

Increasing funding for alcohol treatment

1 September 2022



Victorians for
policy reform

About Alcohol Change Vic

Alcohol Change Vic is a collaboration of health and allied agencies that share a vision of a community that supports all Victorians to be healthy and well. The alcohol industry and its products cause significant harm and health impacts to people in our community. Alcohol Change Vic campaigns for policy change to help free the Victorian community from this harm, and to provide balance to the industry's aggressive marketing and normalisation of alcoholic products.

The members of Alcohol Change Vic are:

-  Australasian College for Emergency Medicine
-  Alcohol and Drug Foundation
-  Cancer Council Victoria
-  Centre for Alcohol Policy Research (CAPR), La Trobe University
-  Foundation for Alcohol Research and Education (FARE)
-  Public Health Association of Australia (Victoria)
-  Royal Australasian College of Surgeons
-  St Vincent's Health Australia
-  The Salvation Army
-  Turning Point
-  Victorian Alcohol and Drug Association
-  Violence Prevention Group, School of Psychology, Deakin University

-  Uniting Church in Australia, Synod of Victoria and Tasmania

Executive summary

All Victorians experiencing alcohol-related harms or who wish to reduce their drinking should be able to access treatment and support when they need it. Alcohol and other drug (AOD) services were already under-resourced and stretched before the COVID-19 pandemic. The pandemic has exacerbated this issue, rapidly accelerating demand for AOD treatment as many Victorians increased their alcohol use during COVID-19 restrictions, while simultaneously driving down the system's capacity. Workforces providing treatment in the community were impacted by restrictions, while bed-based services were in some cases repurposed to treat COVID patients. AOD services are still experiencing the effects of the pandemic, with capacity constraints and surging demand leading to waitlists being regularly put on hold.

Seventy per cent of Victorian AOD service providers have reported an increase in the severity and prevalence of alcohol presentations,¹ and calls to the National Alcohol and Other Drug hotline tripled in 2021 compared with 2019.² The number of people on AOD treatment wait lists increased from 2385 in September 2020 to 4088 in December 2021, an increase of more than 70%.³

Alcohol causes significant harm in the Australian community. During 2020/21, alcohol was the most common primary drug of concern among people presenting to AOD treatment.⁴ In 2020 alone, 24 Australians died every day from alcohol harms.⁵ Alcohol causes chronic illnesses including heart disease, cancer, and stroke, and contributes to 33% of

¹ Victorian Alcohol and Drug Association (VAADA), *Equitable Access to Alcohol and Other Drug Treatment For All Victorians* (Election Statement, 30 May 2022) 10 <https://www.vaada.org.au/wp-content/uploads/2022/05/SUB_VAADA-election-statement_12042022.pdf>.

² Foundation for Alcohol Research and Education (FARE), *Alcohol Use and Harm During COVID-19* (Report, No 2, 27 May 2022) 6

<<https://fare.org.au/second-report-alcohol-use-and-harm-during-covid-19/>>.

³ *Equitable Access to Alcohol* (n 1).

⁴ 'Alcohol', Australian Institute of Health and Welfare (Report Highlights, 24 August 2022) <<https://www.aihw.gov.au/reports-data/behaviours-risk-factors/alcohol/overview>>.

⁵ 'Deaths', AODStats (Web Page, 2 August 2022) <<https://aodstats.org.au/explore-data/deaths/>>.

diagnosed mental health conditions,⁶ and 22% of suicide deaths around the world.⁷ The cost of alcohol harms borne by the Australian community is estimated to be \$66.8 billion p/a.⁸

A 2019 National Drug and Alcohol Research Centre (NDARC) study found that only 28.6%-56.4% of Australians who need AOD treatment can access it.⁹ This amounts to between 180,000 and 553,000 Australians unable to get treatment, demonstrating the urgent need to increase AOD service capacity nationwide.

The Victorian Government's commitment to temporarily fund an extra 100 AOD sector workers was welcome and much needed, but the recent decision to discontinue this funding comes during a period of escalating treatment demand with treatment agencies under huge pressure from the enduring impacts of the pandemic. There are now more than 4000 Victorians on the daily waitlist for AOD treatment who need help but cannot get it.¹⁰

Broad investment in the AOD sector is necessary to ensure ongoing capacity to meet the needs of people struggling with alcohol and to reduce the frequency and complexity of presentations associated with unmet treatment demand.

A permanent boost of more than 100 Victorian AOD workers would help the sector provide alcohol treatment and support for all Victorians who need it.

Recommendation

The Victorian Government should permanently fund 100 additional Victorian AOD workers.

⁶ Rehm, J. (2011) The risks associated with alcohol, use and alcoholism. *Alcohol Research and Health* 34(2): 135-143.

⁷ WHO (2014) *Global Status Report on Alcohol and Health, 2014*, p. 47. Geneva: World Health Organization.

⁸ Steve Whetton et al, *Examining the Social and Economic Costs of Alcohol Use in Australia: 2017/18* (Report, 16 December 2021) v <<https://apo.org.au/node/315745>>.

⁹ Alison Ritter, Jenny Chalmers and Maria Gomez, 'Measuring Unmet Demand for Alcohol and Other Drug Treatment: The Application of an Australia Population-Based Planning Model', [2019] (18) *Journal of Studies on Alcohol and Drugs*, Supplement 42, 42.

¹⁰ *Equitable Access to Alcohol* (n 1).

Background

The pandemic has accelerated alcohol use among key groups

During long stay at home orders people were isolated from family, friends, colleagues, and the activities they normally enjoyed, while many also experienced job loss.¹¹ Many people experienced negative mental health impacts, which can lead to increased AOD use.¹² Indeed, increases in alcohol consumption during the pandemic were especially prevalent in people experiencing severe symptoms of depression and anxiety.¹³

The alcohol industry rapidly pivoted its marketing strategies to exploit the COVID-19 pandemic, encouraging people to use alcohol at home to cope or survive lockdowns.¹⁴ At the beginning of the first nationwide lockdown, spending on alcohol increased by 43%.¹⁵ Online alcohol sales climbed significantly within the first week of restrictions, with major retailers reporting sales increases of up to 200%.¹⁶

Of the one in five households that bought more alcohol than usual, 70% said that they were drinking more than they usually would pre-pandemic, 34% were drinking daily, and 32% had concerns about their own or someone else in their household's drinking.¹⁷

Certain groups reported using more alcohol during COVID-19 restrictions. Almost one third (29%) of parents, especially mothers, reported using alcohol more frequently to cope with the stress associated with lockdowns and home-schooling, with 14% reporting daily drinking. Using alcohol as a form of self-medication is a major factor contributing to the development of addiction.¹⁸

Concerningly, increased alcohol consumption during the pandemic may have led to permanent changes in use. Spending on alcohol has remained well above pre-pandemic levels, with spending around 30% higher in 2022 than in early 2020 (before the onset of the first lockdown).¹⁹

More Victorians need alcohol treatment but service capacity has decreased

At the same time the pandemic was impacting on Victorian's mental health, and alcohol consumption was rising, there was a rise in demand for access to AOD treatment. Data from the sector showed that 70% of AOD treatment agencies saw an increase in the prevalence and severity of alcohol-related presentations in their clinics.²⁰ They also reported that many patients presenting during the pandemic had alcohol concerns and had never previously engaged in treatment.²¹ Agencies also reported an increase in the rate of relapse during this

¹¹ 'One Year of COVID-19: Aussie Jobs, Business and the Economy', *Australian Bureau of Statistics* (Web Article, 17 March 2021) <<https://www.abs.gov.au/articles/one-year-covid-19-aussie-jobs-business-and-economy>>.

¹² Hugo López-Palayo et al, 'The Post-COVID Era': Challenges in the Treatment of Substance Use Disorder (SUD) After the Pandemic' (2020) 18(241) *BMC Medicine* 1, 2.

¹³ Thach Duc Tran et al, 'Alcohol Use and Mental Health Status During the First Months of COVID-19 Pandemic in Australia' [2020] (277) *Journal of Affective Disorders* 810, 811.

¹⁴ Foundation for Alcohol Research and Education and Cancer Council WA, *An Alcohol Ad Every 35 Seconds: A Snapshot of How the Alcohol Industry is Using a Global Pandemic as a Marketing Opportunity* (Report, 8 May 2020) 3 <<https://fare.org.au/wp-content/uploads/2020-05-08-CCWA-FARE-An-alcohol-ad-every-35-seconds-A-snapshot-final.pdf>>.

¹⁵ 'Australian Real-Time Consumer Spending', *E61 Institute* (Web Page, 26 June 2022) <<https://www.e61.in/spendtracker>>.

¹⁶ Foundation for Alcohol Research and Education (FARE), *Alcohol Use and Harm During COVID-19* (Report, No 1, 20 August 2020) 19 <<https://fare.org.au/alcohol-use-and-harm-during-covid-19/>>.

¹⁷ Ibid 15, 17.

¹⁸ Shani Macaulay, 'Has COVID-19 Changed Australia's Alcohol Consumption?', *NewsGP* (News Article, 11 January 2022) <<https://www1.racgp.org.au/news/gp-opinion/has-covid-19-changed-australia-s-alcohol-consumption>>.

¹⁹ 'Australian Real-Time Consumer Spending' (n 14).

²⁰ *Equitable Access to Alcohol* (n 1).

²¹ *Equitable Access to Alcohol* (n 1).

time,²² consistent with research that has found impacts of the pandemic (feelings of isolation, anxiety and stress) can make people abstaining from alcohol more vulnerable to relapse.²³

Between 2019 and 2020, the use of online counselling for alcohol also grew by 20%, indicating a significant rise in help-seeking.²⁴ The use of helplines for alcohol and other drugs climbed during the pandemic, with the number of calls in 2021 tripling those recorded in 2019.²⁵

Wait times for AOD treatment in Victoria increased by 71% between September 2020 and December 2021, and the number of people on wait lists increased from 2385 in September 2020 to 4088 in December 2021, an increase of more than 70%.²⁶ This was likely due to a combination of more people seeking support and less treatment availability, as nearly 60% of AOD agencies services were forced to reduce their capacity in 2020-21 due to lockdown restrictions.²⁷

The AOD sector was already struggling prior to the pandemic, with investment lagging far behind what is needed to meet demand.²⁸ Victoria has the second-lowest per capita rate of residential rehabilitation beds in Australia, with less than one per 10,000 head of population, indicating that we trail behind other states and territories in providing enough residential care for people who need it.²⁹

A 2019 study carried out by researchers at the National Drug and Alcohol Research Centre (NDARC) into unmet demand for AOD services in Australia reveals the urgent need to increase AOD service capacity nationwide. NDARC revealed that only between 26.8% and 56.4% of those in need of treatment accessed it. This translates to a demand gap of 43.6 to 73.2%, or 180,000 to 553,000 people nationally.³⁰

Unmet AOD treatment demand places more pressure on other health services

Ensuring that AOD services are able to fulfil unmet treatment demand is important not only because it means people seeking treatment can receive it, but also because unmet demand can place additional pressure on other areas of the healthcare system, including emergency departments and ambulance services.

Alcohol-related ambulance presentations to the home increased between 2019 and 2020 and this increase was most pronounced in those experiencing socioeconomic disadvantage.³¹ Due to reduced capacity as a result of lockdown restrictions, people who may have otherwise been able to access AOD treatment pre-pandemic may experience worsening alcohol harms which result in the need for ambulance services. Similarly, emergency departments, which are already understaffed,³² may see an increase in alcohol and other drug related presentations as people remain on waitlists for addiction treatment.

²² *Equitable Access to Alcohol* (n 1).

²³ Kurosch Yazdi et al, 'Impact of the COVID-19 Pandemic on Patients With Alcohol Use Disorder and Associated Risk Factors for Relapse' (2020) *Frontiers in Psychiatry* 11/620612: 1-10, 1.

²⁴ 'Counselling Online', AODStats (Web Page, 30 September 2021) <<https://aodstats.org.au/explore-data/counselling-online/>>.

²⁵ *Alcohol Use and Harm During COVID-19* (n 2) 6.

²⁶ *Equitable Access to Alcohol* (n 1).

²⁷ *Equitable Access to Alcohol* (n 1).

²⁸ Alison Ritter et al, *New Horizons: The Review of Alcohol and Other Drug Treatment Services in Australia* (Report, July 2014) 14 <<https://ndarc.med.unsw.edu.au/resource/new-horizons-review-alcohol-and-other-drug-treatment-services-australia>>.

²⁹ *Equitable Access to Alcohol* (n 1) 13.

³⁰ Alison Ritter, Jenny Chalmers and Maria Gomez, 'Measuring Unmet Demand for Alcohol and Other Drug Treatment: The Application of an Australia Population-Based Planning Model', [2019] (18) *Journal of Studies on Alcohol and Drugs*, Supplement 42, 42.

³¹ Rowan Ogeil et al, 'Changes in Alcohol Intoxication-Related Ambulance Attendances During COVID-19: How Have Government Announcements and Policies Affected Ambulance Call Outs?' (2021) 14 (September) *The Lancet Regional Health - Western Pacific* 1, 4.

³² Broede Carmody and Rachel Eddie, 'Victoria, NSW to Establish 25 Free Urgent Care Clinics in Each State' *The Sydney Morning Herald* (online, 30 August 2022) <<https://www.smh.com.au/healthcare/victoria-nsw-to-establish-25-free-urgent-care-clinics-in-each-state-20220830-p5bdu2.html>>.

The combined effects of an AOD sector that has contracted as a result of the pandemic and a sustained increase in treatment demand results in other areas of healthcare having to effectively absorb this demand, placing additional pressure on vital services including ambulance attendance and emergency departments.

Workforce reinvestment is needed to meet demand

When the Victorian Government announced temporary funding for 100 extra AOD workers under the Covid Workforce Initiative, this was a welcome and much needed boost to the sector. However, the 2022-23 state budget has discontinued this funding.³³

This discontinuation is premature and out of step with the ongoing effects of COVID-19, which continues to lead to more Victorians needing alcohol treatment from an already overstretched and under-resourced AOD sector. Reflecting on the long-term harms from other crises, we anticipate that pandemic related increasing AOD treatment demand will continue for many years. The Victorian government should immediately reinstate the funding for these extra 100 workers, and ensure that broader investment in AOD treatment services, guided by the AOD Workforce Strategy, is sufficient to meet service demand.

Recommendation

We recommend that the Victorian Government reinstate and make ongoing the recently discontinued funding for the extra 100 AOD workers introduced during the pandemic.

³³ Department of Treasury and Finance, Victorian Government, *Victorian Budget 2022/23: Putting Patients First* (State Budget Overview, 3 May 2022) <<https://www.dtf.vic.gov.au/2022-23-state-budget/2022-23-budget-overview>>.