

**Submission
No 626**

**INQUIRY INTO HEALTH OUTCOMES AND ACCESS TO
HEALTH AND HOSPITAL SERVICES IN RURAL,
REGIONAL AND REMOTE NEW SOUTH WALES**

Organisation: Uniting NSW.ACT

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25 January 2021

The Hon Greg Donnelly MLC
Chair
Portfolio Committee No 2 – Health
Parliament House
Macquarie Street
SYDNEY NSW 2000

Dear Mr Donnelly

Health outcomes and access to health and hospital services in rural, regional and remote New South Wales

Uniting NSW.ACT is a strong supporter of a more compassionate, health-based approach to drug use rather than a criminal one. As the lead partner in the 66-organisation Fair Treatment campaign, the Synod of the Uniting Church of NSW and the ACT has resolved to support the decriminalisation of personal possession of small amounts of prohibited drugs.

The Uniting Church's position on drug law reform reflects our underlying belief in the essential worth and rights of every person, and commitment to ensure that society's approach to people who use drugs embodies this principle.

Most Australians support a health response when someone is found with small quantities of substances, and we consider that reform of drug possession laws is a significant a key aspect of addressing the availability of and access to health services in rural, regional and remote New South Wales.

Drug-related issues are often linked to complex social circumstances including trauma, abuse, poor mental health and social disadvantage. Effective responses to harmful drug use must address these underlying causes.

Current approaches which focus on policing and imprisoning people who use illicit drugs increase stigma and create barriers to people seeking treatment. Removal of criminal penalties lessens the marginalisation of already vulnerable people; provides greater scope for diversionary approaches such as referral to counselling; and reduces barriers to seeking treatment.

Every year more than 200,000 Australians are unable to access AOD treatment because there are not enough services available.¹ Modelling conducted for the Network of Alcohol and Other Drug Agencies estimates that we need approximately double the existing number of residential

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rehabilitation and detoxification beds to meet the level of need in NSW.ⁱⁱ There are similar gaps in availability of non-residential options such as community-based day treatment.

As the 2018 *Parliamentary Inquiry into the Provision of Drug Rehabilitation Services in Rural, Regional and Remote NSW* found, there is a chronic shortage of detoxification and rehabilitation services in regional and rural areas.ⁱⁱⁱ

Too many people are facing long waiting times in accessing AOD treatment. The need for more services is clear when the waiting list for residential rehabilitation can extend to six months. These delays lead to greater harm and increased costs for the health and criminal justice systems. Also, the window of opportunity when people are motivated to seek help may be lost.

Long travel distances to access treatment may also be a barrier to treatment – for example, the nearest rehabilitation service in Broken Hill is well over 300 kilometres.^{iv}

Research shows that there are a range of positive outcomes from AOD treatment including:

- reduced use of alcohol and other drugs
- improved health and psychological wellbeing
- reduced instances of child abuse and neglect and removal of children
- reduced crime rates and imprisonment
- improved employment outcomes.^v

Investment in drug treatment is also highly cost effective – for every \$1 spent on treatment, the government saves \$7.^{vi} By refocusing the system on helping people with drug use disorders we can save lives, save money and save law enforcement resources.

Uniting supports a staged approach to address historical underinvestment in AOD treatment:

- immediate funding of new AOD treatment services in high need rural and regional areas identified in previous inquiries
- development of a state-wide needs-based planning process, in line with the recommendation of the *Parliamentary Inquiry into the Provision of Drug Rehabilitation Services in Rural, Regional and Remote NSW*. The planning process should include both residential and non-residential services and address the needs of specific population groups such as women with children.

Yours sincerely

Emma Maiden
Head of Advocacy and Media - Uniting NSW.ACT

ⁱ Ritter, A. et al., 2014, *New Horizons: the review of alcohol and other drug treatment services in Australia*, Drug Policy Modelling Program, National Drug and Alcohol Research Centre, NSW.

ⁱⁱ NADA, 2019, *Submission to the NSW Health Minister and NSW Ministry of Health for the provision of additional residential rehabilitation and withdrawal management beds in NSW*, https://www.nada.org.au/wp-content/uploads/2019/03/NADA-Submission_-NSW-AOD-Beds_120319.pdf

ⁱⁱⁱ NSW Parliament, Legislative Council, 2018, *Provision of drug rehabilitation services in regional, rural and remote New South Wales*.

^{iv} Ibid.

^v Ettner, S., Denmead, G., Dilonardo, J., Cao, H., & Belanger, A., 2003, 'The impact of managed care on the substance abuse treatment patterns and outcomes of Medicaid beneficiaries: Maryland's HealthChoice program', *Journal of Behavioral Health Services and Research*, 30(1), 41-62.

^{vi} Ibid.