

The impact of the COVID-19 pandemic on the non-government alcohol and other drug sector: future implications.

Summary of findings

This study used survey, focus group, and administrative data to examine the impact of the COVID-19 pandemic on non-government alcohol and other drug (AOD) treatment services in NSW, Tasmania and the ACT.



Business practice impacts



Workforce impacts



Service delivery impacts



Treatment demand impacts

The research was conducted in order to inform future planning and service delivery for NGO AOD services in NSW, ACT and TAS, and thus also other Australian states and territories. This work was commissioned by NADA with funding from the Australian Government Department of Health.

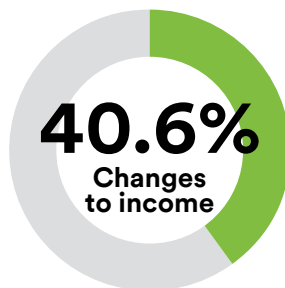
The full report can be [accessed here](#)



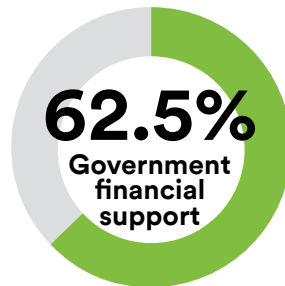
Business practice impacts



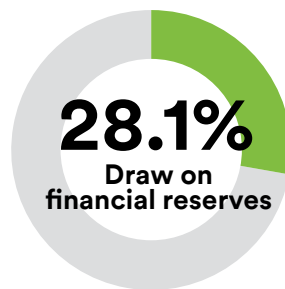
Around two fifths of NGO AOD services in NSW, TAS and ACT experienced increased costs (37.5%, n=12), particularly due to the need to expend resources in ICT infrastructure and workforce training, personal protective equipment (PPE), and cleaning products and services.



Two fifths of survey respondents (40.6%, n=13) reported changes to their income, specifically a reduction in donations and in client contributions as a result of reduced bed numbers and occupancy rates.



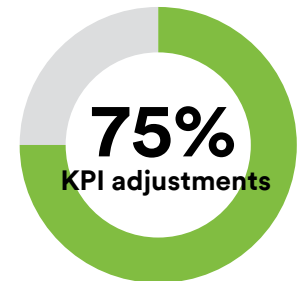
The majority of services in NSW, TAS and ACT reported receiving financial support from government (62.5%, n=20) to cover some of these additional costs and their income loss; JobKeeper has been an important form of financial assistance in order to retain staff and services.



Despite this additional financial support, many services in NSW, TAS and ACT reported that this often was not enough to off-set their costs (37.5%, n=12), leading to more than a quarter of services (28.1%, n=9) needing to draw on their financial reserves during the COVID-19 period.



Almost every service reported changes to their risk management practices (90.6%, n=29). This was mainly related to the need to implement COVID-19 response plans and measures. Although all services in NSW, TAS and ACT were able to access health guidelines or recommendations, respondents noted that resources came out late, often after services had already out of necessity developed their own health guidelines or recommendations.



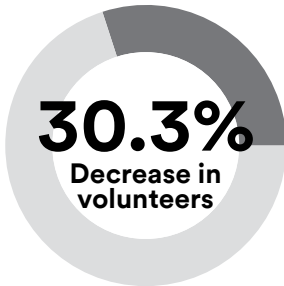
The majority of services reported being supported in adjusting their contracted deliverables or Key Performance Indicators (KPIs) (75%, n=24). The deadlines for data reports were extended or additional data collection sections were added to report on aspects related to COVID-19. Furthermore, over half of the services also reported flexibility on what the funding could be spent on (53.2%, n=17).



The majority of services considered themselves sustainable (93.5%, n=29) if COVID-19 related issues continued for another 12 months. However, this sustainability would come at a cost; both in terms of services being able to financially support themselves (e.g. 28.1%, n=9, had to draw on financial reserves) and the toll on the workforce (e.g. burnout of staff).



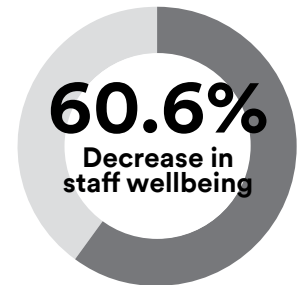
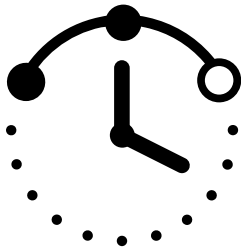
Workforce impacts



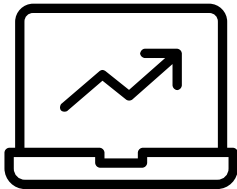
The majority of services in NSW, TAS, and ACT reported relatively minor changes in their workforce size; with an exception being **the number of volunteers (30.3%, n=10, saw a strong decrease).**



The loss of experienced staff was reported by some services due to some staff retiring earlier than planned and staff not returning due to needing to find additional employment.

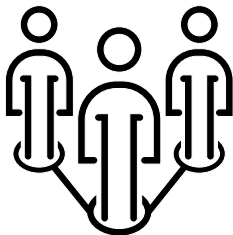


Many services reported that there was an increased workload due, for example, to staff needing to be on sick leave due to cold symptoms and getting tested, to staff being required to do additional tasks due to COVID-19 restrictions (e.g. ongoing cleaning of service), and to other services closing and receiving more referrals.

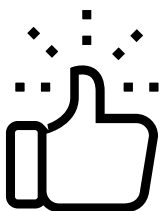


Stress and anxiety levels of staff were perceived to have increased (97%, n=32) and staff wellbeing (60.6%, n=20) decreased due to COVID-19. It was noted that because of the constant pressure on staff to work at increased capacity, without breaks, it is taking its toll. There is the worry that this will lead to burnout if this continues.

Across the data sources, we identified new challenges for managers and those in leadership positions. One of these was performance management; in an environment where most staff are under strain, there is a need for role flexibility, and the regular feedback and **performance management tasks for those in leadership positions become more complex.**



Despite the additional pressures staff were and are under, respondents noted across datasets that staff generally were really **grateful for being able to retain their job** (compared to other sectors) and were understanding of the needed changes to services.





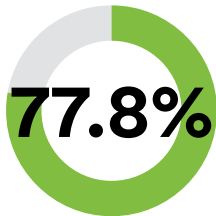
Service delivery impacts



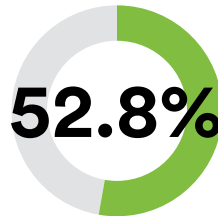
Almost every NGO AOD service in NSW, ACT and TAS that participated in this project **adapted their service delivery (91.7%, n=33)**, and a number embarked on innovative new programs (both technology-based and in-real-life).

Service providers reported **a high level of confidence** in the ways they had managed the pandemic and changed circumstances.

Services in NSW, TAS and ACT reported:



No problems with switching to internet, telephone and/or video technology for clinical care (**77.8%, n=28**)



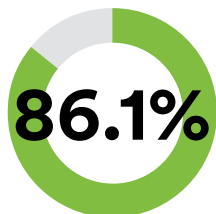
An **increase** in person-centred practice (**52.8%, n=19**)



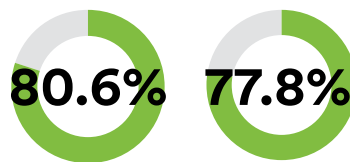
A switch to online counselling services (**50%, n=18**)



Ability to offer more flexible appointments (**50%, n=18**)



An **increased** number of staff being able to work from home (**86.1%, n=31**)



Ability to **successfully** use video technology (**80.6%, n=31**) and telephone (**77.8%, n=28**) for clinical care

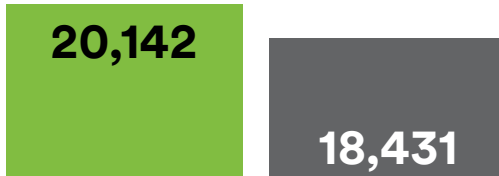
Specific barriers and challenges were reported for residential services including the difficulties of not be able to offer outdoor activities; the risk of needing to close down if an outbreak occurs within the service; clients not being allowed to leave the centre for activities or specialist appointments, or being in isolation in their room due to symptoms (leading to boredom amongst clients); and maintaining engagement with clients.

Technology-based services enabled continuity of care during the COVID pandemic, **even expanding the reach for some services (particularly rural areas)**, while protecting service providers from the risk of infection. It also increased communication between staff, and between staff and clients, and allowed for more flexible work arrangements.

However, it was reported that technology-based services have their limitations (e.g. clients not having access to internet and phone, poor internet connection, reduced engagement with clients, etc.) and are not suitable for all client groups and treatment types; making **face-to-face services still a key component of service delivery**.

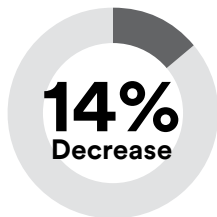


Treatment demand impacts

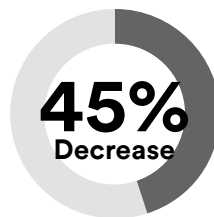


The number of new episodes of care (EOC) has declined in NSW; in 2019 there were 20,142 EOC and in 2020 18,431 EOC in the first three quarters of those respective years.

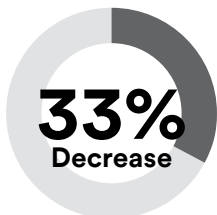
The impact of COVID-19 on the number of new episodes of care varied by treatment type:



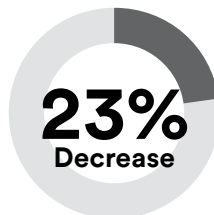
Assessment, information and education EOCs **decreased by 14%**



Day program EOCs **decreased by 45%**



Residential rehabilitation EOCs **decreased by 33%**



Case management and support EOCs **decreased by 23%**



Counselling EOCs **increased by 12%**



Detoxification EOCs **increased by 10%**

The decline in the number of new EOC in NSW in association with COVID-19 was not uniform across drug and client type; the largest decline was for methamphetamine presentations, with a smaller decline for alcohol, heroin, and opioids. There was also a decline in both female and male new EOC to treatment in 2020, but the decrease was greater for females than males.

Longer waiting lists were also reported in NSW, TAS and ACT for both metropolitan and regional services. But this was less common in rural and remote treatment settings.

Metropolitan-based services were more severely affected than regional/rural services: the NSW administrative data showed that there was almost no change in the number of new EOC for services located in regional/rural LHDs in NSW between the first three quarters of 2020 and the same three quarters in 2019. However, for metropolitan services there was a decline in 2020.

In addition, none of the service gaps for other special population groups, such as women and women with children, culturally and linguistically diverse (CALD) clients, young people, and older clients, is new or unique to COVID, but **this lack of access has been exacerbated by the pandemic.**

In terms of specific client groups, concern was expressed by service providers in NSW, TAS and ACT about the **compounding effects of COVID-19 on an already marginalised and structurally disadvantaged population**, particularly Aboriginal and Torres Strait Islander peoples.

Unintended positive consequences

While there is no doubt that the pandemic has exacted a toll on AOD services, their staff and the clients who attend for treatment, **this project has highlighted a number of unintended positive consequences of the pandemic.**



From an organisational point of view, AOD services are now prepared for future pandemics.



Another unintended consequence for the workforce is recognition that taking sick leave is an important part of staying healthy.



The pandemic has forced services to establish new collaborations with other parts of the health system, including with acute care and with testing services.



The wave of new technology, impacting substantially on better treatment access has also positively impacted on ICT systems of data recording and monitoring. 'Zoom' has also provided the opportunity for more regular management meetings and for group supervision.



The increased flexibility in working arrangements has been welcomed by the AOD sector.



For clients of AOD treatment, geography seems to be less of a barrier where ICT solutions can be adopted. Providing flexibility and hybrid (both face-to-face and telehealth) services to better meet client needs has had positive consequences.

The full report can be [accessed here](#)