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Legislative Council, Legal and Social Issues Committee
Parliament of Victoria
Parliament House, Spring Street
EAST MELBOURNE VIC 3002

Dear Committee Members,

RE: Inquiry into the Use of Cannabis in Victoria

Uniting Vic.Tas welcomes the opportunity to provide input to the Inquiry into the Use of Cannabis in Victoria by the Legislative Council, Legal and Social Issues Committee.

Uniting Vic.Tas is the community services organisation of the Uniting Church in Victoria and Tasmania. We are more than 6,000 people delivering hundreds of services accessed nearly 200,000 times each year across Victoria and Tasmania.

Uniting works alongside people of all ages in local communities across Victoria and Tasmania. Our services reach to Albury-Wodonga in the north, Mallacoota in East Gippsland, the Wimmera region in the west, and across Tasmania. One of our areas of strength is working alongside people experiencing the effects of alcohol and other drugs (AOD) use, on their path to wellness and recovery.

Uniting and its predecessor agencies have a long history as providers of AOD treatment services to young people and adults. We currently operate residential withdrawal services including two specialist youth withdrawal services – Tabor House in Ballarat and Williams House in Coburg, and an Adult and Mother-Baby Withdrawal Service in Ivanhoe. We also provide outreach support, counselling, intensive day programs, and a range of forensic services for those involved in the criminal justice system.

Thank you for the opportunity to provide feedback to this important inquiry. We would be pleased to provide further input on any of the areas covered in this submission.

Yours sincerely,

Bronwyn Pike
Chief Executive Officer

Inquiry into the use of Cannabis in Victoria.

Submission Uniting Vic.Tas

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About Uniting

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Uniting works alongside people of all ages in local communities across Victoria and Tasmania. Our services reach to Albury-Wodonga in the north, Mallacoota in East Gippsland, the Wimmera region in the west, and across Tasmania. We work to inspire people, enliven communities and confront injustice.

Our experience

One of our areas of strength is working alongside people experiencing the effects of alcohol and other drugs (AOD) use, on their path to wellness and recovery.

Uniting and its predecessor agencies have a long history as providers of AOD treatment services to young people and adults. We currently operate residential withdrawal services including two specialist youth withdrawal services – Tabor House in Ballarat and Williams House in Coburg, and an Adult and Mother-Baby Withdrawal Service in Ivanhoe. We also provide outreach support, counselling, intensive day programs, and a range of forensic services for those involved in the criminal justice system.

We have also been recently announced as the provider of a youth residential rehabilitation service for the Gippsland region under the Victorian Government's *Drug Rehabilitation Plan*, due to open in Traralgon in June 2021.

We provide information, advice, and secondary consultation to other health and welfare agencies who work with clients experiencing AOD issues. We are a leading provider of education and training services for the AOD sector, as a Registered Training Organisation. We provide national recognised competency-based training for the AOD workforce as well as a range of client education courses and diversion programs.

This submission is based on our extensive experience in delivering a comprehensive range of AOD treatment and harm reduction services and educational programs. Our submission addresses the following terms of reference:

- protect public health and public safety in relation to the use of cannabis in Victoria
- implement health education campaigns and programs to ensure children and young people are aware of the dangers of drug use, in particular, cannabis use
- assess the health, mental health, and social impacts of cannabis use on people who use cannabis, their families, and carers.

Recommendations

Cannabis Policy in Victoria

Recommended action 1:

Review the evidence for and outcomes from various forms of cannabis regulation internationally, nationally and locally with a view to implementing a legislative and policy framework that reprioritises health over prohibition.

Treatment and Harm Reduction

Recommended action 2:

Expand youth-specific alcohol and other drugs programs to ensure the provision of targeted and developmentally appropriate supports for young people experiencing harm associated with their cannabis use.

Recommended action 3:

Ensure that Victorian AOD treatment services have the capacity to provide timely access to the Cautious with Cannabis program for all people, including those on a court-ordered diversion.

COVID-19

Recommended action 4:

Ensure ongoing and additional funding to the alcohol and other drugs sector to meet existing and future demand associated with the COVID-19 pandemic.

Recommended action 5:

Provide additional funding for enhanced and longer-term treatment and support for those who are disengaging or at risk of disengaging from alcohol and other drugs treatment in the current context of COVID-19. This may involve outreach, peer support, and dual diagnosis support, particularly important for young people and Aboriginal communities.

Drug policy in Victoria

'In my experience, good public policy is best shaped by the dispassionate analysis of what in practice has worked, or not. Policy based on common assumptions and popular sentiments can become a recipe for mistaken prescriptions and misguided interventions. Nowhere is this divorce between rhetoric and reality more evident than in the formulation of global drug policies, where too often emotions and ideology rather than evidence have prevailed.'

Former UN Secretary-General Kofi Annan, 2016

Uniting Vic.Tas has a strong history of advocacy. As we wrote in our 2017 submission to Victorian Parliament's Inquiry into Drug Law Reform (as Uniting ReGen):

"As a basis for local, national and global drug policy frameworks, prohibition has had little impact on the production, supply and consumption of illicit drugs. It is estimated that 300 million people now use illicit drugs worldwide and research regularly finds no correlation between the harshness of drug laws and levels of illicit drug use (Annan, 2016).

In spite of the abundant evidence for the ineffectiveness of prohibitionist drug policy frameworks and the role such frameworks play in increasing the scale and intensity of drug related harm (including violence and corruption) at a local, national and international level (GCDP, 2016, Douglas and MacDonald, 2012), Victorian drug laws have remained firmly grounded in a prohibitionist model"[1] (Uniting ReGen, 2017).

There is growing recognition in Australia and internationally that the most effective way to respond to illicit drug use is as a health issue, not a criminal justice issue. Internationally, a number of jurisdictions have shifted away from prohibition in recent years, particularly in relation to cannabis, including Colorado and California in the United States and Uruguay in South America. Many countries are exploring alternative approaches to the control and regulation of cannabis in order to minimise the scale of the illicit drug market, reduce the number of people involved in the criminal justice system and improve health and social outcomes for the community.

In Australia, all states and territories currently practice some form of cannabis decriminalisation, whether in law (such as in South Australia or most recently the Australian Capital Territory) or practice (de facto) through police discretion and diversionary programs such as those operating here in Victoria.

The goal of drug policy in Victoria should be to reduce drug-related harm. Uniting Vic.Tas is a strong supporter of the Public Health Model for understanding and responding to drug use in Victoria. This model is based on the philosophy of harm minimisation. This means that we accept that drug use is a reality within our society and that trying to eliminate it is an unreachable goal. The goal therefore is to reduce the harms brought about by certain types of drug use and improve health and social outcomes for individuals and the community as a whole. Uniting Vic.Tas believes the ongoing criminalisation of people who use drugs is counterproductive, unjust and promotes stigma.

Earlier this year, the Australian Capital Territory (ACT) introduced changes via the *Drugs of Dependence (Personal Cannabis Use) Amendment Bill 2018* around the personal use of cannabis to help people get support and to stay out of the justice system. In the ACT if you are aged over 18 you can now:

- possess up to 50 grams of dried cannabis or up to 150 grams of fresh cannabis
- grow up to two cannabis plants per person, with a maximum of four plants per household
- use cannabis in your home (personal use).

We have seen some positive policy developments in Victoria in recent years, such as the establishment of Victoria's first Medically Supervised Injecting Room (MSIR), the ongoing commitment to Drug Diversion programs, the availability of medicinal cannabis and the expansion of the Victorian Drug Court. Nonetheless, Victoria's drug laws remain fundamentally prohibitionist in nature. We see the negative impacts of this prohibitionist frame on those entering our services and programs daily.

We draw the Committee's attention to key recommendations from the Victorian Parliament's Inquiry into Drug Law Reform in 2018. We believe these recommendations are still relevant and an excellent starting point for Victoria to continue its path towards harm reduction.

Recommendation 1: The Victorian Government's approach to drug policy be based on effective and humane responses that prioritise health and safety outcomes, be in accordance with the United Nations' drug control conventions, and informed by the following principles:

- promotion of safe communities – reduce drug-related crime and increase public safety
- evidence-based – empirical and scientific evidence to underpin change
- supportive and objective approach to people who use drugs and of drug addiction
- cost-effective – ensure money spent on drug policy is working to reduce harms
- responsive – flexible and open to change, new ideas and innovation.

Recommendation 2: In recognition of the imbalanced investment in drug-related expenditure under the three pillars of demand reduction, supply reduction and harm reduction, the Victorian Government develop a new drug strategy based on the four pillars of: Prevention, law enforcement, treatment and harm reduction.

We commend the previous work of the former Victorian Parliament Law Reform, Road and Community Safety Committee as an important foundation for this Inquiry specifically examining cannabis use in Victoria.

In the context of cannabis policy and law reform, there is a growing body of evidence upon which to base our response to cannabis use and reorient our approach to one that is focussed on reducing harm.

Recommended action 1: Review the evidence for and outcomes from various forms of cannabis regulation internationally, nationally and locally with a view to implement a legislative and policy framework that reprioritises health over prohibition.

Responding to cannabis use and harms – treatment and support

Globally, cannabis is and remains the most widely used illicit substance in Australia with approximately 36 per cent of respondents to the 2019 National Drug Strategy Household Survey reporting using cannabis in their lifetime. It is commonly used by those entering AOD treatment services, with cannabis reported among the three most common drugs that led clients to seek treatment for their own drug use at a national level (alcohol – 36 per cent of all treatment episodes, amphetamines 28 per cent and cannabis 20 per cent) (AIHW 2020).

It is often the primary drug of concern for young people entering our residential withdrawal services in Melbourne and regional Victoria and a commonly used substance among those young people working with our youth clinicians across various programs and services.

We see cannabis use routinely across our AOD range of programs and services and it is commonly reported as a both a primary and secondary substance of concern for people seeking treatment.

It is common for people seeking treatment to be using more than one substance at a time, known as poly-drug use. Like other central nervous system depressants, cannabis slows down the functioning of the central nervous system. Many people who use it say it relaxes them, but high doses of THC (the main psychoactive component in cannabis) can have a hallucinogenic effect. Cannabinoids have been linked to both the alleviation and exacerbation of mental health issues, including paranoia, anxiety and depression.[1]

Our clinicians report that cannabis is often used by our clients to aid sleep, and as a coping strategy for those who have experienced trauma and experience symptoms such as flashbacks and nightmares. It may not be viewed as a substance of significant concern for some, while for others it is their primary substance of concern.

Our clinical experience, supported by the research evidence, shows that people presenting to AOD treatment services often have complex psychosocial needs which can include co-occurring mental and physical health needs, as well as social, family, housing and legal concerns. Understanding the complex interrelationship between different life variables is key, as is recognition of the functional role AOD use plays for an individual in the context of their life circumstances. A psychosocial approach is necessary. This is one which considers the individual in their family and broader social context, as well as their structural environment including access to material resources.

The Committee's Terms of Reference are heavily weighted towards a focus on young people. Therefore, we provide the following comments drawn from our extensive experience in working with young people and providing evidence-based AOD treatment and support. This includes a range of treatment responses for young people where cannabis use is among the presenting issues.

Uniting offers a number of targeted, youth-specific programs and services, including an extensive history in the provision of residential withdrawal services to young people through two youth residential withdrawal services – Williams House in Coburg and Tabor House in Ballarat.

Our residential withdrawal services are state-wide and provide treatment and support to young people from across Victoria. These services provide a 7- to 14-day program for young people aged between 12-21 years of age seeking to withdraw from alcohol or other drugs. These services offer a holistic approach to the health and wellbeing of young people and recognise alcohol and other drug use is only one aspect of a young person's life. They offer intensive support and a safe place to assist young people in the withdrawal process, as well as linking young people to ongoing support post-withdrawal. As the Manager of one of our youth residential services describes:

[1] This information is drawn from our *Cannabis: Facts About* brochure, part of a series of *Facts About* and *Getting Support* brochures.

> *"The young people we meet are often using cannabis [and other substances] as a reaction to personal stressors, trauma and mental health issues. We focus on providing them with a supportive and therapeutic environment where they feel safe. We can then deliver education around harm minimisation and the effects of cannabis use on their mental and physical health. We have found young people are enthusiastic to address their substance use issues and apply what they learn with us in the community once they exit our service."*

We are currently working on the design and development of a new youth residential rehabilitation service due to open in Traralgon in June 2021. This new service is part of the Victorian Government's *Drug Rehabilitation Plan* which saw $40.6 million funding allocated in the 2018/19 Budget to fund three new facilities at Corio, Wangaratta and Traralgon. The service is a partnership between Uniting and Gippsland and East Gippsland Aboriginal Cooperative. The model of care and practice framework is based on the latest available evidence with input from a diverse range of youth AOD clinicians and experts, including young people with a lived experience.

The importance of tailored, evidence-based interventions and programs and services for young people

Our experience in working with young people using cannabis and other substances highlights the importance of youth-focussed interventions and services that are: accessible, flexible, holistic, person-centred, relationship-based, strengths-based, family-inclusive and developmentally appropriate. Interventions in this space must focus on the safety, health and wellbeing of young people and consider the young person in the broader ecological context of their family and community.

The biopsychosocial approach is key to this work. It recognises young people, and the challenges they face, are shaped by a complex interaction between biological, psychological and social factors and dimensions. It places the young person firmly in a broader social and systemic context and recognises that while challenges associated with AOD use may be the reason a young person comes into contact with AOD services, these issues are not the sole focus of 'the work' with young people. They may not be the most immediate and pressing need and they may not be the first thing to focus on.

As our Senior AOD Youth Outreach Worker reflects:

> *"Half the work is about lived experiences, talking about the situations and environments young people are in…the whole emphasis is on minimising harm, but [also] learning through their own experiences and not just being told by adults what's the right thing to do"*

The therapeutic approach across our youth programs is derived from a range of therapeutic traditions, integrating elements of cognitive behavioural therapy, family therapy and client-centred counselling including strengths-based approaches.

The Senior AOD Youth Outreach Clinician works in a standalone role, providing supportive engagement for people aged 12-21 years and their families or carers. Adopting a community-based outreach model of stepped care, the role provides practical and therapeutic support, with an emphasis on educating clients on harm minimisation, dual diagnosis, withdrawal and treatment information, improving physical and mental health and wellbeing and post-treatment supports.

This role is uniquely positioned to work with young people, and their families, to provide education, harm reduction and treatment. Consistent with the evidence of 'what works' with young people, building trust and rapport and meeting young people 'where they are at' is critical to effective service delivery. The development of a strong and trusting relationship promotes engagement, retention and good outcomes for young people:

> *"I try to support clients to be transparent and report to me without judgement - tell me what they are doing and what they're using and for me to support them without judgment. I tell them 'you can't let me down or disappoint me, just tell me what's going on – I need to know. How can I support you if I don't know the facts?'. I really work on this openness, because if I don't know what's going on, I won't know what treatment plan or support to put in place if they don't tell me – they will miss out, it's them that misses out if they can't be open"*

Establishing a sense of safety and a trusting, attuned relationship between practitioner and 'client' is critically important when working with Aboriginal young people. The settler-colonisation process in Australia has resulted in enormous transgenerational trauma, the effects of which can be seen in the high rates of mental-health issues, harmful AOD use and suicide among the Aboriginal population (Australian Human Rights Commission, 1997, 2010; Dudgeon et al., 2014; Gee et al., 2014; Gray et al., 2017; Foley, 1997; HREOC, 1997; Parker and Milroy, 2014). Our Cultural Safety Advisor reflects on this, and the role of mainstream services in responding to Aboriginal young people:

> *"You have to understand that when working with Aboriginal people, you are working in a context of transgenerational and intergenerational trauma. It takes 4 or 5 times as long to develop trust and you have to take that time to build trust and work with Aboriginal young people. You need to listen. Best practice when working with Aboriginal people is that cultural safety. You need to understand their story. Understand the trauma. Build trust. Build rapport. To get that story and that trust takes a lot longer"*

Being responsive to what people ask for, and tailoring support to meet a young person's level of readiness for change is central to providing services that are client-centred and inclusive. For young people, particularly in the early stages of engagement, this might involve providing support that is focussed on material needs or primary health needs or responding to crisis. Our HYP-d (Hume Youth Families Parent Drug Services) program clinician who works with young people and their families in the Hume region of Melbourne emphasises the importance of openness and flexibility when working with young people:

> *" You have to be flexible when working with young people. Young people are far less likely to turn up to a service at the same time each week for an appointment. You have to be creative in how you deliver services to young people. It's about being accessible and making young people feel comfortable. Outreach allows you do to that"*

Good practice in responding to young people therefore includes a broad range of activities, including:

- building rapport and developing a culture of trust and transparency with young people
- supporting clients and families/carers throughout the stages of change, including pre-treatment, during treatment and post-treatment
- liaising between relevant integrated medical and social services with a responsive step-up, step-down approach to support client goals
- co-ordinating care and establishing wrap-around support via linkages with other health and social services e.g. housing, education, employment and social supports.

In early 2017, Uniting piloted a six-week modularised, resilience-based non-residential rehabilitation program for young people. This program was piloted over a three-month period. The "Youth Catalyst" model, as it was known, was based on our award-winning adult non-residential rehabilitation

program, Catalyst, which has been running since 2009. It was modified to include strategies that are known to be effective with young people and was designed to support young people to draw upon or build the resources and assets required to meet their needs. It emphasised the need for safety, developing family and other social relationships, gaining control by employing effective strategies and participating in constructive activity. It provided a post-withdrawal option and a program of greater intensity than other available counselling or educational interventions for young people. Importantly, it also provided an alternative to residential therapeutic treatment that may not be suitable or acceptable for many young people.

The program used a range of evidence-based interventions such as:

- Motivational enhancement therapy
- Cognitive behaviour therapy
- Family engagement strategies.

However, the model included important adaptations such as:

- A more flexible approach – recognising that committing to a six-week program can be a barrier to engagement, the model was broken into separate two-week phases. While participants were encouraged to complete each of the three phases, they were only required to commit to one at a time
- Increased focus on engagement – making the program less daunting for potential participants by adjusting the balance between core content (CBT, MET, mood management sessions) and adjunctive content (family sessions, nutrition, art therapy, exercise, relaxation etc)
- Increased opportunities for 1:1 counselling – understanding the greater need for program participants to have ongoing support from a key worker. As such there was less unstructured time and more opportunities for staff to provide therapeutic support while engaging in a range of informal program activities (from meal preparation to external excursions).

Uniting believes there is significant potential in expanding the availability of youth-specific and -focussed interventions. These could include youth outreach programs and programs like our 'Youth Catalyst' model which offer more intensive therapeutic options for young people using substances, including cannabis.

Recommended action 2: Investment in youth-specific AOD programs and services be expanded to increase the availability of targeted and developmentally appropriate supports for young people experiencing harm associated with their cannabis use.

Harm Reduction

The International Harm Reduction Association (IHRA) defines harm reduction as "the policies, programs and practices that aim to reduce the harms associated with the use of psychoactive drugs in people unable or unwilling to stop. The defining features are the focus on the prevention of harm, rather than on the prevention of drug use itself, and the focus on people who continue to use drugs."

The overall rationale for harm reduction is based on the recognition that, in spite of any supply and demand reduction initiatives, there will always be some degree of alcohol and other drug use in society. Harm reduction's primary focus is not on alcohol and other drug use per se, but on reducing the associated harms.

Harm reduction has been a principle of Australia's approach to drug use since the 1980s with the introduction of needle and syringe programs. The early implementation of this harm reduction measure in Australia has resulted in some of the lowest rates of HIV amongst people who inject drugs in the world.

Harm reduction is also an important component of any micro-level AOD intervention. In relation to cannabis, harm reduction information – an example of which is that contained within our *Facts About and Getting Support Series* - includes information around ways to reduce the harm from smoking cannabis, and the risks and harms of synthetic cannabis use.

Harm reduction information and education can extend to supporting people to better understand the links between substance use and mental health:

> *"My main focus on any education regarding cannabis is focused on mental health – the mental health impacts are what I'm most concerned about for young people – I see a lot of negative impacts on mental health – so any education needs to address that…..I'm doing lot of support with mental health appointments, helping clients see psychiatrist and medical appointments, making sure their keeping up with their medication and staying in touch with those supports" - Youth Outreach Worker*

A note on synthetic cannabis

Synthetic cannabis is the umbrella term for a number of new psychoactive substances developed to mimic some of the effects of cannabis. Most contain a blend of chemicals mixed with solvents and added to herbs and sold under various brand names. The chemicals vary from batch to batch and may produce differing effects. These synthetic substances are generally new, and their effects can be unpredictable. They have been linked to overdose with symptoms including confusion, agitation, vomiting, seizures and stroke.[2]

At the current time, we do not see many people entering AOD treatment for support around synthetic cannabis use. Anecdotally, among those who have presented to our services for treatment for synthetic cannabis use, people reported significant impacts on their mental health and wellbeing when they had shifted from cannabis to synthetics. Our workers have reported much more immediate and significant harms associated with the use of synthetic cannabis in terms of the mental health impacts and withdrawal symptoms. The harms from these chemical mixes were more apparent and pronounced than harms associated with cannabis use.

[2] ADF *Drug Facts: Synthetic Cannabis*, available at: https://adf.org.au/drug-facts/synthetic-cannabis/

Forensic and Drug Diversion Programs

Uniting has long been recognised as a leading provider of community forensic treatment services in Victoria. Among other services, we provide assessment, counselling, residential and non-residential withdrawal and therapeutic day programs. These day programs include the 'Torque' six-week non-residential therapeutic program.

Uniting is also a Registered Training Organisation that provides a range of forensically focused psychoeducational AOD services such as the 'Choices' program for clients with low level forensic and AOD use histories, Drink and Drug Driving programs and a range of alcohol and other Drug Diversion programs.

A common approach employed across Victoria to deal with people apprehended for these offences is police drug diversion programs. These are the Cannabis Cautioning Program and the Illicit Drug Diversion Program (for other illicit drugs). Under these programs, drug use and personal possession remain criminal offences, however, police can divert people away from the criminal justice system and into treatment, rather than lay charges (a form of de facto decriminalisation) for a limited number of apprehensions.

The *Cautious With Cannabis program*, which is funded by the Department of Health and Human Services, was developed by Uniting in response to the introduction of the Cannabis Cautioning Scheme in the late 1990s. It is a 2.5 hour education session led by an experienced and trained counsellor/facilitator for those who are either required to undertake an education program, as part of a diversion, or are interested in learning more about the harms associated with cannabis use. Broadly, the aims of the program are to improve participant understanding of:

- the effects of cannabis
- potential harms of cannabis use
- harm reduction strategies
- strategies known to assist behaviour change
- supports and services.

While initially intended as a diversion program in response to the Cannabis Cautioning scheme, we see a broad range of individuals accessing the programs including those interested in learning more about the harms associated with cannabis and seeking to make change to their cannabis use on a voluntary basis. Demand for this program is solid and we believe it could be expanded and made more widely available across the Victorian community.

Recommended action 3: Ensure that Victorian AOD treatment services have the capacity to provide timely access to the Cautious with Cannabis program for all people, including those on a court ordered diversion.

Prevention and education

While this submission primarily focuses on AOD treatment and support, we offer the following brief comments in relation to the Committee's Terms of Reference (item c). This item refers to the implementation of health education and public safety campaigns and programs to ensure children and young people are aware of the dangers of drug use.

There is solid evidence that large scale, mass media education campaigns around drug use have little impact on deterring young people from using substances. A systematic review conducted by Allara et al in 2015 found that, of the studies relevant for inclusion in the review, the majority found little or no evidence for the effectiveness of mass media campaigns in reducing AOD use (Allara et al 2015). Such approaches often fail to recognise the reasons why people may use substances in the first place and the complex interaction between a person and their environment.

Uniting believes any broad-based health education campaign must be informed by the latest available evidence and shaped by AOD research expertise. They must aim to reduce stigma around drug use, include harm reduction information and promote help-seeking for those wishing to connect with treatment and support services. There are a number of relevant guidelines that could be drawn upon in development of any mass media campaigns around cannabis use, including the Commonwealth Government's commissioned *Mindframe for Alcohol and Other Drugs: Guidelines for communication about alcohol and other drugs* which are designed to support media to report safely and responsibly of AOD issues. As the guidelines state:

> *"A recent review of the literature found there is evidence that media portrayals focused on the health, psychological and social risks associated with AOD use, and portrayals that encourage consideration of how AOD fits into individuals' goals as contributing members of society, can lead to reductions in AOD use" (Everymind, 2019, p.9).*

In relation to AOD education in schools, we believe this education must be embedded in the curriculum and situated within a broader health context, are resilience based, and occur over a period of time. One-off sessions do little to improve knowledge or reduce harm. They must be evidence-based and incorporate treatment and harm reduction expertise. There are a number of positive examples of AOD services working collaboratively and effectively with schools to develop relationships, support staff to increase knowledge and understanding of AOD issues and develop referral pathways for young people experiencing AOD-related harm. The capacity of our services to do this work has been reduced in recent years and we would like to see investment in this work as an important component of health promotion and prevention work.

The impact of COVID-19

COVID-19 has had a significant impact on people who use substances and on the way AOD services deliver treatment and support. The changes for our service users have been profound and include:

- loss of income and unemployment
- limited and reduced access to health and social support services
- changes in the drug market.

COVID-19 also saw an immediate and profound reduction in support structures that scaffold 'recovery'. All these challenges, and many more, meant our workforce has been tasked with supporting people with their AOD treatment through a period of significant upheaval. We have seen:

- Reduced access to various AOD treatment options, particularly residential services and other face-to-face treatment options;
- An increase in service demand for forensic populations, reducing capacity to respond to community-based clients;
- An increase in the price, and reduction in availability of certain substances including methamphetamine
- An increase in alcohol consumption – among existing AOD treatment clients and the community more broadly
- Increased risk and emerging harms associated with adulteration and substitution of substances
- A re-presentation of people who had previously accessed AOD treatment and for whom COVID-19 impacted their lives so severely, they experienced relapse
- Non-residential treatment services holding 'high risk' clients with significant and complex clinical need, due to reduced capacity and longer wait-times for residential services, and reduced capacity for outreach to the most vulnerable in our community.

We also know that Stage 4 restrictions will increase social isolation experienced by many of our most vulnerable community members – including older people. Such restrictions are also placing women and children at risk of increased harm from family violence, according to international and local data and experience.

At Uniting, we have seen a steady demand for AOD treatment and a significant increase in wait-times at our residential services. There is also growing concern we will see an increase in service demand over the coming months as a result of the many challenges listed above. It is also likely that there will be a broad increase in demand for AOD treatment and support from those not previously engaged in the AOD treatment sector, as we emerge from the current lockdown in Melbourne.

There is a need to provide additional capacity to the Victorian AOD treatment sector to meet existing and future demand. This should include enhancing capacity to respond to high risk client groups through the provision of outreach and complex, longer-term case management support.

People who use substances are at significant risk of harm in relation to COVID-19, as many have compromised immune systems associated with longer-term drug use. Those using cannabis may be at increased risk due to the impact of smoking on the lungs. The stress and anxiety associated with daily living during a global pandemic place people at risk of relapse and AOD services are already starting to see the impacts of this. As one of our Intake clinicians reports:

> *"What we are seeing clearly is presentation of people we haven't seen for some time – apart from clients we would traditionally see, we have been seeing people who were quite comfortable with their routine; had maintained control but are now quite out of control - all the walls have fallen down around them… Everything people would normally do to ameliorate stress isn't available to them and at the same time the stress has increased tenfold – all our buckets are overflowing. This situation [the COVID-19 pandemic] has plugged up all the holes that release all this stress and poured in ten times more water"*

The impacts of COVID-19 on the mental health of Australians, including those with AOD issues, will be long-lasting. We anticipate a surge in demand for AOD and mental health support as a result of the pandemic. Ensuring services can respond to this increase in demand, both from existing service users, and the broader community, will require government investment and assurance of long-term, sustained funding to meet demand. We have started work at Uniting on tracking the impact of COVID-19 on service provision, including changing models of delivery from face-to-face to telephone and telehealth support and capturing some of the new and emerging issues for our clients.

Given these significant and profound challenges, we put forward the following recommendations.

Recommended action 4: Ensure ongoing and additional funding to the AOD sector to meet existing and future demand associated with the COVID-19 pandemic.

We also strongly believe opportunities to resource enhanced and longer-term treatment options for those most vulnerable and complex in our community is urgently needed and therefore recommend.

Recommended action 5: Additional funding be made available to provide enhanced and longer-term treatment and support for those who are disengaging or at risk of disengaging from AOD treatment in the current context of COVID-19. This may involve outreach, peer support and dual diagnosis, which are particularly important for young people and Aboriginal communities.

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