



Inquiry into the Health Impacts of Alcohol and Other Drugs in Australia

September 2024



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Our Commitment to Inclusion

The Salvation Army Australia acknowledges the Traditional Owners of the land on which we meet and work and pay our respect to Elders, past, present and future.

We value and include people of all cultures, languages, abilities, sexual orientations, gender identities, gender expressions and intersex status. We are committed to providing programs that are fully inclusive. We are committed to the safety and wellbeing of people of all ages, particularly children. Our values are:

- Integrity
- Compassion
- Respect
- Diversity
- Collaboration

The Salvation Army is a worldwide movement known for its acceptance and unconditional love for all people. We love unconditionally, because God first loved us. The Bible says, “God so loves the world” (John 3:16, RGT). As both a church and charity, we believe all people are loved by God and are worthy of having their needs met. Everyone is welcome to find love, hope, and acceptance at The Salvation Army.

The Salvation Army Australia Territory wishes to acknowledge that members of the LGBTIQA+ community have experienced hurt and exclusion because of mixed comments and responses made in the past. The Salvation Army is committed to inclusive practice that recognises and values diversity. We are ensuring our services affirm the right to equality, fairness, and decency for all LGBTIQA+ people, rectifying all forms of discriminatory practice throughout the organisation.

We seek to partner with LGBTIQA+ people and allies to work with us to build an inclusive, accessible, and culturally safe environment in every aspect of Salvation Army organisation and services. Everyone has a right to feel safe and respected.

Learn more about our commitment to inclusion: <salvationarmy.org.au/about-us>

More information about The Salvation Army is at **Appendix A**.



Executive Summary

The Salvation Army welcomes the opportunity to provide this submission to the House Standing Committee on Health, Aged Care and Sport (the Committee) in relation to the Inquiry into the Health Impacts of Alcohol and Other Drugs in Australia (the Inquiry).

The Salvation Army is deeply committed to addressing alcohol and other drug-related harms for individuals, families and communities. The Salvation Army has a long and recognised history as a leading provider of alcohol and other drug services across Australia. Our frontline services, spanning housing and homelessness, family and domestic violence and youth programs, also play a key role.

This submission responds to all the terms of reference of the Committee.

The Salvation Army recommends:

- A co-ordinated whole-of-government and whole-of-community response to alcohol and other drug-related harms, with leadership and co-ordination at a national level from the Commonwealth Government.
- Review, re-design and increased investment in the alcohol and other drug service sector to improve its capacity to deliver good quality outcomes, value for money and equity for all individuals. This must include a focus on supporting Aboriginal and Torres Strait Islander people and communities and people living in rural and remote areas.
- Investment in an integrated service sector to address and support the complex and intersectional needs of those who experience alcohol and other drug-related harms.
- Specific changes to the criminal justice system, housing sector and income support policy to improve their ability to prevent and reduce alcohol and other drug-related harms.

The Salvation Army has made **25** recommendations for the House Standing Committee on Health, Aged Care and Sport to consider. A summary of these recommendations follows on the next page.



Summary of Recommendations

Recommendation 1

1.15 The Salvation Army recommends that the Commonwealth Government provide adequate investment and leadership to ensure alcohol and other drug-related harms across Australia are addressed through a co-ordinated whole-of-government and whole-of-community approach.

Recommendation 2

1.20 The Salvation Army recommends that the Commonwealth Government, together with state and territory governments, commit to transparent investment in alcohol and other drug policy, which is balanced, and evidence-based.

Recommendation 3

1.26 The Salvation Army recommends that the Commonwealth Government develop comprehensive education and awareness campaigns, aimed at key institutions, including health and criminal justice, and the community more broadly, with the aim of equipping people with:

- *An accurate, evidence-based understanding of alcohol and other drug-related harms;*
- *The tools to engage in meaningful and respectful discussions about drug and alcohol use in Australia;*
- *An understanding of how to provide compassionate and non-judgemental support to someone experiencing alcohol and other drug harm; and*
- *An understanding of how to prevent and reduce alcohol and other drug related harms, including overdose prevention.*

Recommendation 4

2.11 The Salvation Army recommends that the Commonwealth Government, together with state and territory governments, continue to invest in alcohol and other drug treatment services that deliver holistic supports and successful outcomes.

Recommendation 5

2.12 The Salvation Army recommends that the Commonwealth Government, together with state and territory governments, increase investment in alcohol and other drug treatment services which are geared to improve their capacity to respond to complex needs.

Recommendation 6

2.19 The Salvation Army recommends that the Commonwealth Government, together with state and territory governments, undertake a scoping review of all available alcohol and other drug treatment services across Australia. This should inform a national strategy to improve equitable access to low, medium and high intensity treatment services, with a focus on rural and remote areas.



Recommendation 7

2.23 The Salvation Army recommends that the Commonwealth Government, together with state and territory governments, invest in alcohol and other drug treatment services that are culturally safe and appropriate and can meet the needs of diverse communities. This should include a particular focus on services within rural and remote areas.

Recommendation 8

2.33 The Salvation Army recommends that the Commonwealth Government, together with state and territory governments, invest in programs that are led by and in partnership with Aboriginal and Torres Strait Islander communities. Programs should provide culturally-responsive environments in order to increase meaningful engagement with, and efficacy of treatments.

Recommendation 9

2.34 The Salvation Army recommends that the Commonwealth Government, together with state and territory governments, invest in culturally tailored programs that address the unique needs and strengths of Aboriginal and Torres Strait Islander communities. Programs should aim to foster resilience and support positive development pathways for children and young people.

Recommendation 10

2.37 The Salvation Army recommends that the Commonwealth Government, in partnership with state and territory governments, develop a national workforce strategy for the alcohol and other drug service sector to address workforce challenges, and guide workforce planning and investment.

Recommendation 11

2.41 The Salvation Army recommends that the Commonwealth Government work with state and territory governments to review funding models and commit nationally to:

- *Fully-fund all vital aspects of alcohol and other drug treatment services; and*
- *Commit to five-year funding contracts.*

Recommendation 12

2.51 The Salvation Army recommends that the Commonwealth Government, in partnership with all state and territory governments:

- *Allow services to access their own data in summary and unit record form;*
- *Support organisations with established client management systems to translate data from their own system into government data systems;*
- *Support organisations to develop their own outcomes measurement framework that aligns with measurement best practice and their unique model of care and theory of change, whilst meeting funding body reporting requirements; and*
- *Ensure commonwealth and state government service-level outcomes measurement requirements remain agile to allow frameworks to be tailored to services' unique design, local context and client base.*



Recommendation 13

3.10 The Salvation Army recommends that the Commonwealth Government, together with state and territory governments, invest in an integrated service system that is well-equipped to respond to the intersectional needs of people impacted by alcohol and other drug-related harms. This can be supported by cross-sector partnerships, co-location of services and specialists and the development of cross-sector training loops.

Recommendation 14

3.17 The Salvation Army recommends that the Commonwealth Government, together with state and territory governments, implement specialist family violence training across the wider frontline service sector. This should include alcohol and other drug services and health services and, should contain mechanisms which embed training and development within services.

Recommendation 15

3.18 The Salvation Army recommends that the Commonwealth Government, together with state and territory governments, invest in frontline services, particularly alcohol and other drug services and family and domestic violence services, to enable cross-sector training and collaboration and to address the intersectional needs of victim-survivors.

Recommendation 16

3.19 The Salvation Army recommends that the Commonwealth Government, together with state and territory governments, increase investment in healthy relationship education, especially in schools, with a focus on the drivers of family and domestic violence.

Recommendation 17

3.27 The Salvation Army recommends that the Commonwealth Government, together with state and territory governments, invest in integrated youth services which holistically address the needs of young people. This should include a focus on programs geared at preventing and reducing alcohol and other drug-related harms.

Recommendation 18

3.28 The Salvation Army recommends that the Commonwealth Government, together with state and territory governments, invest in supporting parents and carers of children and young people who are at risk of, or are experiencing hardship and disadvantage. Supports must focus on addressing disadvantage and building the capacity, resources and skills of parents and carers to ensure their children can thrive.

Recommendation 19

3.35 The Salvation Army recommends that the Commonwealth Government, together with state and territory governments, develop a national strategy to identify and eliminate barriers at entry and exit of alcohol and other drug treatment.

Recommendation 20

3.42 The Salvation Army recommends that the Commonwealth Government, together with state and territory governments, deliver significant investment to increase social and affordable housing supply nationally, and to arrest the current housing affordability and homelessness trajectory. The delivery of social housing should be commensurate with identified need, including waitlists.



Recommendation 21

3.50 The Salvation Army recommends that the Commonwealth Government meaningfully increase the base rate of JobSeeker and Youth Allowance to ensure that recipients are able to live with dignity.

Recommendation 22

3.51 The Salvation Army recommends that the Commonwealth Government review Commonwealth Rent Assistance to assess all aspects of the design of the payment with the aim of improving adequacy, fairness, and effectiveness of the measure.

Recommendation 23

3.57 The Salvation Army recommends that the Commonwealth Government, together with state and territory governments, review criminal justice responses to illicit drug use, with the aim of:

- *Preventing and reducing contact with the criminal justice system for people who use alcohol and other drugs; and*
- *Providing immediate linkages to health or social support as required.*

Recommendation 24

3.58 The Salvation Army recommends that the Commonwealth Government, together with all state and territory governments, commit to raising the age of criminal responsibility to a minimum of 14 years old, without exception, in line with developmental research and internationally accepted standards.

Recommendation 25

3.59 The Salvation Army recommends that the Commonwealth Government, together with the state and territory governments, implement training and appropriately resource police and frontline justice systems, to ensure responses to people who use alcohol and other drugs are compassionate, minimise harms and prioritise linkages with health and social services.



1 A Whole-of-Community Response

- 1.1 Addressing alcohol and other drug-related harms in Australia, like many complex health and social issues, requires a co-ordinated whole-of-government and whole-of-community response.

Alcohol and Other Drug-Related Harms are Complex and Widespread

- 1.2 The Salvation Army calls for alcohol and other drug policy and funding to be guided by an evidence-based understanding of the health, social and economic harms.
- 1.3 Alcohol and other drug-related harms are serious, complex and widespread. The Salvation Army witnesses the impact that alcohol and other drug-related harms have on individuals, families and communities as a leading provider of frontline support services across Australia, including alcohol and other drug services. In 2022-23 The Salvation Army provided assistance to more than 12,000 people experiencing addiction through our rehabilitation services.¹
- 1.4 People use alcohol and other drugs for a variety of reasons including for relaxation, enjoyment, pain management or as a way to cope with problems or stress.² Alcohol is consumed by a majority of Australians, mostly at safe levels,³ and almost one in two people in Australia have used an illicit drug in their lifetime.⁴ The use of alcohol and other drugs does not always result in harm. Many people who use substances will not access and may not require any support or treatment related to their use.
- 1.5 Data from The Salvation Army's Alcohol and Other Drugs Services shows that for participants accessing treatment, alcohol was the most common principal drug of concern (45 per cent), followed by stimulants (40 per cent), cannabis (nine per cent), and opioids (five per cent).⁵ This is broadly in line with sector data nationally, which also shows that alcohol was the most common drug of concern amongst people who received treatment.⁶ We welcome the scope of this inquiry which includes alcohol-related harms alongside illicit drug-related harms. The legality of a substance is not a reliable indicator of the harms it can cause.⁷

¹ The Salvation Army. (2024). *The Salvation Army Australia Impact Report 2024*.

[https://www.salvationarmy.org.au/subscribe/sites/auesalvos/files/2024_TSA_Impact_Report.21_AUG_\(Interactive_Web\)_FINAL.pdf](https://www.salvationarmy.org.au/subscribe/sites/auesalvos/files/2024_TSA_Impact_Report.21_AUG_(Interactive_Web)_FINAL.pdf).

² Alcohol and Drug Foundation. *Why do people use?* <https://adf.org.au/talking-about-drugs/family-and-friends/why-people-use/>

³ Australian Institute of Health and Welfare. (2024). *National Drug Strategy Household Survey 2022-2023*.

<https://www.aihw.gov.au/reports/illicit-use-of-drugs/national-drug-strategy-household-survey/contents/about>.

⁴ Australian Institute of Health and Welfare. (2024). *National Drug Strategy Household Survey 2022-2023*.

<https://www.aihw.gov.au/reports/illicit-use-of-drugs/national-drug-strategy-household-survey/contents/about>.

⁵ Scott, E. and Head, A. (2024). *AOD Services Outcomes Evaluation Report (FY23)*. The Salvation Army, Sydney.

⁶ Australian Institute of Health and Welfare. (2024). *Alcohol, tobacco and other drugs in Australia*. Australian Government.

<https://www.aihw.gov.au/reports/alcohol/alcohol-tobacco-other-drugs-australia/contents/drug-types/alcohol>.

⁷ Common Cause. (2020). *Drug Stigma Message Guide*. <https://www.commoncause.com.au/drug-stigma>.



Health and Social Impacts

- 1.6 Alcohol and other drug use is associated with premature death, chronic disease, injury and poisoning. In 2022, there were 1,742 alcohol-induced deaths and 1,693 drug-induced deaths recorded in Australia.⁸ Community members who access The Salvation Army's Alcohol and Other Drug Services report high rates of health concerns. Recent research completed by The Salvation Army shows that at the beginning of treatment, 38.4 per cent of participants reported poor physical health and 29 per cent had been attended to by an ambulance or hospitalised in the previous 28 days.⁹ Following treatment these figures improved, with 13.1 per cent of participants reporting poor physical health and 9.5 per cent having been attended to by an ambulance or hospitalised in the previous 28 days.¹⁰
- 1.7 Alcohol and other drug use is also known to exacerbate violence, including domestic, family, and sexual violence.¹¹ Police data has shown that alcohol use was recorded in 24 per cent to 54 per cent of reported family and domestic violence incidents across Australia.¹²
- 1.8 Children and young people can also be negatively impacted in a range of ways when parents and families experience harms associated with alcohol or other drugs. Substance use while pregnant can impact the health of an unborn child and the longer-term health and wellbeing outcomes through an individual's life. Fetal Alcohol Spectrum Disorder (FASD) is a lifelong disability that results from prenatal exposure to alcohol. The effects of FASD vary considerably across a spectrum but many people who live with FASD experience significant cognitive, behavioural, health and learning difficulties.¹³ The use of drugs and alcohol to the point of harm can also impact on a parent or family member's capacity to meet the needs of their child practically, emotionally, and developmentally. This commonly results in adverse outcomes for the child or young person through exposure to substance related risks.¹⁴ There is evidence that suggests parental drug use can increase the likelihood of drug use among younger people.¹⁵

⁸ Australian Institute of Health and Welfare. (2024). *Alcohol, tobacco & other drugs in Australia*.

<https://www.aihw.gov.au/reports/alcohol/alcohol-tobacco-other-drugs-australia/contents/about>.

⁹ Scott, E. and Head, A. (2024). *AOD Services Outcomes Evaluation Report (FY23)*. The Salvation Army, Sydney.

¹⁰ Scott, E. and Head, A. (2024). *AOD Services Outcomes Evaluation Report (FY23)*. The Salvation Army, Sydney.

¹¹ Australian Institute of Health and Welfare. (2024). *Factors associated with FDSV*. Australian Government.

<https://www.aihw.gov.au/family-domestic-and-sexual-violence/understanding-fdsv/factors-associated-with-fdsv#drug>.

¹² Australian Institute of Health and Welfare. (2024). *Family, domestic and sexual violence*. Australian Government.

<https://www.aihw.gov.au/family-domestic-and-sexual-violence/understanding-fdsv/factors-associated-with-fdsv>.

¹³ National Organisation for Fetal Alcohol Spectrum Disorders. *What is FASD?* <https://www.nofasd.org.au/alcohol-and-pregnancy/what-is-fasd/>.

¹⁴ Queensland Government. (2024). *How alcohol and drug use affects a child*. Child Safety Practice Manual.

<https://cspm.csyw.qld.gov.au/practice-kits/alcohol-and-other-drugs/overview-of-alcohol-and-other-drugs/how-aod-affects-a-child-s-safety-and-wellbeing>.

¹⁵ Australian Institute of Health and Welfare. (2024). *Alcohol, tobacco & other drugs in Australia*.

<https://www.aihw.gov.au/reports/alcohol/alcohol-tobacco-other-drugs-australia/contents/about>.





Sara's Story*

Sara is a 23-year-old Aboriginal woman who contacted The Salvation Army's refuge in Karratha after being evicted from her family's home. Sara came to the refuge with her toddler, pregnant with her second child. She expressed high levels of distress and has an intellectual disability associated with a background of fetal alcohol spectrum disorder.

During intake discussions Sara advised that the person using violence is her parent. Sara is frequently screamed at, called stupid and threatened. Sara fled her home after the person using violence had threatened to kill her. The person using violence lives locally and is aware of the location of the refuge, frequently contacting Sara and asking her to come back home. Sara feels hope for the family to be reunited, often choosing to return to the home of her parent, despite the violence, after their constant pleading. These visits have resulted in Sara being assaulted and 'kicked out' and returning to the refuge.

Sara has limited options for living independently in Karratha. Government housing in the region has up to a five year wait for those on the priority list, and private rentals are unaffordable for someone on disability support payments. Sara does not want to continue living in the refuge. Case workers hold concerns that Sara is becoming institutionalised and that this pattern of abuse will continue to escalate while she waits for longer term, independent and appropriate housing.

**Name changed*

Economic Impacts

- 1.9 Alcohol and other drug use can have an economic impact on individuals, families, and communities. The cost of alcohol and other drug use impacts household budgets, especially amongst people experiencing addiction or dependence and people who use frequently at high levels. This has a more detrimental impact financially on individuals and households who have lower incomes.



- 1.10 Millions of people in Australia live in poverty.¹⁶ The current cost of living pressures disproportionately impact people on low incomes, particularly those receiving government income support payments.¹⁷ Some research shows that cost of living pressures and financial strain may increase some people's alcohol and other drug use to cope with associated stress.¹⁸ This may contribute to cycles of unmanageable debt, homelessness, and entrenched disadvantage.

Institutional and Intersectional Impacts

- 1.11 A range of harms also arise from punitive alcohol and other drug policies and criminal justice responses,¹⁹ especially for children and young people.²⁰ Treating drug use as a criminal issue, rather than prioritising health responses, increases the likelihood of confrontational interactions with police, unserviceable fines, criminal proceedings and incarceration, all of which create barriers to harm reduction attempts and treatment.²¹
- 1.12 There are a range of underlying and intersectional drivers and risk factors which contribute to alcohol and other drug-related harms that must be addressed as part of a whole-of-government and whole-of-community approach. These include amongst others, poverty, homelessness, chronic unemployment, exposure to trauma, social isolation, mental health and discrimination.²²

Aboriginal and Torres Strait Islander People

- 1.13 It is also important to highlight the higher proportion of alcohol and other drug-related harms experienced by Aboriginal and Torres Strait Islander people and communities. Past government laws and policies, such as assimilation policies and the forced removal of Aboriginal and Torres Strait Islander children from their families, communities, and lands, have significantly contributed to the large health disparities ongoingly experienced by Aboriginal and Torres Strait Islander people in Australia. Stress and trauma resulting from colonisation, institutional and interpersonal racism, inequitable access to services, and overrepresentation in institutional responses increase the risk of alcohol and other drug use and related harms among Aboriginal and Torres Strait Islander people.

¹⁶ The Senate Community Affairs References Committee. (2024). *The extent and nature of poverty in Australia: Final report*. https://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Community_Affairs/PovertyinAustralia/The_extent_and_nature_of_poverty_in_Australia.

¹⁷ Australian Council of Social Services. (2022). *How JobSeeker and other income support payments are falling behind the cost of living*. <https://apo.org.au/node/319637>.

¹⁸ Alcohol and Drug Foundation. (2023). *The cost-of-living crisis and alcohol and other drugs in Australia*. <https://adf.org.au/insights/cost-of-living-crisis/>

¹⁹ The United Nations Office of the High Commissioner for Human Rights. (2023). *Human rights challenges in addressing and countering all aspects of the world drug problem*. <https://www.ohchr.org/en/calls-for-input/2023/call-inputs-ohchrs-report-human-rights-challenges-addressing-and-countering>.

²⁰ Baldry, E. & Cunneen, C. (2019). *Locking up kids damages their mental health and sets them up for more disadvantage. Is this what we want?* <https://theconversation.com/locking-up-kids-damages-their-mental-health-and-sets-them-up-for-more-disadvantage-is-this-what-we-want-117674>.

²¹ Justice Reform Initiative. (2024). *Drug use & the criminal justice system - Taking steps towards a health focused response*. https://www.justicereforminitiative.org.au/discussion_papers.

²² Justice Reform Initiative. (2024). *Drug use & the criminal justice system - Taking steps towards a health focused response*. https://www.justicereforminitiative.org.au/discussion_papers; Alcohol and Drug Foundation. *Identifying risk factors*. <https://adf.org.au/resources/health-professionals/aod-mental-health/identifying-risk-factors/>.



- 1.14 Given the prevalence and complexity of alcohol and other drug-related harms across Australia, and the intersectional needs of people who experience them, change can only be achieved through coordinated responses across all levels of government, all service sectors and the wider community. The Commonwealth Government has a vital role in leading and modelling co-ordination at a national level.

Recommendation 1

- 1.15 **The Salvation Army recommends that the Commonwealth Government provide adequate investment and leadership to ensure alcohol and other drug-related harms across Australia are addressed through a co-ordinated whole-of-government and whole-of-community approach.**

Evidence-Based Investment

- 1.16 The Salvation Army holds the view that addressing alcohol and other drug-related harms in Australia requires a health and social policy approach that is evidence-based, proactive and long-term focused. We know, from the evidence base and the experience of our services, that access to harm-reduction strategies minimises alcohol and drug-related harms and saves lives.²³ While The Salvation Army does not operate pill-testing facilities or supervised injecting rooms, we recognise the growing evidence these measures are effective ways to reduce harm.²⁴
- 1.17 Harm reduction is the overarching framework which guides The Salvation Army's Alcohol and Other Drug Services. Our evidence-based, National Model of Care is grounded in best practice and delivered with a commitment to respecting the autonomy and dignity of those we support whilst also working to prevent and reduce alcohol and other drug-related harms for individuals and the wider community.²⁵

²³ Logan, D. & Marlatt, G. (2010). *Harm Reduction Therapy: A Practice: Friendly Review of Research*. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3928290/>; O'Keefe, D. et al. (2020). *Harm reduction programs and policy in Australia: barriers and enablers to effective implementation*. <https://econtent.hogrefe.com/doi/10.1024/0939-5911/a000641#:~:text=Early%20and%20comprehensive%20adoption%20of%20many%20innovative%20harm,programs%20and%20practices%20that%20are%20of%20international%20renown>.

²⁴ Ritter, A. (2019). *Evidence clearly shows the benefits of pill testing*. UNSW Sydney. <https://www.unsw.edu.au/newsroom/news/2019/01/evidence-clearly-shows-the-benefits-of-pill-testing>; Caldicott, D. (2022). *Pill testing really does reduce the risk of harm for drug users*. <https://theconversation.com/pill-testing-really-does-reduce-the-risk-of-harm-for-drug-users-181778>; Alcohol and Drug Foundation. (2022). *Naloxone reverses overdose and saves lives*. <https://adf.org.au/insights/naloxone-saves/>; Alcohol and Drug Foundation. (2023). *Medically supervised injecting centres save lives*. <https://adf.org.au/insights/medically-supervised-injecting-centres/>.

²⁵ The Salvation Army. *Alcohol and other drug services: National Model of Care*. <https://www.salvationarmy.org.au/subscribe/sites/auesalvos/files/documents/1. AOD Model Of Care 2021.pdf>.



- 1.18 Harm minimisation has formed a key part of Australia's national framework for addressing issues related to alcohol and other drugs since 1985.²⁶ We acknowledge the National Drug Strategy's commitment to harm minimisation and 'Three Pillars approach' of demand reduction, supply reduction and harm reduction.²⁷ Noting this, we remain concerned about Australia's illicit drug policy spending being disproportionately and heavily weighted in favour of law enforcement (64 per cent), rather than to treatment (27 per cent), prevention (7 per cent) and harm reduction (1.6 per cent), according to research by UNSW.²⁸ We highlight the necessity of government investment which is balanced and evidence-based to best address harm. Equally important is the need for government investment to be transparent, especially for this highly politicised issue, to facilitate effective discussion about the most effective ways to reduce alcohol and other drug-related harms.²⁹
- 1.19 Our frontline services are concerned about the under-investment in prevention, harm-reduction and treatment for alcohol and other drug-related concerns, and the impact this has on the ability of these interventions to deliver effective outcomes. We are also concerned about the under-investment in services and programs which support people experiencing interconnected social issues and which address underlying drivers that impact and compound alcohol and other drug-related harms, such as poverty and homelessness.

“

"I know the academic papers are there, but the services aren't."

- A Salvation Army Alcohol and Other Drug Services State Manager

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Recommendation 2

- 1.20 **The Salvation Army recommends that the Commonwealth Government, together with state and territory governments, commit to transparent investment in alcohol and other drug policy, which is balanced, and evidence-based.**

²⁶ National Centre of Education and Training on Addiction. *Harm minimisation*. <https://nceta.flinders.edu.au/society/harm-minimisation>.

²⁷ Department of Health. (2017). National Drug Strategy 2017-2026. <https://www.health.gov.au/sites/default/files/national-drug-strategy-2017-2026.pdf>.

²⁸ Grealy, M. (2024). *Where is Australia's drug-fighting money going?* UNSW Sydney. <https://www.unsw.edu.au/newsroom/news/2024/07/where-australias-drug-fighting-money-going>.

²⁹ Grealy, M. (2024). *Where is Australia's drug-fighting money going?* UNSW Sydney. <https://www.unsw.edu.au/newsroom/news/2024/07/where-australias-drug-fighting-money-going>.



Community Education

- 1.21 A key part of reducing alcohol and other drug-related harms is providing adequate community education about potential harms, including any emerging or changing risks associated with the drugs available in the community. Community education should widely promote access to harm reduction initiatives and treatment services, and equip people with an understanding of how to prevent and reduce harms, including overdose prevention.³⁰
- 1.22 Community education also plays a key role in addressing stigma. People who use alcohol and other drugs, particularly people who use illicit drugs, face high levels of stigma and discrimination in Australia. Stigma can lead to low self-worth, shame, social isolation and psychological distress. Stigma can also be a significant barrier to help-seeking behaviours such as seeking treatment or support.³¹ We also see that stigma can contribute to people increasing their substance use as a coping mechanism. Our services have witnessed the stigma that exists within services and the wider community, and the negative impact this has on the treatment people receive and outcomes of this treatment.

“

“In primary care you do get a lot of ‘not that person in my surgery, this is a family surgery’.”

”

- A Salvation Army Alcohol and Other Drug Services State Manager

- 1.23 Stigma also has an impact on systems and policies.³² Negative attitudes, perceptions and misunderstandings that exist around substance use can contribute to increased support for tough criminal and legal sanctions over other evidence-based approaches. Providing the community with accurate information and framing drug use as a health issue rather than a criminal justice issue promotes meaningful and respectful discourse. We see that in time, this discourse may lead to increased support for, and investment in health and social policy approaches which aim to reduce harm.
- 1.24 Ultimately, the aim of community education must be to equip individuals, services and communities to effectively respond to people experiencing alcohol and other drug-related harms with compassion, and create an environment where people feel supported and encouraged to seek support.

³⁰ Marrin Weejali. *Empowering communities through overdose awareness*. <https://marrinweejali.org.au/empowering-communities-overdose-awareness/>; Alcohol and Drug Foundation. (2023). *Survey highlights need for more education around risky alcohol and drug use*. <https://adf.org.au/about/media/71223-aod-survey/>.

³¹ Common Cause. (2020). *Drug Stigma Message Guide*. <https://www.commoncause.com.au/drug-stigma>.

³² Common Cause. (2020). *Drug Stigma Message Guide*. <https://www.commoncause.com.au/drug-stigma>.

- 1.25 We hold the view that the Commonwealth Government carries responsibility in promoting evidence-based information about alcohol and other drug use and potential harms, and to help lead the public discussion in a productive, meaningful and compassionate way. We believe that in doing so, policies and outcomes for individuals, families and communities will be improved.

Recommendation 3

- 1.26 **The Salvation Army recommends that the Commonwealth Government develop comprehensive education and awareness campaigns, aimed at key institutions, including health and criminal justice, and the community more broadly, with the aim of equipping people with:**
- **An accurate, evidence-based understanding of alcohol and other drug-related harms;**
 - **The tools to engage in meaningful and respectful discussions about drug and alcohol use in Australia;**
 - **An understanding of how to provide compassionate and non-judgemental support to someone experiencing alcohol and other drug harm; and**
 - **An understanding of how to prevent and reduce alcohol and other drug related harms, including overdose prevention.**



2 Re-designing and Adequately Resourcing the Alcohol and Other Drug Sector

- 2.1 Alcohol and other drug treatment in Australia is provided by a range of public, primary and private health, and non-government services. The Salvation Army's Alcohol and Other Drug Services, and the wider alcohol and other drug service sector, contribute to prevention, early intervention, recovery and harm reduction efforts. These frontline services deliver holistic support and positive outcomes for individuals, families and the wider community.
- 2.2 Unfortunately, as a whole, the alcohol and other drug services system is fragmented, with a range of service gaps, especially in rural and remote areas. Services are under increasing pressure to deliver complex care with limited resources.
- 2.3 A 2022 report by Rethink Addiction and KPMG found that between 43.6 and 73.2 per cent of the potential treatment population could not access the treatment they needed when they needed it. This report highlighted a range of barriers including stigma, limited resources, wait times, costs and difficulty navigating the system.³³

The Salvation Army's Alcohol and Other Drug Services

- 2.4 The Salvation Army has a long and recognised history of providing alcohol and other drug services across Australia. Our services include primary health and harm reduction services, withdrawal management, day programs, counselling, case management and residential rehabilitation programs. The Salvation Army's alcohol and other drug services are dedicated to creating a platform and pathways for people to build their lives in ways that are meaningful and purposeful.
- 2.5 The Salvation Army's Alcohol and Other Drug Services Outcomes Evaluation Report (see Attachment A) demonstrates the successful outcomes achieved by our services. Outcomes data from baseline and latest review was evaluated to assess changes over time that may be attributed to treatment. In at least eight out of ten treatment episodes, participants reported reduced frequency of substance use, including alcohol, stimulants, cannabis and opioids. Most treatment episodes recorded improvements in physical health, mental health, quality of life, satisfaction with spirituality and personal relationships amongst participants. Similarly, participants indicated better connections with social and community resources, such as improved satisfaction with their access to support services and information.³⁴

³³ Rethink Addiction & KPMG. (2022). *Understanding the cost of addiction in Australia*. <https://www.rethinkaddiction.org.au/the-cost-of-addiction>.

³⁴ Scott, E. and Head, A. (2024). *AOD Services Outcomes Evaluation Report (FY23)*. The Salvation Army, Sydney.



Our Model of Care

- 2.6 The Salvation Army's Alcohol and Other Drug Services National Model of Care is evidence-based and aligns with current best practice, state and national alcohol and other drug policy frameworks and directions. The model also aligns with The Salvation Army's philosophy and values.³⁵ It provides an opportunity for our services to better align with harm reduction approaches, to develop pathways which address gaps in treatment options, and to identify opportunities for new directions and practice change.
- 2.7 Our services take a person-centred, recovery-oriented and trauma-informed approach to treatment and aim to improve participants' holistic outcomes. In this model, recovery does not necessarily equate to abstinence. Rather, it may be understood as regaining a sense of self and rebuilding aspects of life that have suffered negative consequences because of substance use, particularly health and personal relationships, which may also predict more sustained recovery.
- 2.8 We place a premium on the 'no wrong door' approach, where our services are flexible and responsive to a range of need and severity and seek to reduce barriers to accessing treatment and support.

Addressing Increased Complexity

- 2.9 Our Alcohol and Other Drug Services, like others across the sector, are finding that the needs of people accessing our services are becoming more complex. This can create increased pressure, cost and risk for our staff and services.
- 2.10 The most effective ways our services have found to address this complexity is through well-resourced multi-disciplinary teams and partnerships across services and specialties. Alcohol and other drug services must be adequately resourced to meet the intersectional, unique needs of individuals. This includes having a diverse, well-trained and skilled multi-disciplinary workforce as well as funding and program models that support partnerships.

³⁵ The Salvation Army. *Alcohol and other drug services: National Model of Care*.
https://www.salvationarmy.org.au/subscribe/sites/auesalvos/files/documents/1._AOD_Model_Of_Care_2021.pdf.

***Warren's Story**

Warren is a 46-year-old man who has complex medical conditions and had been using high levels of alcohol for many years. Warren was homeless and sleeping rough. Despite engaging with homelessness services, he had struggled to access housing.

Warren began engaging with The Salvation Army's Bridge House Sobering Up Unit (BHSUU), a short-stay shelter, in Western Australia, and during this time he was reluctant to reduce his alcohol use. Warren continued to have multiple medical issues and withdrawal complications and frequently attended the hospital emergency department for treatment related to his alcohol use and health conditions.

After 12 months of engaging with a community case worker at the BHSUU, Warren began to consider support to reduce his alcohol use. He was referred to two different specialist withdrawal management services but was declined a service by each due to his unclear, complex medical history and potential history of seizures.

Bridge House then arranged a multi-disciplinary case conference and coordinated with Homeless Healthcare for Warren to have a thorough medical assessment and create a withdrawal management plan. Warren entered withdrawal management at Bridge House later that week. His withdrawal was well managed and other health conditions were also addressed at this time.

During Warren's withdrawal management he was able to reconnect with family for the first time in over a year and said this was the best he had felt in a long time.

**Name changed*

Recommendation 4

- 2.11 The Salvation Army recommends that the Commonwealth Government, together with state and territory governments, continue to invest in alcohol and other drug treatment services that deliver holistic supports and successful outcomes.**

Recommendation 5

- 2.12 The Salvation Army recommends that the Commonwealth Government, together with state and territory governments, increase investment in alcohol and other drug treatment services which are geared to improve their capacity to respond to complex needs.**



Improving Access to a Range of Treatment Options

Stepped Care

- 2.13 The Salvation Army's Alcohol and Other Drug Services National Model of Care utilises a stepped care approach to treatment, aiming to match people with the treatment that is right for them.³⁶ This stepped care approach has increased the capacity of our services to provide rapid and sustained access to treatment for those who need it.
- 2.14 Stepped care treatment ranges from low intensity community-based education and brief interventions, to medium intensity counselling and case management, and then high intensity residential rehabilitation. Having access to a range of affordable and flexible stepped care treatment options helps people to access their preferred style of treatment, improving engagement and leading to better outcomes and interventions that are more cost-effective.
- 2.15 Many of our Alcohol and Other Drug Services are delivered from co-located spaces so that individuals can transition smoothly between different treatment models, accessing lower or higher intensity treatment and support as required.

Bridge House, WA – Example of co-located alcohol and other drug services

The Salvation Army offers a range of different alcohol and other drug services from the one location in Highgate, Western Australia. At Bridge House we are able to support people through their treatment journey, providing co-ordinated and flexible support that is responsive to individual needs.

Located at Bridge House is:

- Sobering Up Service that provides brief shelter, support, referrals and advocacy for people requiring a safe place to sober up or recover from the immediate effects of alcohol and other drug use.
- Withdrawal Service that provides low medical model withdrawal services where participants stay for an average of seven to 14 days. The service provides one-to-one case management, information and education via group work.
- Non-residential services that include counselling, family therapy, outreach support, referrals to other services and assessment for residential rehabilitation.

³⁶ The Salvation Army. *Alcohol and other drug services: National Model of Care*.
<https://www.salvationarmy.org.au/subscribe/sites/auaesalvos/files/documents/1. AOD Model Of Care 2021.pdf>.

- 2.16 Our experience is that across Australia there are many areas where people do not have access to a range of affordable treatment options, with rural and remote areas experiencing the most significant issues with access. More than half (59 per cent) of all alcohol and other drug treatment services are located in major cities with fewer services located in remote (3 per cent) or very remote areas (two per cent).³⁷
- 2.17 Without access to the most appropriate type of treatment, people are less likely to engage in treatment early or at all, or they may receive treatment that does not meet their needs. Our services see that when people have access to appropriate and flexible community treatment and supports, they seek treatment earlier and can remain connected to their community and supports during treatment. Community-based treatments are also more cost-effective than residential treatment. For other people they prefer or require a more intensive type of treatment such as residential rehabilitation and it is important that these services are adequately resourced, accessible and affordable for the people who require them.
- 2.18 Our services are aware of people who have attended residential rehabilitation, even though this was not the most appropriate service or their preferred style of treatment, simply because they could not access suitable community-based treatment in their area. Often people who would benefit from community treatment are instead accessing residential treatment for a range of reasons – lack of access to appropriate community-based treatment options, lack of safe accommodation or essential community supports, or an enduring belief that people with alcohol and other drug addictions need to ‘go to rehab.’

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“Too often drug treatment is more like an ambulance at the bottom of the cliff, picking someone up after they’ve fallen off the cliff.”

- A Salvation Army Alcohol and Other Drug Services State Manager

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Recommendation 6

- 2.19 **The Salvation Army recommends that the Commonwealth Government, together with state and territory governments, undertake a scoping review of all available alcohol and other drug treatment services across Australia. This should inform a national strategy to improve equitable access to low, medium and high intensity treatment services, with a focus on rural and remote areas.**

³⁷ The National Centre for Education and Training. *The Alcohol and Other Drugs System in Australia*. <https://nceta.flinders.edu.au/society/the-alcohol-and-other-drugs-system-in-australia#:~:text=The%20alcohol%20and%20other%20drugs%20system%20in%20Australia,hospitals%2C%20pharmacists%2C%20medical%20practitioners%20and%20other%20private%20providers%29>.



Providing Services that Meet the Needs of Diverse Communities

- 2.20 The Salvation Army holds the view that individuals and communities need an alcohol and other drug service sector that meets their diverse needs and supports their choice and control over service engagement. A one-size-fits-all approach is inadequate to effectively respond to the unique circumstances and intersectional needs of each person. System planning and funding models need to support innovative, tailored interventions that address diverse needs effectively. There are a range of approaches that can be utilised to achieve this, including community-designed and led programs, co-designed programs and partnerships.
- 2.21 There are many areas where people do not have access to alcohol and other drug treatment options that meet their individual needs, especially in rural and remote areas. For example, single parents with children may not be able to access residential rehabilitation if there are no services locally which can accommodate and support their children whilst they receive treatment. Additionally, people from culturally and linguistically diverse backgrounds and members of the LGBTQIA+ community require services that are culturally appropriate and meet their specific needs.
- 2.22 We have highlighted examples below of some of the ways The Salvation Army is supporting the diverse needs of our community members.

The Bridge Program, Tasmania

The Salvation Army's Bridge Program offers a flexible family, gender, and culturally sensitive alcohol and other drug recovery program across multiple levels of care. Participants can access integrated, wrap-around services tailored to their individual needs.

Holistic support is provided in the community at flexible times to accommodate people's other commitments, such as parenting commitments, and programs are offered for family members and those supporting people experiencing addiction. Residential treatment is provided that can meet the needs of people who have children.



Mel's Story*

Mel is 35 years old and is non-binary. Over the years, they have accessed multiple treatment services for help to address their cannabis use.

Mel is, at times, reluctant to access support because of negative experiences they have had in the past. Some treatment providers continued to use incorrect pronouns and on one occasion a service provider laughed and said, "There are only two genders, this is ridiculous." These interactions have had a negative impact on Mel's confidence and self-worth, and they have at times used self-harm as a way of coping.

Mel recently reached out to The Salvation Army's rehabilitation service and prior to an admission, a worker met with Mel to better understand their needs, how they identify and what type of accommodation they would be more comfortable in. This helped Mel feel welcome and safe to be able to commit to treatment and complete the residential program.

**Name changed*

John's Story*

John is a 27-year-old male who grew up in foster care after his mother died when he was young. He has struggled with disability and mental ill-health and has been diagnosed with Autism, ADHD, Anxiety, PTSD and Social Phobia.

John finds it incredibly challenging to adjust to variations in routine and has difficulty trusting new people.

John attended one of The Salvation Army's residential Recovery Services in Queensland for treatment for benzodiazepine dependence. During his stay he experienced a number of emotional outbursts and was provided with a lot of one-on-one staff support and education to help him manage these. John was much more settled in the program after four days and was able to complete a series of programs and maintain abstinence for many months.

John recently relapsed and decided to attend the residential Recovery Service again for withdrawal management. It took him some time to settle in and he still experienced some emotional outbursts but not to the same degree as last time. He felt well supported by staff and was able to settle in quicker than his first admission.

**Name changed*



Recommendation 7

2.23 The Salvation Army recommends that the Commonwealth Government, together with state and territory governments, invest in alcohol and other drug treatment services that are culturally safe and appropriate and can meet the needs of diverse communities. This should include a particular focus on services within rural and remote areas.

Aboriginal and Torres Strait Islander People and Communities

- 2.24 For the purposes of this submission, we have decided to highlight the diverse needs of Aboriginal and Torres Strait Islander people and communities.
- 2.25 Aboriginal and Torres Strait Islander people are overrepresented in treatment services compared to the Australian population. In 2022-23, just over one in six (18 per cent) people who received alcohol and other drug treatment services in Australia identified as Aboriginal and Torres Strait Islander. The proportion of Aboriginal and Torres Strait Islander people accessing The Salvation Army's Alcohol and Other Drug Treatment Services is reflective of this, also at a rate of 18 per cent.³⁸
- 2.26 We believe the following initiatives are key to ensuring that frontline services are well-equipped to prevent and reduce harms caused by alcohol and other drugs amongst Aboriginal and Torres Strait Islander communities:
- Enhancing staff and service cultural competency and capability,
 - Strong and meaningful partnerships with communities,
 - Place-based, community-led programs, and
 - Investment in families and communities to support children and young people.
- 2.27 The Salvation Army provides culturally responsive services to Aboriginal and Torres Strait Islander people through a uniquely tailored model to help reduce the harms associated with alcohol and other drug use. We offer holistic, culturally appropriate care, support, and treatment to Aboriginal and Torres Strait Islander people, families and communities. Our alcohol and other drug services recognise that Aboriginal and Torres Strait Islander people have different cultural and support needs, which are also location dependent. We have positive working relationships with local community groups to support these needs.
- 2.28 We understand the need to be well-informed by local knowledge, and endeavour to continue to strengthen relationships and partnerships with Aboriginal and Torres Strait Islander health and community supports. We further acknowledge the importance of services being sustainable and the necessity of building relationships to develop and enhance trust.

³⁸ Scott, E. and Head, A. (2024). *AOD Services Outcomes Evaluation Report (FY23)*. The Salvation Army, Sydney.

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“What I do understand about our community is that they just won’t show up to any service unless they feel safe there, they feel connected there or it comes highly recommended.”

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- A Salvation Army Aboriginal and Torres Strait Islander Co-ordinator

Jarryd’s story*

Jarryd is a 19-year-old Aboriginal young man who was attending The Salvation Army’s Townsville Recovery Service for treatment of poly-substance use. Early on in his treatment stay Jarryd wanted to return home, which was 7 hours away, for sorry business. He was visited by one of The Salvation Army’s Aboriginal workers for a cultural yarn, where they discussed his options and the risk of slipping back into his addiction if he went back home at this time.

Jarryd ended up deciding that he needed to remain in treatment, to do this for himself, so he can be there for his family longer term. The Aboriginal worker also connected with his family to have a yarn, and at Jarryd’s request, connected him to the local Elder’s group and organised a smoking ceremony to help get his spirit right.

**Name changed*

- 2.29 We emphasise the importance of programs that are led by or in partnership with Aboriginal and Torres Strait Islander communities because culturally safe programs, tailored to individual and community needs are most effective.³⁹ Evidence-based approaches that have been adapted to be culturally relevant to Aboriginal and Torres Strait Islander people have also delivered promising results.⁴⁰
- 2.30 The Salvation Army draws particular attention to the ongoing impacts of systemic discrimination, intergenerational trauma and disadvantage experienced by Aboriginal and Torres Strait Islander children.

³⁹ Intergovernmental Committee on Drugs. (2015). *National Aboriginal and Torres Strait Islander peoples’ drug strategy 2014-2019*. Canberra: National Drug Strategy. https://www.health.gov.au/sites/default/files/national-aboriginal-and-torres-strait-islander-peoples-drug-strategy-2014-2019_0.pdf.

Doran, C., Kinchin, I., Bainbridge, R., McCalman, J., & Shakeshaft, A. (2017). *Effectiveness of alcohol and other drug interventions in at-risk Aboriginal youth: Evidence check*. Sax Institute & NSW Ministry of Health. <https://www.saxinstitute.org.au/evidence-check/effectiveness-alcohol-drug-interventions-risk-aboriginal-youth/>.

⁴⁰ Munro, A., Shakeshaft, A., & Clifford, A. (2017). *The development of a healing model of care for an Indigenous drug and alcohol residential rehabilitation service: a community-based participatory research approach*. Health & Justice, 5(1)

- 2.31 In 2015-16, Aboriginal and Torres Strait Islander youth represented a third of all treatment episodes provided by alcohol and other drug treatment services in Australia.⁴¹ Research indicates that these young people are at a higher risk of experiencing alcohol and drug-related harms.⁴²
- 2.32 Aboriginal and Torres Strait Islander children and young people face unique challenges that require culturally responsive interventions which are tailored also to their age and development. Distinct cultural practices, values, and strengths should be acknowledged and integrated into program design to effectively address harms related to alcohol and other drugs. Our experience is that offering culturally appropriate support that aligns with individuals' specific needs and contexts is essential to foster resilience and provide positive development pathways for Aboriginal and Torres Strait Islander young people.

“

“We have to initiate and encourage ‘good ceremonies’ for our children, we’ve got to replace the ‘bad ceremonies’ like the alcohol and drinking, the drugs, they’re all ‘no good ceremonies’, and we need to bring back and create opportunities for families to engage in ‘good ceremonies’.”

”

- A Salvation Army Aboriginal and Torres Strait Islander Co-ordinator

Recommendation 8

- 2.33 **The Salvation Army recommends that the Commonwealth Government, together with state and territory governments, invest in programs that are led by and in partnership with Aboriginal and Torres Strait Islander communities. Programs should provide culturally-responsive environments in order to increase meaningful engagement with, and efficacy of treatments.**

Recommendation 9

- 2.34 **The Salvation Army recommends that the Commonwealth Government, together with state and territory governments, invest in culturally tailored programs that address the unique needs and strengths of Aboriginal and Torres Strait Islander communities. Programs should aim to foster resilience and support positive development pathways for children and young people.**

⁴¹ Australian Institute of Health and Welfare. (2018). *Aboriginal and Torres Strait Islander adolescent and youth health and wellbeing 2018*. <https://www.aihw.gov.au/reports/indigenous-australians/indigenous-adolescent-youth-health-wellbeing-2018/summary>.

⁴² Australian Institute of Health and Welfare. (2018). *Aboriginal and Torres Strait Islander adolescent and youth health and wellbeing 2018*. <https://www.aihw.gov.au/reports/indigenous-australians/indigenous-adolescent-youth-health-wellbeing-2018/summary>.



Attracting and Retaining Staff

- 2.35 The Salvation Army draws attention to the difficulty in attracting and retaining suitably qualified staff across the community services sector. For non-government alcohol and other drug service providers, recruiting and retaining staff is challenging due to lower pay rates compared to other sectors, challenging working conditions, short contracts and the demands of the job, including growing complexity of participant presentations. Services require multi-disciplinary teams to meet the complexity of participant needs. We also notice a shortage of addiction specialists and other professionals specialising in alcohol and other drug treatment in the health system.
- 2.36 Workforce shortages and a transient workforce creates issues for service continuity and quality, especially in rural and remote areas.

Recommendation 10

- 2.37 The Salvation Army recommends that the Commonwealth Government, in partnership with state and territory governments, develop a national workforce strategy for the alcohol and other drug service sector to address workforce challenges, and guide workforce planning and investment.**

Re-designing Funding Approaches

- 2.38 The Salvation Army draws attention to a range of issues that arise in our Alcohol and Other Drug Services as a result of the current funding arrangements. Our frontline services currently receive funding from multiple sources with non-aligned reporting requirements.
- 2.39 Vital parts of service delivery are not always funded. For example, triaging and providing case management to support someone's admission into residential rehabilitation can take a significant investment of staff time. If this is not factored into funding arrangements, then it is completed by staff on top of other responsibilities, or at the cost of the service provider. This may delay access to treatment and result in an underutilisation of services, such as empty beds in residential or inpatient services.
- 2.40 The Salvation Army believes that grant agreements for alcohol and other drug treatment services should have a minimum length of five years to support sustainability, quality improvement and innovation. A number of our programs are funded using short-term contracts of 12-month duration, and which can be rolled over with minimal notice. Short-term funding cycles have an impact on the ability of services to plan, innovate and improve service quality and makes it difficult to retain staff. It also makes it difficult for services to build trust, develop partnerships and become embedded in communities.

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“We’re NGOs, guess what we do? We keep doing more and more for less and less.”

- A Salvation Army Alcohol and Other Drug Services State Manager

”

“

“We’ve had our contracts rolled over every year for the last five years. How can you plan? How can you be innovative and flexible?”

- A Salvation Army Alcohol and Other Drug Services State Manager

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Recommendation 11

2.41 The Salvation Army recommends that the Commonwealth Government work with state and territory governments to review funding models and commit nationally to:

- **Fully-fund all vital aspects of alcohol and other drug treatment services; and**
- **Commit to five-year funding contracts.**

Empowering Organisations in Data Collection and Outcomes Measurement

Ensuring Organisations can Meaningfully Access their own Data

2.42 The Salvation Army believes that, where available, service providers should be able to use their own client management system and outcomes measurement frameworks, rather than being prescribed government systems and tools.

2.43 Where The Salvation Army has been unable to use our own existing Australian Institute of Health and Welfare (AIHW) approved client management system, we tend to only be able to view data in summarised formats and not unit record form necessary for data analysis. This has resulted in a loss of ability to utilise our own data for timely monitoring, evaluation and learning activities to support evidence-based practice.

Impact and Outcomes Measurement

2.44 Impact and outcomes measurement is crucial to understanding what works well and how services can be improved, while providing funding body accountability, evidence for sector advocacy, and a means to augment the voices of lived experience.



- 2.45 Over the past four years, The Salvation Army has developed and tested a rigorous, evidence-based outcomes measurement framework (the Framework) using validated tools for our national Alcohol and Other Drug Services. The Framework has been developed by The Salvation Army's own Research and Outcomes Measurement Team, in consultation with our national alcohol and other drug stream leadership.
- 2.46 The Framework has been designed specifically for our national services. The measured outcomes can be mapped and reported to meet diverse stakeholder requirements, which include various governments' outcomes frameworks.
- 2.47 The Salvation Army plans to share the Framework, selected measures and tools, processes and learnings with external organisations and agencies, wherever possible. We hope this information will help to illustrate the benefits of service-level outcomes measurement, build sector capacity to measure outcomes, and increase understanding of the alcohol and other drug service and sector impacts.
- 2.48 Service provider-specific outcomes measurement frameworks are important to accurately measure the success of diverse service delivery models and offerings within the alcohol and other drug sector. It allows each service provider to understand what works and does not work and to monitor changes in service delivery arising from innovation and continuous improvement. It also enables service providers to measure outcomes using one consistent evidence-based framework that aligns with measurement best practice and their model of care. This approach avoids the need to use multiple, potentially overlapping outcome frameworks mandated by different funding bodies, which may overlook outcomes unique to service providers, local areas and their client groups. It also minimises administrative burden of data collection and reporting. Service providers can use their own tools to map and report outcomes to various funding bodies and sector outcomes frameworks.
- 2.49 Service provider-specific outcomes measurement frameworks allows our Alcohol and Other Drug Services to tailor measurement tools so we can thoroughly measure the psycho-social outcomes our treatment services are delivering, not just the prescribed clinical outcomes.
- 2.50 As the Commonwealth Government and the state and territory governments look towards measuring impacts using service-level data, we implore the use of agile rather than prescriptive frameworks. Rigid or prescriptive frameworks can limit the learning, innovation and responsiveness of individual service providers to meet changing and diverse community needs.



Recommendation 12

2.51 The Salvation Army recommends that the Commonwealth Government, in partnership with all state and territory governments:

- **Allow services to access their own data in summary and unit record form;**
- **Support organisations with established client management systems to translate data from their own system into government data systems;**
- **Support organisations to develop their own outcomes measurement framework that aligns with measurement best practice and their unique model of care and theory of change, whilst meeting funding body reporting requirements; and**
- **Ensure Commonwealth and state government service-level outcomes measurement requirements remain agile to allow frameworks to be tailored to services' unique design, local context and client base.**

3 Building an Integrated Service System

- 3.1 The Salvation Army highlights the need for a holistic approach across all service sectors, emphasising that the responsibility to prevent and minimise alcohol and other drug-related harms does not solely rest with health services and the alcohol and other drug sector.
- 3.2 Given the prevalence of alcohol and other drug use, the complexity of related harms, and the intersectional needs of those impacted, there is a role for all frontline service sectors to contribute to prevention, early intervention, recovery, and reduction of harms. People experiencing alcohol and other drug-related harms often experience co-occurring disadvantage, and regularly encounter a range of services.
- 3.3 In our experience, the broader service system is fragmented and can be difficult for many people to access. Too often services are operating in silos and people are referred between services without co-ordination or continuity. Sometimes people with complex needs are referred to multiple services at the same time, which can be overwhelming. Many services have barriers to access or are not flexible to individual needs. All these factors may act to prevent people from seeking or meaningfully engaging in treatment or lead to disengagement. A negative experience with one service provider can impact a person's willingness to seek support in the future from another provider.
- 3.4 There is a critical need for integrated responses to promote best outcomes for those impacted by alcohol and other drug-related harms. An integrated service system focuses on reducing barriers. Services must work together to ensure they are delivering support which is person-centred and holistic, and meets individuals where they are, responding flexibly to their needs.

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“With true integrated care everyone has everyone's back, the participant can flow between services, the services feel confident. We can take on the more pointier end of what we'd normally be able to, because someone's got our back. The participant is held really well because the next right person is only a phone call away.”

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- A Salvation Army Alcohol and Other Drug Services Clinical Nurse Coordinator



Nicole's story*

Nicole is a 37-year-old woman with an acquired brain injury and a diagnosis of Schizoaffective Disorder. Nicole has four children who were all removed from her care at birth. She does not like to engage with many services as she finds it hard to trust them.

Nicole has been using Buprenorphine, Analgesics, Methadone and Benzodiazepines, and has been accessing The Salvation Army's Sobering Up Unit, a short-stay shelter, for many years. The staff have been mindful to ensure the unit remains a safe and trusted place for Nicole.

Staff began to become aware that Nicole's mental health symptoms were becoming more acute, she was more agitated, talking to herself more and had become aggressive on multiple occasions which was out of character for her. Staff were previously reluctant for the local Community Mental Health team to visit Nicole at the unit, concerned she may stop using the service. Due to significant concerns for her mental health and safety, staff arranged for the Community Mental Health Team to attend the unit and Nicole was admitted involuntarily.

Nicole was discharged with a Community Treatment Order, mandating community mental health treatment. The mental health team had assumed Nicole would be accommodated permanently at the Sobering Up Unit, despite it being relayed this was not a permanent address. Nicole's NDIS Coordinator continued to be unable to arrange any other suitable supports.

Soon after Nicole's discharge from hospital, staff at The Sobering Up Unit noticed her physical and mental health had deteriorated again. Her delusions appeared more intense, and she had a serious wound on her foot. When staff contacted the Community Mental Health Team, they found out Nicole had been discharged from their service.

Nicole was again admitted to hospital, but this time an application was made to the Public Guardian and more appropriate accommodation was arranged for Nicole through the NDIS.

**Name changed*



Improving Integrated Care and Support across Service Sectors

- 3.5 The breadth and flexibility of The Salvation Army's frontline programs, which include Housing and Homelessness, Family and Domestic Violence, Financial Counselling and Youth Programs, means we are ideally placed to collaborate with internal and external service providers and deliver integrated, holistic care and support.
- 3.6 The Salvation Army is embedded in local communities. We are locally focused and supported by national expertise and infrastructure. The Salvation Army has a longstanding commitment to building strong partnerships and collaborations with communities to address the complex challenges related to alcohol and other drug use. Our approach is grounded in evidence-based efforts that are both effective and sustainable.
- 3.7 From our experience, when alcohol and other drug services are adequately resourced, they are better able to develop and deliver innovative ways to engage in cross-sector collaboration and provide integrated services.
- 3.8 We suggest that integration between services could be bolstered by investing in:
- **Cross-sector partnerships** – Strong partnerships and genuine collaboration across the wider service sector including health services, mental health and the justice system, is needed to address the needs of people who use alcohol and other drugs.
 - **Co-located services and specialists** - Providing a range of services and specialties within one location improves accessibility for people and helps services to collaborate and operate more flexibly and efficiently. It also helps facilitate shared learning and development and up skills frontline staff and services.
 - **Embedded cross-sector training loops** – Developing cross-sector training is important to increase the capacity of the wider service sector to prevent, minimise and respond to alcohol and other drug-related harms. Training should be delivered across sectors such as alcohol and other drug treatment providers, healthcare services, law enforcement, youth, homelessness, education and family and domestic violence workers. Training should not be a 'one-off' delivered in isolation. Systems must be embedded within services to update policies and ensure cross-sector learning is ongoing. Alcohol and other drug services would also benefit from embedded training loops, from sectors such as family and domestic violence services and Aboriginal Community Controlled Organisations, to improve the quality and capacity of service delivery.



3.9 We highlight below as two examples of The Salvation Army's partnerships.

The Salvation Army and Red Dust Partnership, Alice Springs

Red Dust is a community organisation, implementing intergenerational alcohol and other drug programs for men in Alice Springs. The collaborative initiative between The Salvation Army and Red Dust aims to enhance engagement, participation, and outcomes for Aboriginal and Torres Strait Islander people in the region.

Red Dust, with strong local connections, particularly with Elders, youth, and various Aboriginal and Torres Strait Islander groups in Central Australia, brings valuable expertise to the partnership. Their skilled local Aboriginal and Torres Strait Islander, alcohol and other drugs staff have successfully developed and implemented programs in Alice Springs and remote communities in the Northern Territory.

The Salvation Army contributes resources, infrastructure, client data management systems and alcohol and other drug expertise to the partnership. The Salvation Army also maintains the government contract, meeting accreditations and governance requirements. The program and our partnership exceeded its goals within six months.

Between July 2021 and June 2022, the program facilitated approximately 200 yarning circles, provided 146 brief interventions, 15 suicide prevention actions and 18 referrals to other services. The cultural knowledge and leadership Red Dust contributed to the delivery of the program through outreach activities, cultural trips and yarning circles was critical to its success.

The collaborative effort reflects best practice in working alongside Aboriginal and Torres Strait Islander communities, providing a comprehensive and culturally relevant approach to address alcohol and other drug issues in Alice Springs and surrounding areas.



Central Health Hub, Sydney

After The Salvation Army conducted joint patrols with St Vincent's Homeless Health Assertive Outreach Team, The Salvation Army Assertive Outreach Team was invited to take part in a Summer Health Hub Trial targeting people who needed health support and were sleeping rough at Belmont Park, opposite Central Station. Many of these people were using significant amounts of alcohol and other drugs and experiencing complex mental health concerns.

The trial was extremely successful, and this has now become a permanent hub, with up to two medical trucks, a GP, nurses and counsellors from St Vincent's Hospital, the Royal Prince Alfred Hospital and Kirketon Road Centre.

The Salvation Army Assertive Outreach Team has strong knowledge of the area and therefore leads patrol groups to facilitate engagement with people sleeping rough in the area. Many of these people, who may not have been accessing health support services, are then provided with wrap-around supports such as Fitpacks, needle disposal boxes, introductions and referral pathways to general practitioners, disease screening, opioid treatment programs and alcohol and other drug counselling. The Salvation Army Assertive Outreach Team also provides support surrounding housing pathways, including referrals and housing applications onsite at the hub itself.

Recommendation 13

- 3.10 **The Salvation Army recommends that the Commonwealth Government, together with state and territory governments, invest in an integrated service system that is well-equipped to respond to the intersectional needs of people impacted by alcohol and other drug-related harms. This can be supported by cross-sector partnerships, co-location of services and specialists and the development of cross-sector training loops.**



Responding to Family and Domestic Violence

- 3.11 The Salvation Army provides specialist family and domestic violence services in almost all states and territories across Australia. Alcohol and other drug use intersects with family and domestic violence in a variety of ways. While alcohol and other drug use does not cause family and domestic violence, we know that it can increase the frequency and severity.⁴³ Victim-survivors may use alcohol and other drugs as a way to cope with ongoing violence and abuse, mental health symptoms, trauma and other stressors.⁴⁴ Research estimates indicate that anywhere from 40 to 80 per cent of women in alcohol and other drug treatment services have experienced violence.⁴⁵
- 3.12 The responsibility to identify and respond to family and domestic violence does not solely rest with the specialist family and domestic violence workforce. Due to the intersectional needs of those impacted, and the often hidden nature of family and domestic violence, all practitioners across the social services sector should have a clear understanding of their role in identifying and managing risks related to family and domestic violence, and should have the tools to respond appropriately, and keep the person using violence accountable and in view.
- 3.13 For this reason, it is critical that all frontline staff, including alcohol and other drug services, have access to specialised training on family and domestic violence to ensure they are able to identify and respond with meaningful support options. This should include both adult and child victim-survivors, and should extend to persons using violence. The alcohol and other drug sector has a significant role to play in keeping persons using violence accountable and in view. We advocate for specialised training for the alcohol and other drug sector on avoiding collusion, and the importance of information sharing and coordinated responses when working with persons using violence and to ensure victim-survivor safety.

⁴³ Australian Institute of Health and Welfare. (2024). *Family, domestic and sexual violence*. <https://www.aihw.gov.au/family-domestic-and-sexual-violence/understanding-fdsv/factors-associated-with-fdsv>.

⁴⁴ Evans, A. (2020). *Towards and integrated response to the complex interplay of domestic and family violence, alcohol and other drug use and mental health in Western Australia*. <https://wanada.org.au/wp-content/uploads/wanada-wchn-wcfdvs-sfv-towards-integrated-response-to-dfv-aod-mh-project-report.pdf>.

⁴⁵ Evans, A. (2020). *Towards and integrated response to the complex interplay of domestic and family violence, alcohol and other drug use and mental health in Western Australia*. <https://wanada.org.au/wp-content/uploads/wanada-wchn-wcfdvs-sfv-towards-integrated-response-to-dfv-aod-mh-project-report.pdf>.

3.14 We highlight the Specialist Family Violence Advisor program in Victoria below.

Specialist Family Violence Advisor program, Victoria

Following recommendations from Victoria's Royal Commission into Family Violence, the Victorian Government introduced the Specialist Family Violence Advisor capacity building program in mental health and alcohol and other drug services. The role of Specialist Family Violence Advisors is to support collaboration and build family and domestic violence capability and capacity within alcohol and other drug and mental health services.

Having these specialist positions within The Salvation Army's Alcohol and Other Drug Services has been incredibly successful in providing increased and specialised support to individuals accessing our services and our staff, as well as embedding changes within our policies and services.

3.15 Community education is also critical in ensuring that people are aware and understand their roles and responsibilities in addressing the drivers of family and domestic violence. Education on healthy relationships, particularly in relation to respectful relationships within primary schools and healthy peer-to-peer and early intimate relationships in high schools is critical. We recommend that education about the role the use of alcohol and other drugs plays in exacerbating family and domestic violence, encouraging accountability and help-seeking, be included in this education.

3.16 Our frontline services highlight the importance of addressing the intersectional needs of victim-survivors of family violence who experience issues with alcohol and other drug use. Our Family and Domestic Violence Services take a harm-reduction approach and are able to respond to individual's unique and complex needs. Our services aim to reduce barriers for people accessing treatment and look for ways we can refer people into our services to streamline support. Our Family and Domestic Violence Services utilise their relationship with our Alcohol and Other Drug Services in a variety of ways including efficient referral pathways, in-reach and collaboration.

Recommendation 14

3.17 The Salvation Army recommends that the Commonwealth Government, together with state and territory governments, implement specialist family violence training across the wider frontline service sector. This should include alcohol and other drug services and health services and, should contain mechanisms which embed training and development within services.

Recommendation 15

- 3.18 **The Salvation Army recommends that the Commonwealth Government, together with state and territory governments, invest in frontline services, particularly alcohol and other drug services and family and domestic violence services, to enable cross-sector training and collaboration and to address the intersectional needs of victim-survivors.**

Recommendation 16

- 3.19 **The Salvation Army recommends that the Commonwealth Government, together with state and territory governments, increase investment in healthy relationship education, especially in schools, with a focus on the drivers of family and domestic violence.**

Addressing the Needs of Children and Young People

- 3.20 The Salvation Army provides a range of services for young people, their families and their communities across Australia, including housing and homelessness services, employment and training programs, education, alcohol and other drug services and youth justice programs.
- 3.21 Our Youth Services observe that it is uncommon for a young person to self-identify an alcohol or other drug concern or to directly request support for this. Most commonly young people access our services for assistance with other concerns, such as homelessness or family breakdown. The young person's substance use may interact with these issues, or they may be using substances to cope with these situations.

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“Many young people see alcohol and other drug use as a functional component to manage their life.”

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- A Salvation Army Recovery Services Manager

- 3.22 Providing integrated care is essential for engaging and supporting the needs of young people. Services must be flexible and collaborative to reduce any barriers young people face. Our Youth Services have seen great benefit in providing co-located services for young people. This can include access to mental health and alcohol and other drug specialists on-site within our homelessness refuges or providing primary health services onsite.

- 3.23 Integrated and co-located services reduce the stigma associated with accessing a specialist alcohol and other drug service. In our experience, many young people do not require specialised treatment for alcohol and other drug use and can instead benefit from education and support from a provider with whom they already have a relationship. Our Youth Services are focused on relationships and recognise the important impact that stability and one trusted adult can have in a child's life. Providing integrated services for young people reduces the need for them to attend multiple services, which we know increases their chances of disengaging. It is also important for staff and services who work with young people to receive training and support, so they are confident in responding to alcohol and other drug-related risks and harms.
- 3.24 We also see that when other issues and stressors in a young person's life are reduced or addressed, they may become less reliant on drugs and alcohol to cope. Providing support and addressing the underlying drivers of alcohol and other drug-related harms for young people is incredibly valuable, before they develop more persistent or serious health problems or behaviours as they get older.

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“If we can reduce some of the stresses on them, for example if they are living in chaos and poverty, that's what is going to impact the long-term life of these young people.”

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- A Salvation Army Recovery Services Manager

- 3.25 We also highlight the important role of engaging and supporting parents, carers and families to better support children and young people. Parents and families who find it difficult to care and provide for their children due to factors such as social adversity, disadvantage or substance use require early wrap-around support and holistic intervention. This could include family support services and individual-focused services such as those which work to address trauma, mental ill-health, and substance use, with a focus on prevention and early intervention.
- 3.26 Prevention and early intervention services should address disadvantage and build the capacity, resources and skills of parents and carers, which will have a positive impact on their ability to provide nurturing environments where their children can thrive. This in turn reduces many of the risk factors associated with alcohol and other drug-related harms for these children.⁴⁶

⁴⁶ Queensland Government. (2024). *How alcohol and drug use affects a child*. Child Safety Practice Manual. <https://cspm.csyw.qld.gov.au/practice-kits/alcohol-and-other-drugs/overview-of-alcohol-and-other-drugs/how-aod-affects-a-child-s-safety-and-wellbeing>.



Recommendation 17

- 3.27 The Salvation Army recommends that the Commonwealth Government, together with state and territory governments, invest in integrated youth services which holistically address the needs of young people. This should include a focus on programs geared at preventing and reducing alcohol and other drug-related harms.**

Recommendation 18

- 3.28 The Salvation Army recommends that the Commonwealth Government, together with state and territory governments, invest in supporting parents and carers of children and young people who are at risk of, or are experiencing hardship and disadvantage. Supports must focus on addressing disadvantage and building the capacity, resources and skills of parents and carers to ensure their children can thrive.**

Addressing Blockages in Entry and Exit from Treatment

- 3.29 The Salvation Army's own Alcohol and Other Drug Services are seeing a range of issues in the wider service sector that create barriers to people entering and exiting treatment services. By addressing these barriers, treatment pathways would be able to support people earlier in their journey to recovery, reduce the length of treatment for some people, and be more responsive to individual need. The system would become more efficient and cost-effective.
- 3.30 A common barrier community members face is lack of access or long waiting periods for inpatient or community withdrawal management programs. This can have a flow on effect if someone is unable to access other supports or services, such as residential rehabilitation, until they have completed withdrawal management in a safe environment.
- 3.31 Many people in the community face a range of personal and structural issues that impact on their ability to access or engage in treatment. The Salvation Army has developed services to address these barriers. We highlight one of these services, the Access Health Program, below.
- 3.32 Another common barrier to entry and exit from treatment is access to housing. Some inpatient and residential treatment services require people to have a safe discharge destination prior to being accepted into treatment, creating a barrier for people who are experiencing or are at risk of homelessness. It is extremely difficult to provide appropriate treatment and support for people in the community if they do not have access to safe and stable accommodation.

- 3.33 Australia is experiencing a housing crisis. A lack of affordable accommodation makes it difficult for inpatient and rehabilitation services to safely discharge people and arrange appropriate aftercare support. Housing sector reforms are covered in more detail in the following section.
- 3.34 There is a need for a national review of the entire service system, to identify and understand current blockages at entry and exit of alcohol and other drug treatment. We advocate for a national strategy to address the key barriers and believe this will improve service access and responsiveness, support people to access support earlier, and be ultimately more cost-effective overall.

Lisa's Story*

Lisa is a 40-year-old woman living in Hobart, Tasmania. Lisa has been struggling with alcohol dependence for many years.

During a stay with The Salvation Army's residential treatment program to address her alcohol use, Lisa relapsed. Due to a previous alcohol withdrawal seizure, Lisa required a one-to-two-night admission to an Inpatient Withdrawal Unit (IPWU) for safety. She was told by the IPWU that she was not a priority and had to wait six weeks for an admission. During this time Lisa relapsed further back into high level alcohol use.

**Name changed*

Access Health Program - St Kilda, Victoria

The Access Health Program, run by The Salvation Army in partnership with other health and support agencies, provides accessible and responsive primary health care and linkages to mainstream services for people who are marginalised. The program meets people where they are and is free and easy to access.

This Program provides an essential entry point to support and treatment for people with a wide range of needs including people experiencing alcohol and other drug related harms, people who are street sex working, and people experiencing homelessness.

A key component of this program's success is the multi-disciplinary approach which includes partnerships with GPs, nurses, Aboriginal and Torres Strait Islander workers, drug and alcohol counsellors, psychiatrists, psychologists, a podiatrist, a physiotherapist, Indigenous arts and Yarning groups, amongst others.

Recommendation 19

- 3.35 **The Salvation Army recommends that the Commonwealth Government, together with state and territory governments, develop a national strategy to identify and eliminate barriers at entry and exit of alcohol and other drug treatment.**

Key Sector Reforms

- 3.36 For the purposes of this submission, The Salvation Army has decided to highlight three key sectors that require urgent and important reform which will enhance efforts to prevent and reduce alcohol and other drug-related harms. These include housing, income support and the criminal justice system.

Housing

- 3.37 The Salvation Army is the largest single provider of homelessness services in Australia. In 2022-23 we provided support to nearly 40,000 people who were at risk of or experiencing homelessness.⁴⁷
- 3.38 There is a strong link between alcohol and other drug-related issues and homelessness. Substance use does not cause homelessness, but it can increase the risk of somebody experiencing homelessness. People at risk of or experiencing homelessness may use drugs and alcohol to cope and can be at an increased risk of experiencing alcohol and other drug-related harms.⁴⁸
- 3.39 Having access to affordable, safe and sustainable housing provides a vital foundation for a person to obtain and maintain employment, education, training, family and social networks, health and wellbeing. These essential foundations are protective factors that reduce the risk of alcohol and other drug-related harms and enable people to engage in support and treatment.
- 3.40 The shortage of social housing in every state and territory is increasing. Australia's private rental market that is already largely inaccessible to people on low incomes or income support is worsening. The lack of social or affordable housing has led to a shortage of exit points from residential and inpatient alcohol and other drug treatment services and from homelessness services.
- 3.41 Housing that is affordable to those on the lowest incomes, together with the provision of tailored support so individuals can both access and maintain housing, is the foundation of an effective approach to ending homelessness in Australia.

⁴⁷ The Salvation Army. (2024). *The Salvation Army Australia Impact Report 2024*.
[https://www.salvationarmy.org.au/subscribe/sites/auessalvos/files/2024_TSA_Impact_Report.21_AUG_\(Interactive_Web\)_FINAL.pdf](https://www.salvationarmy.org.au/subscribe/sites/auessalvos/files/2024_TSA_Impact_Report.21_AUG_(Interactive_Web)_FINAL.pdf).

⁴⁸ Alcohol and Drug Foundation. (2020). *Everybody needs a home*. <https://adf.org.au/insights/everybody-needs-home/>.



Recommendation 20

3.42 The Salvation Army recommends that the Commonwealth Government, together with state and territory governments, deliver significant investment to increase social and affordable housing supply nationally, and to arrest the current housing affordability and homelessness trajectory. The delivery of social housing should be commensurate with identified need, including waitlists.

Income Support

- 3.43 The Salvation Army has undertaken extensive research around the impacts of poverty on people reliant on the JobSeeker Payment as their main or sole source of income. People on JobSeeker often cut back on spending to focus on their most basic needs – food and shelter. The Salvation Army's 2024 Red Shield Appeal report found that the average community member who receive income support payments cannot afford all of their necessary expenses.⁴⁹ In fact, they are going backwards.
- 3.44 Faced with no options to make even further sacrifices, many community members enter into debt – be it falling behind in utility payments, credit cards, or sourcing other, poorly regulated forms of credit like a 'pay day' or Buy Now Pay Later (BNPL) loan. These create not only financial strain, but mental burden on people who are already struggling to make ends meet, as debts grow, and payments become unmanageable.
- 3.45 For some people, experiencing financial strain or poverty will lead to them cutting back on their alcohol and other drug use. For others, the stress can lead to an increase in alcohol and other drug use and leave individuals without adequate finances and resources to access treatment, support or strategies which would otherwise help manage their concerns.
- 3.46 The Salvation Army's service delivery experience leads us to conclude that increasing welfare payments, including the JobSeeker Payment and Youth Allowance, remains the single most effective way to address poverty in Australia. The Salvation Army supports the government's Economic Advisory Committee's recommendation for a substantial increase to the JobSeeker Payment to 90 per cent of the Age Pension.⁵⁰

⁴⁹ Verrelli, S., Russell, C., & Taylor, E. (2024). *Findings from the 2024 Red Shield Appeal Research Project*. The Salvation Army, Australia.

⁵⁰ Economic Inclusion Advisory Committee. (2024). *Economic Inclusion Advisory Committee 2024 Report to Government*. https://www.dss.gov.au/sites/default/files/documents/04_2024/13404-eiac-report-dv-08.pdf.



- 3.47 The Commonwealth Rent Assistance (CRA) payment is available to renters in the private rental market and community housing who are receiving a social security payment. Its aim is to prevent even more widespread housing stress and housing affordability issues. Although there has been a welcome 10 per cent increase in the Federal Budget 2024-25, the CRA will still not be sufficient remediation within the context of its existing inadequacy and ongoing rental increases and household costs. The Rental Affordability Snapshot 2024 from Anglicare Australia found that nationally there were only three rentals, all share houses, that were affordable for a person on JobSeeker and no rentals were affordable to a person on Youth Allowance.⁵¹
- 3.48 Additionally, the CRA is not available for people on low incomes who are not recipients of income support but are experiencing housing stress. There is an urgent need to review CRA to ensure that it is effective and better targeted to address the variable cost of rent and that is responsive to changes in the housing market.
- 3.49 In the face of record high and rising housing unaffordability in the private rental market, all payments must be reassessed for their adequacy and directly linked with the actual cost of living for recipients to live with dignity. Consideration must be provided for increased Commonwealth assistance for all renters on low incomes - not just those on income support payments.

Recommendation 21

- 3.50 **The Salvation Army recommends that the Commonwealth Government meaningfully increase the base rate of JobSeeker and Youth Allowance to ensure that recipients are able to live with dignity.**

Recommendation 22

- 3.51 **The Salvation Army recommends that the Commonwealth Government review Commonwealth Rent Assistance to assess all aspects of the design of the payment with the aim of improving adequacy, fairness, and effectiveness of the measure.**

⁵¹ Anglicare Australia (2024). *Rental Affordability Snapshot*. <https://www.anglicare.asn.au/wp-content/uploads/2024/04/Rental-Affordability-Snapshot-National-Report.pdf>.



Criminal Justice System

- 3.52 A heavy reliance on a criminal justice response to drug and alcohol use is not effective in preventing and addressing alcohol and other drug-related harms.⁵² All policy and practice approaches should aim to prevent and reduce contact with the criminal justice system for people who use alcohol and other drugs and should instead aim, as a first-line response, to connect the people who need it with health and social services.⁵³
- 3.53 A punitive and criminal justice approach to addressing alcohol and other drug use increases, rather than decreases, harm to individuals. It increases the risk of confrontational interactions with police, unserviceable fines, criminal proceedings, and incarceration.⁵⁴ The prison environment can result in institutionalisation and make it difficult for people to adjust when they return to the community, and it can impact on their ability to engage with services and treatment.
- 3.54 A review of the criminal justice system is required and should include a focus on reducing the harms experienced by children and young people⁵⁵ and the overrepresentation of Aboriginal and Torres Strait Islander young people in the justice system.⁵⁶
- 3.55 The Salvation Army holds the view in line with medical experts, academics, advocates, and other non-government organisations that nationally, the minimum age of criminal responsibility should be raised to at least 14 years. This will acknowledge the impacts of development on behaviour, and susceptibility to peer pressure, and would reduce the risk of children becoming entrenched in the criminal justice system. This will also promote an increased focus on prevention, early intervention, and diversionary responses, and in turn, increase community safety.
- 3.56 Due to the heavy reliance on a criminal justice response to alcohol and other drug use and the role of police as first responders in our communities, they are regularly in contact with people who use substances. It is crucial that police have a thorough understanding of trauma-informed practice to ensure that people who use alcohol and other drugs, and people who experience alcohol and other drug-related harms, are met with proportionate, compassionate, and supportive responses. Integrating and embedding alcohol and other drug specialists within police services could also improve their capacity to respond.

⁵² Justice Reform Initiative. (2024). *Drug use & the criminal justice system - Taking steps towards a health focused response*. https://www.justicereforminitiative.org.au/discussion_papers.

⁵³ The United Nations Office of the High Commissioner for Human Rights. (2023). *Human rights challenges in addressing and countering all aspects of the world drug problem*. <https://www.ohchr.org/en/calls-for-input/2023/call-inputs-ohchrs-report-human-rights-challenges-addressing-and-countering>.

⁵⁴ Justice Reform Initiative. (2024). *Drug use & the criminal justice system - Taking steps towards a health focused response*. https://www.justicereforminitiative.org.au/discussion_papers.

⁵⁵ Baldry, E. & Cunneen, C. (2019). *Locking up kids damages their mental health and sets them up for more disadvantage. Is this what we want?* <https://theconversation.com/locking-up-kids-damages-their-mental-health-and-sets-them-up-for-more-disadvantage-is-this-what-we-want-117674>.

⁵⁶ Australian Institute of Health and Welfare (AIHW). (2023). *Youth Justice in Australia*. <https://www.aihw.gov.au/getmedia/3fe01ba6-3917-41fc-a908-39290f9f4b55/aihw-juv-140.pdf?v=20230605182448&inline=true>.

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“We need opportunistic support for children. Punitive responses don’t allow for that. It becomes about compliance rather than change.”

”

- A Salvation Army Youth Services State Manager

Carl’s story*

Carl is a 38-year-old man who has spent over six years in prison.

Carl has attempted residential treatment for poly-substance use on multiple occasions but his longest stay lasted only four days. Carl attributes this to a few reasons. “Being in prison changes you, you need to be the top dog or you get beaten down. I guess my behaviour is a bit anti-social. I just can’t cope with rules and being locked in. I don’t like other people knowing my business and I have trouble getting on with people. I can’t control my anger and I just snap.”

When Carl re-engaged with services after being referred to The Salvation Army’s Alcohol and Other Drug Service by the local Salvation Army Corps Officer (church minister), he wasn’t sure that he could do the program having had many unsuccessful attempts in the past.

“My worker was great - she helped me develop a program that suited me, I got to choose what my goals were and work on them. I got to keep working with the Corps and find a house. I just did one-on-one appointments for a while until I got used to the program, then I got referred to the Alcohol and Other Drug Service psychologist who helped me do a plan to manage my mental health and my anger. When I was ready, I started doing a couple of groups a week to get used to being with other people. It’s been hard but the community and the staff have been awesome. I feel that they ‘get me’ and that they don’t judge me. If I don’t come to a group someone always checks in and asks how I’m doing. When I started, I wasn’t in a good way, but now I’m looking forward to tomorrow and feel positive about the future for the first time in years.”

Carl described enjoying the outpatient style of treatment stating that “residential is just not me, a lot of people don’t suit that program.”

* Name changed



Recommendation 23

- 3.57 The Salvation Army recommends that the Commonwealth Government, together with state and territory governments, review criminal justice responses to illicit drug use, with the aim of:**
- Preventing and reducing contact with the criminal justice system for people who use alcohol and other drugs; and
 - Providing immediate linkages to health or social support as required.

Recommendation 24

- 3.58 The Salvation Army recommends that the Commonwealth Government, together with all state and territory governments, commit to raising the age of criminal responsibility to a minimum of 14 years old, without exception, in line with developmental research and internationally accepted standards.**

Recommendation 25

- 3.59 The Salvation Army recommends that the Commonwealth Government, together with the state and territory governments, implement training and appropriately resource police and frontline justice systems, to ensure responses to people who use alcohol and other drugs are compassionate, minimise harms and prioritise linkages with health and social services.**

4 Conclusion

- 4.1 The Salvation Army thanks the House Standing Committee on Health, Aged Care and Sport for the opportunity to provide a written submission for the Inquiry into the Health Impacts of Alcohol and Other Drugs in Australia.
- 4.2 The Salvation Army would welcome the opportunity to discuss the content of this submission should any further information be of assistance. Further information can be sought from government.relations@salvationarmy.org.au.

The Salvation Army Australia Territory

September 2024



Appendix A About The Salvation Army

The Salvation Army is an international Christian movement with a presence in more than 130 countries. Operating in Australia since 1880, The Salvation Army is one of the largest providers of social services and programs for people experiencing hardship, injustice and social exclusion.

The Salvation Army Australia provides more than 1,000 social programs and activities through networks of social support services, community centres and churches across the country.

Programs include:

- Financial counselling, financial literacy and microfinance
- Emergency relief and related services
- Homelessness services
- Youth services
- Family and domestic violence services
- Alcohol, drugs and other addictions
- Chaplaincy
- Emergency and disaster response
- Aged care
- Employment services

As a mission-driven organisation, The Salvation Army seeks to reduce social disadvantage and create a fair and harmonious society through holistic and person-centred approaches that reflect our mission to share the love of Jesus by:

- Caring for people
- Creating faith pathways
- Building healthy communities
- Working for justice

We commit ourselves in prayer and practice to this land of Australia and its people, seeking reconciliation, unity and equity.

Further information about The Salvation Army can be accessed at: <

<https://www.salvationarmy.org.au/>>