



**Drug ARM – National Office**

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Dr Amanda Beem  
Committee Secretary  
Mental Health Select Committee  
Parliament House  
George Street  
Brisbane Qld 4000

By email [mhsc@parliament.qld.gov.au](mailto:mhsc@parliament.qld.gov.au)

Dear Dr Beem,

**RE: Drug ARM Submission into the opportunities to improve mental health outcomes for Queenslanders.**

On behalf of the organisation, I thank the Mental Health Select Committee for the opportunity to make a submission into the opportunities to improve mental health outcomes for Queenslanders inquiry.

Drug ARM (Awareness, Rehabilitation and Management) is a specialist alcohol and other drug service provider offering a range of alcohol and other drug service solutions to individuals, families and communities across Queensland. Drug ARM can trace its history to 1849 and demonstrates longstanding experience and insight into the mental health service system as well as mental health outcomes from an alcohol and other drug perspective.

Drug ARM provides a range of positions and relevant information as relating to the Committee's terms of reference and is able to provide further information or supporting literature and references required.

Yours faithfully,

A handwritten signature in black ink, appearing to read 'Jody Wright'.

Jody Wright  
Executive Director

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## Positions of the Organisation

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The positions of the organisation are summarised as:

1. **Sector Independence and Planning Responses**  
Drug ARM advocates for the independence of the alcohol and other drug sector and a cross-sector approach to alcohol and other drug policy, planning and reform.
2. **Workforce Development**  
Drug ARM supports the need for a well-designed and comprehensive alcohol and other drug Workforce Development Plan that is developed by all levels of Government and the non-Government sector.
3. **Service Investment and Access**  
Drug ARM supports increased investment in the supply of specialist alcohol and other drug services to meet demand across the service continuum.
4. **Funding Models**  
Drug ARM acknowledges the need for a mix of funding models and notes the benefits of block funding as a predominant feature of the mix.
5. **Stigma Reduction**  
Drug ARM supports the need for stigma reduction initiatives.
6. **Government Policy**  
Drug ARM supports the release of a dedicated Queensland Alcohol and other Drug Plan and stated commissioning processes.

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## Supporting Information

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Further information and key points relating to these positions is provided.

### **1. Sector Independence and Planning Responses**

Drug ARM advocates for the independence of the alcohol and other drug sector and a cross-sector approach to alcohol and other drug policy, planning and reform:

- The alcohol and other drug sector, while interfacing with mental health, is independent and unique in the screening, assessment and treatment planning and theoretical approaches.
- The Queensland Alcohol and other Drug Treatment Framework, and its stepped care application, are designed to meet the needs of a broad cohort of service users who often require a specialised response that addresses a dual diagnosis of mental health and substance misuse.
- Alcohol and other Drug treatment responses are part of the broader health system response, interfacing with more than the mental health system.
- There are broad touch points across sectors and government portfolios in relation to substance misuse and harm reduction strategies.
- A collaborative and unsiloed cross-sector planning approach is recommended in order to maximise the outcomes and benefits of a cross-sector approach.

- A cross-sector approach increases the access to service reach for clients affected by substance misuse and harms but not accessing traditional alcohol and other drug services. For example, Drug ARM works with a key partner providing child protection services to embed specialist alcohol and other drug workers to inform treatment plans for a cohort of people not accessing traditional treatment services.
- The Qld Network of Alcohol and Drug Agencies (QNADA) Responsive System project and subsequent report is highlighted in its ability to inform cross-sector needs of the sector.
- All levels of government and the non-government sector require input into planning and reform activity, particularly in acknowledgement of the financial and resourcing contribution made outside of government funding by the non-government sector. For example, Drug ARM receives significant donated funds from its parent entity to implement self-funded alcohol and other drug initiatives to fill gaps in services outside of government funding.
- A clear line of responsibility to drive the cross-sector alcohol and other drug policy, planning and reform is required.

## **2. Workforce Development**

Drug ARM supports the need for a well-designed and comprehensive Alcohol and Other Drug Workforce Development Plan that is developed by all levels of Government and the non-Government sector:

- The alcohol and other drug sector consists of a specialised workforce requiring specialist capabilities to address increasing client complexity.
- The current alcohol and other drug workforce is recognised as an aging and diminishing workforce requiring initiatives that also reap sector capacity building outcomes
- There are already strong examples of non-Government responses to workforce development and sector capacity building. For example, Drug ARM's longstanding Community and Family Support Service that uses an undergraduate intern model and structured learning environment in its development of a quality entry level workforce for the sector.
- Given the investment made by multiple levels of Government into the alcohol and other drug sector, it is important that any workforce development planning is collaborative in its approach, consisting of State and Commonwealth funders as well as the non-government sector who are already providing solutions in this space.
- Workforce development planning and investment should coincide with service investment. Workforce skills and capability are strongly aligned to the service responses contained in the Qld Alcohol and other Drug Treatment Framework and any increased investment in all or part of the system underpinning it requires an investment in specific parts of the workforce to achieve the required outcomes from the investment.
- Workforce Development planning requires consideration of the unique challenges required to build a quality regional and remote alcohol and other drug workforce.

## **3. Service Investment and Access**

Drug ARM supports increased investment in the supply of specialist alcohol and other drug services to meet demand across the service continuum:

- Prevention investment in place-based initiatives designed to delay uptake or reduce harmful behaviours in individuals and communities requires increased investment. Prevention is often considered as part of Public Health policy and planning but should

not be siloed. An example of the benefits of strategic investment in primary prevention initiatives specific to alcohol and other drugs can be seen in the state-wide alcohol and other drug prevention workforce in place prior to 2014. Using a settings-based approach and a structured alcohol and other drug prevention framework, the dedicated workforce contributed to a broad range of successful alcohol and other drug projects to reduce harm from alcohol and other drugs in the community.

- Increased investment in early and brief intervention is required to meet the needs of individuals and communities experiencing harm from alcohol and other drugs but not experiencing problematic use. Existing Drug Diversion, Information platforms and programs such as Breakthrough for Families already in place, amongst other innovative initiatives, should be expanded.
- Service waiting lists across the sector demonstrate increasing demand for treatment services. Increased investment in the treatment part of the sector is therefore required. The mix of outclient and residential solutions is paramount and will assist in meeting clients 'where they are at'. For example, Drug ARM offers outclient service solutions that do not require detox completion or tobacco abstinence.
- Investment in community based and alternative detox services is required and will assist in meeting demand.
- There should be confidence in the alcohol and other drug sector to deliver quality, evidence-based service responses that competently respond to the biopsychosocial needs of clients.

#### 4. Funding Models

Drug ARM acknowledges the need for a mix of funding models and notes the benefits of block funding as a predominant feature of the mix:

- There are currently several funding models in place for alcohol and other drug services. This includes Block, Activity Based, Outcome and Fee for Service models.
- Block funding provides the best model in its ability to (i) adequately cost resources and activity; (ii) inform long term planning required to achieve service continuity; and (iii) provide the stable financial environment required to achieve planning and service delivery.
- Activity based and Outcome models provide financial and resourcing risk and challenges to non-government organisations in that activity and outcomes can be heavily affected by the changing and complex environment of an individual client.
- Activity and Fee for Service models are highly impacted by external factors that are outside the control of the non-government organisation meaning that risk mitigation is difficult or impossible. For example, reduced services during the COVID-19 pandemic have financially impacted Drug ARM due to unrecoverable staffing and indirect costs.
- Funding contract security and continuity, as well as long term contract arrangements are optimal to encourage planning, promote service and workforce continuity and decrease the likelihood of individuals affected by substance misuse falling through the cracks and putting pressure on other parts of the system (Eg. child protection, mental health, domestic violence, housing, criminal justice systems).
- Treatment services should be informed through structured modelling.
- The Queensland Drug and Alcohol Services Planning Model is an example of a modelling solution that could be utilised to inform planning and investment.
- Modelling informs part, but not all, of the continuum and provides challenges in its ability to apply loading for service needs for certain cohorts. For example, Fetal Alcohol Syndrome rates can vary across state regions and investment loading would be required to ensure adequate investment in the correct service design response.

- Treatment service planning should consider the increasing complexities of clients presenting with substance misuse issues and the need for flexible service design solutions to meet the changing needs and help-seeking behaviours of individuals and communities.

## 5. Stigma Reduction

Drug ARM supports the need for stigma reduction initiatives:

- Stigma reduction initiatives require adequate funding. The success of financially resourced mental health stigma reduction is noted.
- Formal and informal evidence of stigma across the health workforce is recognised and is shown to reduce service access for those with substance misuse issues.
- Targeted as well as population-based stigma reduction campaigns are needed to successfully reduce negative attitudes held by individuals, workforces and communities.
- Drug ARM notes the existing work done in relation to alcohol and other drug stigma reduction by the Drug Policy Modelling Program and believes this work should be enhanced and expanded.
- Restricted access to services outside of alcohol and other drug responses to individuals experiencing substance misuse issues is recognised and needs to be addressed. For example, there is anecdotal evidence and awareness of NDIS packages being affected or denied when substance misuse is identified for the participant.

## 6. Government Policy

Drug ARM supports the release of a dedicated Queensland Alcohol and other Drug Plan and stated commissioning processes:

- There is no Queensland cross-system plan or strategy dedicated to alcohol and other drugs that has recently been released.
- Cohesive sector and non-government organisation planning is inhibited as a result of there being no government plan.
- A cross-sector approach to alcohol and other drug planning and action is required due to the cross-sector touchpoints (eg. Criminal justice, domestic and family violence, youth justice, child protection, community sectors) for addressing alcohol and other drugs.
- The lack of a government endorsed alcohol and other drug plan restricts the planning, reform and action that could be achieved in driving a cross-sector approach.
- The need to address specific policy levers relating to alcohol related harm in the community requires an ongoing commitment.
- The need to address policy levers relating to Driving and Medicinal Marijuana is required to reduce negative impacts to individuals who are not engaged in criminal behaviour but are nonetheless impacted by the criminal justice system.
- The regional commissioning agencies recommended in the Productivity Commission report represent collaborative planning and procurement however, there remains uncertainty in the non-government sector in relation to the commitment to this significant change.
- A change in commissioning requires non-government organisation resourcing and forward planning and stability in the government commitment to procurement and commissioning structures and processes is optimal.