

Alcohol and Other Drug Sector

Potential impacts of Covid-19

Reduction/Cessation of Illicit Drug Supply

A foreseeable and highly likely reality resulting from the increased security and scrutiny of both National and Territory borders and the decreased motility of individuals globally and locally will be the reduction in supply of illicit substances. While this may be a desirable outcome insofar as achieving supply reduction targets, there are likely to be a number of acute and longer-term flow on effects that will need to be addressed.

1. Substitution

A realistic and pragmatic understanding of the nature of drug use and people who are likely to use drugs is required to recognise that removing supply will never completely remove demand for illicit substances. People use drugs for a wide variety of reasons and one of the most likely and potentially harmful results of an interruption to supply will be for individuals to seek to substitute their drug of choice with an alternative substance.

Possible impacts of this situation will be:

- A switch to, or increase in use of, alternative substances with resultant risk relating to unfamiliar dosing and usage methods, overdose potential and side effect potential.
- Increases in drug seeking and “doctor shopping”
- A very likely increase in the problematic use of readily available substances including alcohol and any other legally available substitutes.
- An increase in use of volatile substances.

Potential outcomes from these impacts include:

- An increased burden on the healthcare system
- Increased physical and mental health harms to people who use drugs
- Increased social, community and family harm from an increased rate of alcohol use.

Responses already in place:

- Development and distribution of harm reduction messaging and resources.
- AADANT media campaign promoting availability of treatment diversity and promotion of treatment seeking behaviour

- Localised monitoring and communication of recognised changes and issues relating to AOD use through AADANT feedback channels.

Recommendations:

- Removal of barriers to treatment seeking:
 - Provide a six-month blanket amnesty on prosecution for drug possession charges for individuals who agree to undergo assessment and recommended treatment programs appropriate to their illicit drug use.
 - Support individuals to access withdrawal and treatment services through transport, family support services and funding of flexible treatment models.
 - Ensure sufficient levels of service availability to meet the levels of client demand and minimise waiting list times.
- Implement legislation regulating/restricting the sale of substances with harmful substitution potential e.g. new psychoactive substances (NPS aka “synthetic” drugs).
- Review and implement alternative models of youth engagement services in remote communities as a protective factor against increasing use of volatile substances.
- Maintain and implement further supply monitoring/reduction of alcohol sales.

2. Increased levels of demand for treatment services

The reduction and potential cessation in supply will also be likely to impact on the provision of Alcohol and Other Drug (AOD) treatment services. People who are either physically or psychologically dependent on substances will likely seek or increase the level of support sought from the AOD and related sectors.

The Covid-19 pandemic is also likely to impact on individuals through increases in stress and anxiety, the high likelihood of grief and trauma outcomes relating to associated illnesses and mortalities, and changes to work, social and family situations. These factors may be causative in increasing alcohol and drug use in individuals with a further resultant increase in demand for services.

Possible impacts of this situation will be:

- An increased demand on services in quantity of clients
- An increase in complexity of client issues with the addition of an unfamiliar factor

Potential outcomes from these impacts include:

- Increased demand for Opioid Pharmacotherapy Program Services
- Increased demand for AOD treatment services
- Increased demand on Needle and Syringe Programs
- Increased demand on medical withdrawal facilities

Responses already in place:

- Services are adjusting their service models to continue to deliver the highest volume of treatment provision possible within Covid-19 guidelines
- AADANT has begun planning the provision of training specifically for responding to the likely impacts of the Covid-19 pandemic on individuals. This will include training around managing the effects of prolonged stress and anxiety, and grief and trauma.

Recommendations:

- Ensure services are sufficiently funded and resourced to provide care for a potential increase in client numbers.
- Exclude AOD services from all funding changes that would result in reductions to the level of financial resourcing in real terms including providing provision for CPI increases over forward planning.
- Address the uncertainty around the ongoing funding of the Commit program and providing provision for transition to an alternative model if required.
- Dedicate specific funding to the ongoing workforce development needs of the AOD treatment sector to ensure a properly skilled and equipped workforce (as per the NT AOD Workforce Strategic Plan).
- Ensure resourcing of/access to professional psychological services in all residential rehabilitation facilities.

3. Opportunistic drug dealing/unscrupulous liquor retailing/sly grog running

Where a vacuum is created as a result of the current situation, it is inevitable that there will be those seeking to exploit the demand created. The entire history of drug and alcohol prohibition and the continuous and endless failure to curb usage through a primary focus on supply reduction measures evidences this reality.

Potential impacts of this situation will be:

- Increased costs of illicit drug and alcohol supplies
- Redirection of money from essential supplies/services to meet increased costs of substances
- Increased competition for a more lucrative market
- Increased attempts to subvert quarantine measures

Potential outcomes from these impacts include:

- Negative outcomes for individuals, families and communities from redirection of monies
- Innovation in techniques and methodologies for smuggling drugs
- Increased levels of organised crime
- Potential transmission of Covid-19 into the Territory through non-compliance of quarantine restrictions.

Responses already in place:

- Resourcing for border security and police services

Recommendations:

- Continue enhanced monitoring of borders.
- Consideration of alternative regulatory models that reduce the profitability of the black market drug supply
- Consideration for broadening of treatment models that address dependency issues through harm reduction approaches such as replacement of illicit supply with regulated, medically-monitored supply.
- Restrictions on all advertisement of alcohol sales including the messaging around alcohol sales restrictions – messaging in this regard to be solely provided by Liquor Licensing in line with best practice.

Impacts of Isolation and Quarantine Measures

As has been evidenced across several other countries/jurisdictions, there are likely to be impacts on health, families, social functioning resulting directly from the changes in daily life required by the need for social distancing/isolation and quarantine.

1. Reduced access to services

The (necessitated) reduced freedom of movement for individuals who use alcohol and drugs will interrupt the capability to use and access support services. These individuals may be reliant on access to these services for their physical, mental and spiritual health. While some services may be able to adapt to meet the needs of their client cohort, there are risks of some individuals “falling through the gap”.

Potential impacts of this situation will be:

- Reduced access to needle and syringe exchange programs
- Reduced access to AOD support and treatment services
- Reduced access to general/other medical services
- Reduced access to medically supported Opioid Pharmacotherapy Program (OPP) services
- Reduced access to related support services

Potential outcomes from these impacts include:

- Worsened physical and mental health outcomes for individuals who use AOD.
- Lapsing/relapsing and loss of gains from treatment
- Uncontrolled/unintentional withdrawal and resultant negative outcomes
- Reduction in treatment seeking
- Reduction in effectiveness of harm reduction services

Responses currently in place:

- TEHS/ADSCA AOD units
- NTAHC NSP continuing to operate in limited capacity
- Pharmacies providing home delivery services

Recommendations:

- Provide funding for NTAHC's mobile NSP service and after hours dispensing program.
- Ensure all AOD treatment and support services have streamlined access to funding to ensure they are sufficiently equipped to deliver alternate models of care such as phone and video counselling.
- Ensure all OPP contingency planning for maintenance of existing and new clients is fully resourced and implemented.

2. Restrictions to movement in/out of remote communities

The barriers to movement of community members and service providers in and out of remote communities is a vital measure to ensure minimisation of the risk for transmission to vulnerable populations. This measure introduces a combination of risks and opportunities with regards to AOD management.

Potential impacts of this situation will be:

- A reduction in the movement of illicit drugs and alcohol into remote communities.
- A reduction in access to services that address AOD issues in community including harm reduction and prevention activities.
- Reduced capability for community members to move between remote communities and urban centres and vice versa.

Potential outcomes from these impacts include:

- An increase in the movement of remote community members into urban centres to access alcohol and other drugs with users subsequently becoming "trapped" in urban centres and unable to return to community
- Reduced ability for community members, especially children, to transfer from community to AOD treatment services in urban centres.
- An inability/delayed ability for clients undergoing residential treatment to be returned to community at the finalisation/cessation of treatment
- **Increased opportunities for clients returned to country to undertake treatment/support on-country.**

Responses currently in place:

- We are supporting members to adjust their treatment offering modalities to continue to offer as much service as possible to remote communities.
- Return to country services moving people out of town to remote homelands.

- Services are incorporating the risk of clients being unable to return to country into treatment assessments.
- Services are prepared to provide residential options for periods beyond standard treatment times to ensure client support is maintained until returning to community is available.
- Changes to liquor supply restrictions to require fixed abode for purchase.
- AMSANT and other ACCHOs delivering messaging to support the “remain on country” message.

Recommendations:

- Increase the capacity of the Remote AOD Workforce and other community-based services to be able to offer support to people on country.
- Consider the provision of emergency supported accommodation for clients exiting treatment/parole placement who are unable to return to country.
- Increase levels of support for support services operating in-community to provide enhanced support for people remaining on country.
- Consider other incentivisation approaches to have people remain on country.

3. Intensified living situations

Stay-at-home isolation/distancing measures will greatly intensify the living situation for a large number of people increasing the likelihood of home-life dysfunction and exacerbating any already volatile conditions. This, in combination with the reduction in access to normal day to day activities, the mental health effects (stress, anxiety etc) caused by the Covid-19 situation, and financial pressures due to the significant economic downturn may lead to conditions that increase the likelihood of individuals increasing drug and alcohol usage rates.

Potential impacts of this situation will be:

- Increased isolation of individuals
- Increased levels of boredom/idleness
- Intensified family/home life conditions

Potential outcomes from these impacts include:

- Physical and mental health impacts on individuals
- Increased rates of family disunity/violence
- Increased AOD usage rates.

Responses currently in place:

- AADANT is preparing and disseminating messaging to encourage individuals to remain aware of their AOD usage and to seek support where necessary/desired.
- Promotion of support and treatment services across sectors.

Recommendations:

- Establishment and promotion of a single, coordinated point-of-contact service to connect individuals to services.

Health Risks for AOD Treatment Services

AOD treatment services are considered essential frontline service throughout the Covid-19 response. Staff, especially those operating as part of night patrol/patient transport services, Sobering Up Shelters (SUS) and residential treatment facilities are at a high risk of exposure from direct, close-quartered client interaction.

Potential impacts of this situation will be:

- Exposure for staff to clients with Covid-19 infections.
- Exposure for other clients to Covid-19 infection – especially prevalent in SUS which operate.

Potential outcomes from these impacts include:

- Spread of Covid-19 to a wider number of the populace.
- Impairment of AOD services to continue to operate.
- Impacts on morale and willingness of staff to continue to offer service if they feel under-supported or at-risk.

Responses currently in place:

- All AOD services have developed Covid-19 risk management and response plans.
- AADANT has created a repository of advice and information for services which is being regularly updated and added to.
- MHAOD Branch informs that they have secured a limited amount of PPE for frontline services.

Recommendations:

- Provision of a full supply of PPE and Covid-19 monitoring equipment to high risk staff/facilities.
- Supply of extra resourcing for services to ensure full hygiene safety standards are being met (e.g. funding for increased professional cleaning services)
- Inclusion of frontline AOD services/staff as a part of the essential health service response in all communication, considerations and recognition protocols.

In conclusion, this list of considerations and recommendations is in no way intended to be a comprehensive document and AADANT will continue to communicate with our members and the broader health and community services sectors to provide ongoing representation and advice to Government.