



FUNDING DRUG TREATMENT

The right treatment at the right time.

Accessible. Affordable. Universal.

At present, fewer than half those who need it, are able to access drug and alcohol treatment. Because effective treatment can significantly reduce the social costs of harmful alcohol and drug consumption, the Greens will double federal funding of treatment services over the next 3 years, focusing on treatments that are proven to work.

Because it has been shown time and again to be the most effective way to combat the harms of illicit drugs, the Greens are committed to treating drug use as a health and social issue, and to providing a more pragmatic policy approach.

We recognise that putting health and community safety first requires a fundamental broadening of illicit drug policy in Australia away from failed punitive enforcement to proven health and social interventions.

While there is no silver bullet to “solving the drug problem”, the Greens believe that there are key evidence based components of good drug policy,¹ and one of these is areas is adequate investment in alcohol and other drug (AOD) treatment.

> FUNDING CERTAINTY

The Greens will reform drug treatment spending as follows:

- **Double Commonwealth AOD treatment funding** to \$800 million over three years to improve treatment outcomes.
- **Redress the imbalance** between law enforcement and treatment expenditure. Despite research showing that money is better spent providing AOD treatment than locking people up, Australia’s law enforcement expenditure remains disproportionately high compared to treatment spending². This funding boost will go some way towards redressing the imbalance.
- **Improve treatment effectiveness** by directing resources towards proven treatments and encouraging timely interventions and improved program retention.
- **Provide certainty** to treatment providers by committing to this expenditure over the forward estimates.

> MEETING TREATMENT DEMAND

For the first time, we have a good idea of the unmet AOD treatment need and demand in Australia and we know that fewer than half of those seeking AOD treatment are able to access appropriate treatment.³ This is unacceptable considering we know that treatment is effective and can significantly reduce the social costs of harmful AOD consumption

Currently state and Commonwealth governments spend approximately \$1 billion on AOD treatment each year. Recognising that this expenditure needs to be doubled to \$2 billion per annum to meet current demand for alcohol and drug treatment,⁴ the Greens will initially commit to increasing existing Commonwealth expenditure from current spending of just under \$400 million per annum, to \$800 million per annum by stepping up over the forward estimates:

- An additional \$200m in year one;
- An additional \$300m in year two; and
- An additional \$400m in year three.

This commitment is consistent with information gathered during extensive consultation undertaken by Greens health spokesperson Dr Richard Di Natale throughout 2016. This consultation revealed that current health responses are significantly hampered by the lack of adequate treatment facilities and long waiting periods for detoxification and rehabilitation, including for people in rural and regional areas, Aboriginal and Torres Strait Islander people, prisoners, and people from culturally and linguistically diverse backgrounds.

Information gathered also pointed to the implications of a poorly trained workforce delivering suboptimal interactions to clients. If these clients are deterred from returning for care, there is an increased likelihood of health complications that

¹ Hughes, C., Components of Good Drug Policy, National Drug Summit, National Drug and Alcohol Research Centre, 2016.

² Moore TJ, Ritter A, Caulkins JP. The costs and consequences of three policy options for reducing heroin dependency. Drug Alcohol Rev 2007; 26: 369-378.

³ Ritter A, Berends L, Chalmers J, et al. New horizons: the review of alcohol and other drug treatment services in Australia. Sydney: Drug Policy Modelling Program, 2014.

⁴ As above.

ultimately require more acute care, at a higher cost and with potentially poorer long term health outcomes.

Our commitment of increased funding would allow for greater workforce planning including where treatment is needed, who it is needed for, and who is responsible for overseeing its delivery.

> PRINCIPLES AROUND TREATMENT

Different people will respond to different types of treatment depending on their need and circumstances. For treatment to be effective, it must be at the right place, at the right time and when the person who needs it is ready.

The Greens policy to increase AOD treatment funding will ensure that proven treatment types are more readily accessible and will encourage program retention.

We recognise that to be effective, treatment responses for people with addiction and related drug use issues must be complemented by services that address general health, housing, employment and welfare issues.

> BROADER SOCIAL SUPPORT

Effective drug treatment requires a multi-disciplinary team of people, not just medical doctors. It also requires us to address broader systems around the person seeking treatment including legal, employment, housing, relationships, and their sense of community.

Enabling drug users to speak about their experiences and to maintain social connectedness is an important way to support people through their experience with drugs. We must also address stigma and discrimination faced by drug users by supporting peer-based organisations and families to participate in the policy process, public debates and program delivery.

> A GOOD INVESTMENT

Investing in AOD is a good investment. In fact, for every \$1 invested in AOD treatment, society or the community gains \$7 in positive outcomes.⁵

The Greens recognise that good AOD policy involves a balance between reducing the supply of drugs, reducing the demand, and reducing the harmful consequences. This initiative has been developed in parallel with our "Reducing Harm, Saving Lives" Initiative for a Harm Reduction Innovation Fund. Together, these initiatives are an important step towards achieving this balance.

> EXPERT COMMENTARY

5 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.

Professor Alison Ritter and Associate Professor Mark Stooze make the point that;

While more resources for AOD treatment are needed, responses should also include appropriate resourcing of broader social support services. Although local data on the prospective drivers of sustained drug use are scarce, overseas evidence and reflections from Australian service providers suggest that social stability factors — such as employment, positive family relationships and stable housing — are crucial determinants of drug use patterns. Alongside AOD treatment, effective responses must appropriately resource integrated services that support people to achieve their AOD treatment goals.

Annie Madden, former Executive Officer of the Australian Injecting & Illicit Drug Users League, urged participants at the Parliamentary Drug Summit on 2 March 2016 to consider that: *Stigma and discrimination is literally killing people. It's probably the number 1 killer... Please remember that we are your family members. We are your friends. We are your fellow Australian citizens. We are not just collateral damage on the war on drugs.*

Anonymous National Roundtable Participant commented that *No one comes for just one thing — we should look holistically at their needs. Jobs, homes and friends are the recipe for recovering. Supportive social networks lift people up — providing treatment alone isn't enough. Portugal provided subsidies for employers to take people on and 95% of users were still in the program 2 years on. It's not good enough to just say we are removing criminal penalties.*

The Australian Greens would like to extend their thanks to drug treatment and law reform roundtable and summit participants who shared their knowledge and expertise with Greens Leader, Dr Richard Di Natale throughout 2016.