohol Rev*. doi:10.1111/dar.13191

⁷ Rodriguez, A. S., Robinson, L. D., Kelly, P. J., & Hudson, S. (2021) Polysubstance use classes and health outcomes among women attending specialist substance use treatment services. *Drug Alcohol Rev.*, 41: 488-500. doi.org/10.1111/dar.13375

⁸ T. Caruana, L. Mao, R. M. Gray and J. Bryant. (2023). Engagement and outcomes of marginalised young people in an early intervention youth alcohol and other drug program: The Street Universities model. *PLOS ONE* 2023 Vol. 18 Issue 5 Pages e0286025. DOI: 10.1371/journal.pone.0286025

A recent study found that KPIs used in NSW NGO AOD services contracts with funders (including the Australian Government funding agencies) did not adhere to best practice defined by the Australian Health Performance Framework.⁹

A large body of research has been undertaken in NSW through a collaborative approach with NGO AOD providers, their funders and people who access, or may access, treatment services. The primary aim of the research was to establish a list of performance measures that are acceptable to service users, treatment providers, and funders; explore approaches to improve implementation of performance measures; and make recommendations to funders of non-government AOD treatment. At the policy-level, implementation of a nationally consistent set of measures can improve accountability of public funds and support the collection of standardised performance-related data to inform funding decisions and treatment planning. At the practice-level, standardised measures have the potential to reduce reporting burden, improve organisational efficiency, and inform quality improvement initiatives.^{10 11} KPI specifications have since been developed to support consistency and interpretation of performance data.¹²

As a result of this research, NADA developed a [position paper](#) on measuring performance of NSW non-government alcohol and other drug treatment services that synthesizes the research and provides recommendations to Government that would assist this Inquiry.¹³ While developed in the NSW context it provides advice to the Australian Government to follow a similar process to bring together policy makers, funders, peak bodies, treatment providers, people with lived experience and academics to develop a national AOD performance framework that aligns with the Australian Health Performance Framework. Such a framework could support the development of a national AOD report card. To support the development of a national AOD performance framework, national AOD governance and expanded AOD data governance arrangements are required.

Funding of NSW NGO AOD treatment services

NGOs are inadequately funded to respond to the demand for treatment in NSW. A recent study found that there are 101,773 people in NSW who do not receive treatment despite being suitable for and wanting treatment (See Appendix). This data is consistent with the wait time to access treatment reported by our members.

The sector is also not adequately funded to address the increase in client complexity, compliance and growing insurance costs. Funding of the sector must be long-term and include cost escalation. NADA calls on the Australian Government to review the funding amount and invest in existing specialist non-government alcohol and other drugs services to increase access to more people; increase access for people with multiple and complex needs; invest in a multidisciplinary workforce in NGO services; and ensure the sustainability and build on the current investment of the NGO sector.

A case for a review and increase of AOD funding as part of this Inquiry

- We know that not all people in NSW who need access to treatment and support are able to.

⁹ Stirling, R., Ritter, A., Rawstorne, P., & Nathan, S. (2020). Contracting treatment services in Australia: Do measures adhere to best practice? *International Journal of Drug Policy*, 86. doi.org/10.1016/j.drugpo.2020.102947

¹⁰ Stirling, R. (2023). Performance measurement in alcohol and other drug treatment services. doi.org/10.26190/unsworks/24682

¹¹ Stirling, R., Nathan, S., & Ritter, A. (2022). Prioritizing measures to assess performance of drug treatment services: a Delphi process with funders, treatment providers and service-users. *Addiction*, 16038. doi.org/10.1111/add.16038

¹² Key performance indicator specifications for NSW NGO AOD treatment services <https://nada.org.au/resources/key-performance-indicator-specifications-for-nsw-ngo-aod-treatment-services/>

¹³ https://nada.org.au/wp-content/uploads/2023/02/NADA-Position-Paper_Performance-measurement-2022.pdf

- We know that people seeking treatment and support have a wide range of support needs (e.g. mental and physical health, housing, criminal justice). The NGO sector is unable to support all people and provide equity of access due to existing capacity.
- There are limited numbers of peer, medical, and allied health workers in the NGO sector. Additional funds to the NGO sector will support the ability to recruit and retain a multidisciplinary workforce and respond to the needs of people accessing AOD treatment and support.
- NGO funding models and approaches have been piecemeal, created uncertainty of continuation due to contract durations and historic funding sources and not kept up with the rising costs to deliver quality services.

In 2020, the NSW Ministry of Health commissioned the Centre for International Economics (CIE) to undertake the Business and Funding Models (BAFM) Study for NGOs providing AOD treatment services in NSW.¹⁴ NADA and its members were supportive of the study, because without an objective and well-funded costing and business models study, we are not able to adequately argue for appropriate levels of government funding for members from a base of sound financial data. While this data is now dated, [NADA's position](#) is for the NSW and Australian Government to work in collaboration with NGO services and peaks to develop a plan to improve the business costings and funding models for NGOs funded to deliver AOD treatment in NSW, based on the BAFM and other evidence-based approaches, as well as any updated data required to inform sustainable change.

The Australian and NSW Government has invested in the NGO AOD service infrastructure and capacity for many years. While we support transparent approaches to funding arrangements, independent research concludes that competition neither improves the efficiency nor the quality or the outcomes of AOD treatment services. Any review of funding should value the significant investment that the Australian and NSW Governments has made in the existing service system and seek to work with the sector collaboratively to ensure the quality and sustainability of AOD services.

Over the next five-years, we seek an increase in funding to existing NGO AOD services against evidence-based costings in the Australian Government Budget. This is in addition to projected cost escalation that are applied to NGOs each year by the Australian Government. This should include funding of NSW NGO services via the Department of Health and Aged Care, Primary Health Networks and the National Indigenous Australian Agency.

NADA recommends:

NADA supports the recommendations detailed in the submission by the AADC:

AADC Recommendation 1

- Increase in the quantum of core funding to the AOD sector in Australia to deliver enhanced capacity to meet current demand/need for specialist, quality services. This should include sensitivities to the costs of service delivery in regional, rural and remote areas to ensure equity across geographic locations

AADC Recommendation 2:

- As matter of urgent priority, the Australian Government confirm the continuation of the Drug and Alcohol Treatment Services Maintenance (DATSM) program beyond 2024-25, with a longer term view of incorporating this component into 'core' AOD service funding

¹⁴ Centre for International Economics (2021). Optimal business and funding models for NGO AOD treatment services. Business and Funding Models Study report. Report available from NADA or NSW Ministry of Health.

AADC Recommendation 3:

- Strengthens contracting and commissioning practices for the AOD sector through:
 - developing indexation rates in a transparent way and applying these equally across all Commonwealth funding contracts
 - providing funding agreements with, at minimum, five year time frames
 - providing funding agreement renewal notices at least six months prior to the expiration of funding agreements
 - harmonising performance measures via a national collaborative process to ensure measures reflect best practice and are meaningful to funders, services and service users

Further to the last point of AADC Recommendation 3, NADA recommends:

- The development of a national AOD performance framework that aligns with the Australian Health Performance Framework. Such a framework could support the development of a national AOD report card. To support the development of a national AOD performance framework, national AOD governance and expanded AOD data governance arrangements are required.

EXAMINE THE EFFECTIVENESS OF CURRENT PROGRAMS AND INITIATIVES ACROSS ALL JURISDICTIONS TO IMPROVE PREVENTION AND REDUCTION OF ALCOHOL AND OTHER DRUG-RELATED HEALTH, SOCIAL AND ECONOMIC HARMS, INCLUDING IN RELATION TO IDENTIFIED PRIORITY POPULATIONS AND ENSURING EQUITY OF ACCESS FOR ALL AUSTRALIANS TO RELEVANT TREATMENT AND PREVENTION SERVICES

Independent evaluations of NSW non-government AOD treatment services clearly demonstrate outcomes and effectiveness of their contemporary models of care.

The following examples represent a small cross section of the diverse range of evidence-based programs provided by NGO AOD services across NSW. A [bibliography](#) of NGO driven research provides more examples of the evidence for services provided by the NSW NGO sector.

Weave Youth and Community Services, Speak Out Dual Diagnosis Program supports young people aged 12-28 with co-existing mental health and alcohol and drug related needs, to address a young person's priorities which can include housing, justice system engagement, employment, education, family relationships and social and cultural connection. An [evaluation](#) in 2021 showed effectiveness in engaging First Nations clients with two thirds of Weave clients identifying as First Nations. Key strengths highlighted success in providing improved access to health and social welfare services, reduced harmful AOD use, improved self-management of mental health and wellbeing, strengthened engagement in education and employment and enhanced connections with others. The holistic client centred model which integrates case work, counselling, group work and community development is consistent with national guidelines and recommendations for working with co-occurring mental health and AOD support needs.

The Community Restorative Centre (CRC) provides AOD and reintegration programs to support people who have experienced harm from AOD and are leaving custodial settings. An [evaluation](#) in 2021 found that CRC support had a dramatic impact on clients' trajectories, significantly reducing their contact with the criminal justice system, including time in custody and rates of reoffending. Key elements of CRC's service delivery model, such as meeting basic welfare, housing, health and support needs, as well as the way in which support is provided (flexible, outreach, relational, long-term) was found to be fundamental to building a life outside of the prison system, breaking cycles of recidivism and alcohol and other drug use. CRC interventions were also found to offer significant social and economic benefits, including savings to the criminal justice system of up to \$16 million over three years for an intake of 275 clients.

Ted Noffs Foundation's Street University program is designed to provide young people with a safe space, social supports, life skills, development opportunities and therapeutic AOD and mental health interventions. A 2022 [study](#) by CSRH UNSW found the program was highly effective at engaging marginalised and hard to reach youth, with client data showing 50% of young people reduced their drug dependence, 55% experienced improved quality of life and 71% experienced reduced psychological distress.

The above programs are among many who have demonstrated through research as well as routine data collection on outcomes and experiences of clients, the important impacts they have on health and wellbeing outcomes for community members seeking support for AOD use. The current burdens experienced by the NGO treatment sector, imposed by funding and contract arrangements, increasing client complexity and specific workforce impacts, need to be considered and mitigated to enhance the capacity of services.

Barriers and enablers associated with access and equity in alcohol and other drug treatment in NSW include lack of treatment availability and support to navigate the complex service system.

A [study](#) NADA undertook in 2020 with CSRH UNSW examined the various enablers to accessing Alcohol and Other Drug (AOD) services in NSW.¹⁵ The report focussed on factors that impacted a person's entry into treatment, treatment completion and achievement of positive outcomes following treatment. It highlighted the need for increased availability of AOD treatment places as important for reducing inequities produced by long waiting lists, whereby those with more financial or social resources can often access treatment more immediately. This study also raised the need for access to standardised online information about service options to support self-referral and access by families and workers. The AOD sector is an increasingly complex service system with a diverse range of programs, often with specific focus and entry criteria. This leads to barriers for individuals, families and workers to navigate and stay updated as to what options are available. These findings warrant consideration in order to improve accessibility of services for community members who need them.

Capacity building activities by Australian state and territory AOD peak bodies contribute to a more effective, efficient and sustainable AOD sector, provide good value for money and produce positive outcomes for AOD clients. An [evaluation](#) of AOD peak bodies undertaken by Social Research and Evaluation in 2015, demonstrated the significant impact of capacity building work undertaken by AOD peak bodies, for AOD clients, organisations and the broader sector. The study revealed that this work (including resource development, training, collaboration/partnership building, governance resources) had produced valuable outcomes and changes, such as awareness of best practice, up-skilling of staff, strengthened collaboration, enhanced response to complex needs and agency governance. The value of AOD peak bodies cannot be understated and should continue to be supported to enable the critical supports they deliver to their members.¹⁶

Building research capacity across the AOD sector is crucial for maintaining and improving both the quality of care and the outcomes for people accessing treatment and support. NADA partnered with the NSW Drug and Alcohol Clinical Research and Improvement Network (DACRIN) and the Centre for Alcohol and other Drugs, NSW Ministry of Health, to investigate the research capacity of the AOD service sector in NSW.¹⁷ Overall, non-government AOD staff reported that the sector has a moderate level of research capacity, with organisational capacity deemed slightly higher than that at the team and individual levels. The two most common motivators for conducting research were to develop skills (63.5%) and researching a problem that needed changing

¹⁵ Bryant, J., Horwitz, R., Gray, R. M., Lafferty, L., Jops, P., Blunden, H., [Hudson, S.](#), Brener, L. (2021). Improving access to drug and alcohol treatment in NSW Australia: The role of self-determination and peer support. *Health & Social Care in the Community*. doi.org/10.1111/hsc.13639

¹⁶ McDonald, D. and Stirling, R. (2019). "Evaluating the capacity building roles of the state and territory peak bodies in the Australian alcohol and other drug sector." *Evaluation Journal of Australasia* 19(1): 39-48. DOI: 10.1177/1035719x18823569

¹⁷ Stirling, R., Hudson, S., Ross, J., Deans, E., Tibbetts, J., Day, C., Deacon, R., Dunlop, A., Lintzeris, N. (2023). Understanding the research capacity of alcohol and other drugs services in New South Wales, Australia. *Drug and Alcohol Review*. 2024; 43(1): 265-277. <https://doi.org/10.1111/dar.13776>

(49.0%). The three most common barriers to conducting research for non-government participants were other work roles taking priority (75.0%), a lack of time for research (61.5%) and a lack of funds for research (47.9%). Further investment in NGO driven research, including building research capacity, is required to ensure that research is targeted and relevant to people accessing AOD treatment and support. An [evidence check](#) was undertaken which could inform future research capacity building initiatives.

NADA as the peak body for non-government alcohol and other drugs agencies supports member services to build capacity and enhance responses to support identified priority populations across NSW. The following initiatives exemplify the ways in which NADA support practice development with the aim of improving outcomes for those who experience increased harms from AOD use.

Promoting best practice approaches for alcohol and other drug treatment in residential settings

In 2020 NADA worked with The University of Sydney's Matilda Centre for Research in Mental Health and Substance Use to consult with members to inform review of a practice guide on provision of residential AOD treatment for people with AOD use disorders¹⁸. This process identified available evidence of effectiveness of residential treatment, principles of care, best practice approaches, models and tools used, and inclusive practices for priority populations. The resulting [practice guide](#) has supported members to increase effectiveness and improve treatment outcomes, remaining in the top 3 accessed NADA resources since its launch in 2022.

Alcohol and other drugs treatment guidelines for working with Aboriginal and Torres Strait Islander people – in a non-Aboriginal setting

NADA was funded by 6 NSW PHNs to deliver a project to support workers and organisations to improve their service delivery when working with Aboriginal clients. [Guidelines](#) were developed to provide practical advice to support services to establish better relationships and links with Aboriginal organisations and Aboriginal communities. An audit tool was developed to support guideline implementation, identifying areas where an organisation can make change to enhance practice in working with Aboriginal people. The [evaluation](#) demonstrated that all participating services achieved improved cultural competence, from baseline audits, with improvements maintained at two year follow up audit. Services also showed an increase in the proportion of episodes of care provided to Aboriginal people, with an average increase of 11% and a number showed increase in the number of completed episodes by Aboriginal people. Other outcomes included enhanced relationships with local Aboriginal communities and services and increase in employment of AOD workers identifying as Aboriginal.¹⁹

The NADA CALD Audit Project

Similarly, in 2021 NADA worked with residential services to enhance cultural inclusiveness in mainstream services. Using an organisational audit process, an audit tool was developed and implemented in services alongside support to develop an action plan for improving areas of cultural inclusiveness. An [evaluation](#) of the project identified service enhancements in policies, intake procedures to better identify multicultural clients, staff training, established client prayer spaces, increased involvement of families, and enhanced relationships with local multicultural communities and services. The tool and audit process were found to be well accepted and an effective approach to enhancing cultural inclusivity in services.²⁰

¹⁸ Madden, E., Fisher, A., Mills, K.L. and Marel, C. (2021). [Best practice approaches for alcohol and other drug treatment in residential settings](#). Evidence check prepared for the Network of Alcohol and other Drugs Agencies (NADA).

¹⁹ Farnbach S, Henderson A, Allan J, Wallace R, Shakeshaft A. A Cluster-Randomised Stepped-Wedge Impact Evaluation of a Pragmatic Implementation Process for Improving the Cultural Responsiveness of Non-Aboriginal Alcohol and Other Drug Treatment Services: A Pilot Study. *International Journal of Environmental Research and Public Health*. 2023; 20(5):4223. <https://doi.org/10.3390/ijerph20054223>

²⁰ Horwitz, R., Brener, L., Prankumar, SK., Jesus, T., Jaworski, A., Jadran, A., Bryant, J. (2024). Understanding cultural inclusion in alcohol and other drug services in New South Wales, Australia and assessing the acceptability of a cultural inclusion audit. *Drug and alcohol review*. 10.1111/dar.13883.

LGBTQ+ inclusive and affirming practice

Most LGBTQ+ people seeking support for AOD will access services that are not LGBTQ+ specialist services. In response, the [LGBTQ+ Inclusive and Affirming Practice Guidelines](#) were developed by ACON, Mental Health Coordinating Council, NADA, and the Central Eastern Sydney Primary Health Network to support AOD and mental health workers in government and non-government organisations to strengthen provision of LGBTQ+ inclusive practice across residential, inpatient and outpatient contexts. These guidelines offer detailed, pragmatic, and accessible support to AOD and mental health service providers in NSW and outline four principles of LGBTQ+ inclusive and affirming practice: trauma-informed recovery-oriented and person-led practice; intersectionality; community consultation and co-design, co-production, co-implementation, and co-evaluation; and family inclusive practice.

Application of these principles are mapped against diverse components of service delivery including: staff development; cultural safety and visibility; intake procedures and data collection; identity disclosure; the therapeutic relationships; and support planning. Supporting implementation of these practice guidelines is essential for the AOD sector.

Further, NADA made the decision to include data items for gender and sexuality diversity into NADABase in 2016, and then updated the items to apply the ABS standard in 2022 to understand access and outcomes for LGBTQ+ communities. Further work is required to ensure that data items are embedded into all aspects of practice to inform care, policy and research.²¹

NADA member and sector networks

NADA hosts several member networks that connect AOD service providers who work towards a common goal. These networks provide important guidance to NADA on needs and priorities and enable workers to come together to learn from each other, address issues and make changes in the sector collectively. Networks include:

- Women's clinical care [network](#)
- Youth AOD services [network](#)
- Gender and sexuality diverse AOD [network](#)
- Peer worker [community of practice](#)
- Community mental health drug and alcohol [research network](#)

NADA also collaborates with the [Aboriginal Drug and Alcohol Residential Rehabilitation Network \(ADARRN\)](#), a network of Aboriginal residential rehabilitation services who undertake joint advocacy and share culturally sound best practice principals and knowledge to support shared members. NADA also collaborates with the [Aboriginal Corporation Drug and Alcohol Network \(ACDAN\)](#) with their goal of strengthening Aboriginal AOD workforce development across government, NGO and Aboriginal Community Controlled Organisations.

Initiatives delivered by and for communities to support identified priority populations

Priority populations can have difficulties accessing mainstream health services. There is a need for specialist services for people who face barriers to treatment, e.g. First Nations, multicultural, gender and sexuality diverse communities, people in criminal justice settings and people in rural and regional locations. There is a need for greater funding and expansion of initiatives that are delivered by and for communities, as well as via the living and lived experience workforce from priority populations, and community-led health organisations, to ensure provision of tailored and responsive approaches to prevention and treatment. Consideration of procurement models and funding arrangements should be given to how services for priority populations are funded to ensure that they remain a sustainable part of the service system.

²¹ Freestone, J., Mooney-Somers, J., Hudson, S. (2021). The sector is ready, and the community needs Australian alcohol and other drug treatment services to ask about sexuality and gender identity. *Drug and Alcohol Review*. 41(1): 39-42. DOI: 10.1111/dar.13367

Greater balance is needed across the demand, harm and supply reduction pillars of Australian drug policy and specifically the need for more investment in prevention, harm reduction and treatment.

Increased investment in evidence-based community education and prevention campaigns, as well as harm reduction initiatives should be considered as a priority. The Australian 'drug budget': Government drug policy expenditure 2021/22 [report](#) highlights the need for balance, with investment in law enforcement representing 64.3% of overall AOD funding²². There is an urgent need to address the increasing demand for AOD treatment on an overburdened sector as well as correct the chronic underfunding of treatment, harm reduction and community education programs to prevent or minimise harm associated with drug use.

Evidence of the cost effectiveness and impact of the AOD treatment and harm reduction sectors is clear. For every \$1 invested in AOD treatment, \$5.40 is returned in benefit to the community²³. For every \$1 invested in harm reduction programs, such as Needle and Syringe Programs, \$27 is returned in community benefit²⁴. Value for money can be further strengthened by addressing the administrative burden imposed on service providers by a complex mix of funding arrangements.

Legislative reform to reduce stigma and discrimination against people who use, or have used, drugs.

Policies and programs that are demonstrated to effectively reduce stigma and discrimination, prevent harm and support people who use, or have used, drugs, should be advanced. This should include examination of Australian and international evidence-based approaches across the spectrum of prevention, early intervention, treatment and harm reduction, best practice, including jurisdictions who have implemented progressive reform programs with success. For example, the ACT and Queensland, where drug checking services and the personal possession of small amounts of illicit drugs has been, or is in the process of being, decriminalised.

All available evidence suggests that decriminalising minor drug use in favour of harm reduction and investment in additional treatment capacity delivers the best health and wellbeing outcomes for the community. This would also have the effect of reducing stigma associated with drug use and reduce barriers to accessing care. While the majority of communities see the benefit of such reform, a community education campaign about why this change is necessary is also welcomed. Decriminalisation must be supported by a robust, well-funded health and social services system, with adequate investment in prevention and health education, early intervention, treatment and harm reduction. A shift to treating drug use as a health issue rather than through the criminal justice system presents an opportunity to reduce stigma and discrimination and shift focus and funding to supporting evidence-based harm reduction and support.

A new National AOD Workforce Strategy to support a sustainable, stable and well remunerated AOD workforce across Australia.

A sustainable NGO workforce is critical to support delivery of health and social services and to enable success of necessary future reforms. A new Strategy is needed to address critical workforce challenges for the current and future workforce, supported by adequate national governance to drive reform and specific resourcing to support Strategy implementation. The current NGO workforce cannot meet the demands of the community and should be treated as a valuable long-term investment with a clear strategy in place to attract, retain and upskill multidisciplinary staff, including identified living and lived experience roles. Noting that the NGO sector has a clear competitive disadvantage in attracting and retaining staff, workforce retention requires a specific focus. This should include better compensation structures (for example a dedicated Award for the AOD sector could be considered), longer contract duration, more opportunities for professional development, clinical and cultural

²² Ritter, A., Grealy, M., Kelaita, P. & Kowalski, M. (2024) The Australian 'drug budget': Government drug policy expenditure 2021/22. DPMP Monograph No. 36. Sydney: Social Policy Research Centre, UNSW. <https://doi.org/10.26190/unsworks/30075>

²³ Voce, A. & Sullivan, T. (2022). *What are the monetary returns of investing in programs that reduce demand for illicit drugs?* *Trends & issues in crime and criminal justice* no. 657. Canberra: Australian Institute of Criminology

²⁴ National Centre in HIV Epidemiology and Clinical Research. (2009). Return on investment 2: Evaluating the cost effectiveness of needle and syringe programs in Australia. Canberra: Department of Health and Ageing

supervision, formal work recognition structures and genuine career opportunities – including the ability to move within the NGO sector and transfer between the NGO and public sectors while retaining employee benefit.

NADA recommends:

- Increased funding and expansion of initiatives that are delivered by and for communities, as well as via the living and lived experience workforce from priority populations, and community-led health organisations, to ensure provision of tailored and responsive approaches to prevention and treatment.

NADA also supports the recommendations detailed in the submission by the AADC:

AADC Recommendation 4

- Establishes a national, sector inclusive governance structure with the ability to support integrated planning between tiers of government and between relevant portfolios, implement national strategies and respond to both long-standing and emerging AOD sector priorities

AADC Recommendation 5

- Implement Recommendations 2 and 3 of the Joint Committee on Law Enforcement's *Australia's illicit drug problem: Challenges and opportunities for law enforcement* inquiry report, with the aim of creating balance in effort and emphasis across the three pillars of the National Drug Strategy and funding the AOD treatment and harm reduction sectors at a level commensurate with need and demand

AADC Recommendation 6

- In partnership with State and Territory Governments, undertake reform to the legal environment which prioritises health and wellbeing outcomes, including the exploration of models for the decriminalisation of illicit drug possession for personal use

AADC Recommendation 7

- Development of a new National AOD Workforce Strategy with the aim of supporting a sustainable, stable and well remunerated AOD workforce across all parts of Australia, supported by adequate national governance to drive reform and specific resourcing to support Strategy implementation

EXAMINE HOW SECTORS BEYOND HEALTH, INCLUDING FOR EXAMPLE EDUCATION, EMPLOYMENT, JUSTICE, SOCIAL SERVICES AND HOUSING CAN CONTRIBUTE TO PREVENTION, EARLY INTERVENTION, RECOVERY AND REDUCTION OF ALCOHOL AND OTHER DRUG-RELATED HARMS IN AUSTRALIA

People accessing AOD services often present with a range of issues impacting their lives. Common cooccurring concerns include homelessness, mental health, domestic and family violence and child protection involvement. In the aforementioned study to understand what facilitates positive outcomes of treatment, people with lived experience spoke of the importance to address other health and social factors that impact on a person's life as part of a holistic approach to AOD treatment and support²⁵. To deliver meaningful improvements, the Inquiry must ensure that policies and programs respond holistically to people accessing services, supported by appropriate funding models.

²⁵ Stirling, R. (2023). Performance measurement in alcohol and other drug treatment services. Chapter 4. doi.org/10.26190/unsworks/24682

Health promotion and education

Investment in community education and harm reduction, increased investment in evidence-based community education and prevention campaigns, as well as harm reduction activities need to be a priority. There is an urgent need to correct the chronic underfunding of community education programs to prevent or minimise harms associated with drug use.

Initiatives could be funded to be delivered by communities, for communities, as well as via the lived experience workforce expertise from priority populations and community-led health organisations who can provide tailored and responsive approaches. One of the recommendations from the Special Commission of Inquiry into the Drug Ice was that the NSW Government include people with lived experience of drug use and their representative organisations in the development and implementation of all future drug education, prevention and harm reduction campaigns.²⁶

Further, early intervention with young people and the potential to have a coordinated standardised curriculum around substance use/ mental health would be of benefit. Teaching young people in an age-appropriate way at different levels of their education would require an integrated approach between sectors.

Mental health

Key findings from the Collaborative Connections Symposium held by NADA and the Mental Health Coordinating Council (the NSW mental health peak) in 2024 identified several areas where cross sector collaboration between mental health and AOD is working well and provided recommendations to improve responses.²⁷

Evidence-based practice standards, resources and guidelines such as The Matilda Centre for Research in Mental Health and Substance Use's 'Guidelines on the management of co-occurring alcohol and other drug and mental health conditions in alcohol and other drug treatment settings' are valuable. Responses need to include:

- Comprehensive assessment
- Trauma-informed practice
- Flexible service delivery – responds to individual need
- Lived experience workforce across sectors by placing the lived experience voice central to service delivery
- Co-location such as Head to Health and new NSW Health funded hub models

Increased collaboration and integration of services are areas that were identified as actions that would lead to better outcomes. Stronger partnerships between AOD and mental health services, other community services such as housing; domestic and family violence, and family support services are all identified as needing reform to ensure better outcomes for people with co-occurring mental health and substance use needs. Effective and efficient referral pathways and relationships between services across sectors, as well as an overall need for greater integration and a multidisciplinary approach to practice, would contribute to all levels of intervention and harm reduction.

Targeted initiatives to reduce stigma and discrimination around alcohol and other drug use and mental health within the community, service systems, and among service providers would help the experiences of people accessing services across sectors. Initiatives should be initiated and developed by people with lived experience,

²⁶ State of NSW. (2020). Report of the Special Commission of Inquiry into crystal methamphetamine and other amphetamine-type stimulants <https://www.dpc.nsw.gov.au/publications/special-commissions-of-inquiry/the-special-commission-of-inquiry-into-the-drug-ice/>

²⁷ Collaborative Connections Symposium Report (2024), NADA and MHCC. Retrieved from: <https://nada.org.au/wp-content/uploads/2024/07/MHCC-NADA-Symposium-Report-2024.pdf>

to develop person-centred, person-led, and trauma-informed approaches to service delivery can support the reduction of stigma and discrimination.

Housing

There is an urgent need for access to safe, secure and affordable housing for priority populations. To achieve this, the housing and AOD sectors should be working collaboratively. Housing insecurity for individuals with intersecting needs including mental health and alcohol and other drug use (AOD) can present an increased risk of lapse or relapse. The AOD sector works with many people at risk of homelessness and is often unable to assist them to find secure housing prior to or after treatment. Problematic use can be exacerbated by unstable and unsafe housing environments.

Primary sources of homelessness support are specialist housing services. Data shows these services see a high proportion of the people accessing these services have mental health or AOD use and housing insecurity²⁸.

The Housing and Mental Health Agreement NSW, an agreement between NSW Health and the Department of Communities and Justice (DCJ) aims to re-invigorate effective, accountable and sustainable governance at the interface of mental health, housing, and homelessness; establish and deliver on a common agenda through shared goals in partnership with funded services and key stakeholders, and embed agreed principles in policy, commissioning and service delivery. This should explicitly include people who use alcohol and/or other drugs.

NADA supports Recommendation 66 A of the NSW Special Commission of Inquiry into the Drug 'Ice' that the NSW Government pilot a Housing First approach to support people who use drugs and are experiencing housing instability, that provides no-barrier housing, primary and mental health and psychosocial supports to help address drug-related harms in the homeless population. This includes further recommendations that social housing tenants who undertake residential alcohol and other drug treatment do not lose their tenancies whilst undergoing treatment. The ACT AOD Peak, has articulated an approach to *Better health through housing*, with a range of recommendations that are nationally relevant and supported by NADA.²⁹

Child protection

NADA and the NSW Department of Communities and Justice (DCJ) have been working collaboratively as part of a NADA/DCJ Child Protection Roundtable to address the cross-sector gaps in relation to child protection. The aim of the Roundtable is to improve the outcomes and efficacy between NGO AOD Treatment and Support Services and DCJ when working with shared clients.

Current key tasks include:

- Identifying current mechanisms for shared communication in the AOD and DCJ sectors.
- Developing formalised terms of engagement between sectors.
- Developing a treatment matching matrix for shared clients to ensure that clients and their families are being able to access the right Alcohol and Drug treatment and complimentary psychosocial supports.
- Identifying and formalising pathways for communication between sectors, including escalation pathways at a District levels.
- Identifying and engaging two pilot District sites: Metropolitan and Regional to support an evaluated pilot of actions and recommendations.
- Reviewing the AOD content of DCJ case manager training and providing feedback/input on current content.

²⁸ Duff, C., Hill, N., Blunden, H., valentine, kylie, & Randall, S. (2022). Connecting Housing, Health, and Social Supports for People Leaving Treatment: Housing Policy Lessons from Australia. *Cityscape*, 24(1), 307–322.
<https://www.jstor.org/stable/48657953>

²⁹ ATODA Policy Position Statement Better Health through Housing, Retrieved from: <https://www.atoda.org.au/wp-content/uploads/2024/08/ATODA-PPS-on-Better-Health-through-Housing-August-2024.pdf>

- The Roundtable Executive Advisory Group and the Working Groups will establish a formalised review and evaluation process of all actions and recommendations.

There should be a review of existing policies and investment of increased resources to enable further cross-sector collaboration with child protection and scope to pilot recommendations from the Roundtable.

Domestic and family violence

Effective, integrated treatment for AOD issues needs to include support for clients to develop healthy relationships. The use of domestic and family violence (DFV) severely harms the potential for healthy relationships, including for the person who uses violence.

In 2021 NADA developed a resource aiming to support AOD practitioners to work safely and effectively with clients who perpetrate DFV and to become familiar with suitable pathways for specialist support.³⁰ While this is a specialist area of work, the AOD sector needs support to work effectively with people who use violence. A suite of webinars were developed to support the resource and sector workforce. Following on from this, NADA was funded to deliver training on working with men who use violence and has done so for the past two years. Further conversations with the AOD workforce and cross sector with DVNSW have indicated there is demand for further collaboration and solutions for this area of work.

Whilst the use of AOD does not cause violence, where it is present, the level of violence can be exacerbated by the use of AOD. Approximately two-thirds of people accessing AOD treatment are male and treatment settings provide an ideal environment to address DFV behaviours, with the right support and resourcing. NADA is holding a forum in November 2024 to discuss this, including Men's Behaviour Change practitioners, women's services, the AOD sector and other peaks. The aim of this is to close the gap across sectors to achieve better outcomes for the clients and people surrounding them.

The Commonwealth Inquiry into Family, domestic and sexual violence made recommendations that the next National Plan include measures to support the social services sector (including the health, mental health, disability, family and relationships, and alcohol and other drugs sectors) to have a greater role in identifying and responding to family, domestic and sexual violence. These measures should include but not be limited to: training for all staff in identifying family, domestic and sexual violence and working with perpetrators; and measures to support a more consistent national approach to risk assessment and risk management. NADA supports these recommendations.

Post-custodial support

As part of the NSW Government's Special Commission of Inquiry into the Drug 'Ice' several regional NGOs were funded for post-custodial support programs. The Post-Custodial Support (PCS) Program assists people who are released from custody to manage any difficulties arising from the use of alcohol and other drugs.

PCS provides integrated case management, help for people who want to get into treatment for drug and alcohol use as well as offering support for other issues that can affect health and wellbeing. These include medical issues, mental health, accessing employment or Centrelink and making community connections.

PSC services have been shown to disrupt criminal justice system trajectories, assist in shifting relationships with alcohol and other drugs, and help people re-build their lives in communities. Reducing family, community and societal costs associated with harmful AOD use and reoffending in the post-release period highlights why there is a need for more of these types of programs.

³⁰ NADA (2021). Engaging men who perpetrate domestic and family violence in the alcohol and other drugs treatment context. Retrieved from: <https://nada.org.au/resources/engaging-men-who-perpetrate-domestic-and-family-violence-in-the-alcohol-and-other-drugs-treatment-context/>

Continuing Coordinated Sector Development

NADA was funded under the 2016 Drug Package to support establishment of the Continuing Coordinated Care (CCC) Program along with a number of NGOs to support continuing coordinated care for people living in the community. The CCC Program was established to provide intensive wrap around support and longer-term holistic treatment for people with complex needs to remain engaged in treatment. The primary outcome is to strengthen and expand the AOD continuing care services within the NGO sector so people can better access quality, person centred, integrated services.

Key objectives of the program include identifying and responding to the support and development needs of AOD NGOs delivering continuing care services; leading and supporting continuous development of evidence informed AOD continuing care models of care and best practice; facilitating implementation of AOD continuing care models of care and best practice, aligning with the NSW Health Clinical Care Standards and the NADA Workforce Capability Framework; and supporting the AOD NGO continuing care sector to resolve state-wide or multi provider continuing care issues.

It has been clear that there are not enough resources to adequately meet the need, all NGO CCCP teams have wait lists and limited capacity to respond. Further, NADA has one role to facilitate and manage systemic cross sector issues, however, the sector requires further resourcing of this kind to facilitate better cross-sectoral outcomes.

NADA recommends:

NADA supports the recommendations detailed in the submission by the AADC:

AADC Recommendation 8

- Prevention and early intervention actions be strengthened through prioritisation of support in the early stages of life and provision of enhanced family support to avoid engagement in child protection systems. This should include community-led prevention and early intervention programs that utilise community development approaches and have a particular focus on First Nations peoples and communities.

AADC Recommendation 9

- The AOD and intersecting sectors be resourced to build cross-sector capabilities and local partnerships to enhance support for people experiencing complexity and multiple needs

AADC Recommendation 10

- Social determinants of health that drive AOD-related harms be addressed through a sector-inclusive national governance structure which can facilitate coordination between like-structures in related sectors such as mental health, disability and the NDIS, First Nations health and wellbeing, housing and criminal justice.

AADC Recommendation 11

- The Australian Government – through the establishment of an AOD-sector inclusive national governance framework – leads an examination of, and reform to, the way in which engagement with law enforcement and the criminalisation of drug use exacerbates AOD-related harms. This includes stronger oversight of police actions such as stop and search and offence escalation (where, for example, a stop and search becomes a refusal to obey a lawful direction or threat to harm) and how AOD-related breach of bail conditions (e.g. AOD abstinence) often leads to re-imprisonment with significant consequences including the

voiding of housing trust tenancy, engagement with child protection and removal of children, and loss of employment

AADC Recommendation 12

- Implementation of additional responses to divert people away from the justice system be prioritised, such as:
 - Raising the age of criminal responsibility to 14 years in all jurisdictions, without exception and in line with international standards
 - Decriminalisation of drug possession and more consistent, uniform application of drug diversion provisions with expanded criteria, as well as other offence diversion provisions
 - Extensive training for police and courts in racism awareness and addressing the over policing of First Nations peoples, particularly First Nations young people
 - Focus on supporting transition to community for people leaving custodial, institutional and residential AOD settings be enhanced, including through facilitating access to the NDIS for people with identified cognitive and other disabilities