ATDC submission to Our Healthcare Future

February 2021

Expand evidence based drug programs in community settings that focus on education, prevention, relapse and which minimise harms associated with substance use. Currently there are missed opportunities contributing to the burden on our hospitals. The ATOD community sector can play a role.

No Harm, No Discrimination

atdc
Alcohol, Tobacco and other Drugs Council Tasmania

About the ATDC

The Alcohol, Tobacco and other Drug Council of Tasmania (ATDC) is the peak body supporting community organisations, and the people they assist, to reduce alcohol, tobacco and other drug related harm. Our vision is a Tasmania without alcohol, tobacco or other drug related harm or discrimination.

Problematic use of alcohol, tobacco and other drugs continues to be a major cause of harm in Tasmania, and is a significant driver of preventable death, disease and illness, psychological distress, unemployment, homelessness, police arrests and prison sentences.

As an independent not-for-profit organisation, the ATDC represents a broad range of alcohol, tobacco and other drug organisations. These organisations provide information and awareness, prevention and early intervention, harm-reduction and specialised treatment and recovery services and programs.

Working with all levels of government and the community, the ATDC plays a vital role in leading, collaborating and advocating for increased investment into treatment services, and population based initiatives that reduce the harms associated with problematic substance use across Tasmania.

The ATDC supports the sector by delivering training, networking and information sharing opportunities, as well as undertaking policy and advocacy projects with, and on behalf of our members. At all times our work is underpinned by a commitment to evidence-based practices and policies, consumer participation, harm reduction, and partnerships and collaboration.

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Key principles underpinning this submission

- The ATDC, as the peak body representing community organisations that provide alcohol, tobacco and other drug (ATOD) services will provide comments focused on the community sector and ATOD service provision.
- A review of the *Our Healthcare Future* consultation document by the ATDC shows that the focus of this document is around increasing the quality and provision of health care in the community (and by implication reducing the burden on hospitals), investing in and enhancing information communication technology to improve outcomes, addressing workforce pressures, and to strengthen the client/consumer voice at the planning level.
- The *Reform Agenda for Alcohol and Drug Services in Tasmania*[1] represents extensive sector consultation and its primary scope is the treatment and support service system in Tasmania and this submission tries not to duplicate this work where possible.
- Rather than respond directly to the 38 consultation questions (on pages 45-46 of the consultation document) we have tailored our submission to respond to the relevant aspects that the ATOD community sector can address.
- The ATDC acknowledges the recent multi-million dollar investment in alcohol and other drug reform processes announced recently in November 2020, noting that the majority of this funding was intended to be distributed towards enhancing government services.
- The ATDC wishes to raise the wider contextual factors with two long standing issues that have been exacerbated by COVID-19 pandemic: (1) the chronic underfunding of treatment and (2) difficulties recruiting and retaining specialist ATOD workforce.
- Without wanting to duplicate previous consultation processes, this submission provides the ATDC with an opportunity to discuss four specific areas identified in the consultation document: This submission makes the case to:
    - **Invest in prevention**, providing examples and how this investment can contribute to the global aim of hospital avoidance.
    - **Increase the funding of evidence based, cost effective programs that work** - noting that these programs address health issues in the community, before they escalate and lead someone to present at a Tasmanian hospital.
    - **Ensure that we 'listen to hear' and that consumer engagement processes are meaningful.**
    - Increase the visibility of **ATOD issues in the wider health workforce**.

[1] Found here: https://www.dhhs.tas.gov.au/__data/assets/pdf_file/0003/417207/FINAL_Alcohol_and_Other_Drugs_Reform_Agenda_2020_for_website_PDF.pdf

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Alcohol and other drugs and hospital presentations in Tasmania

Although the cost of ATOD use to Tasmania is not available, the estimated costs nationally in the 2004-05 financial year were $56.1 billion, including costs to the health and hospital system, lost workplace productivity, road accidents and crime. Of this, tobacco accounted for $31.5 billion (56.2 per cent), alcohol accounted for $15.3 billion (27.3 per cent) and illegal drugs $8.2 billion (14.6 per cent).[2]

The Tasmanian Alcohol Data and Trends[3] report from 2016 provides some information around the burden of alcohol use on our hospital system. The report states that there were approximately 163 callouts a month related to alcohol in 2015. However, 'trend data' regarding ambulance callouts was not available. Similarly, Emergency Department presentations were also hard to gauge:

> Estimating the true number of Emergency Department (ED) presentations secondary to alcohol-related harm is challenging because presentations are not always coded as alcohol related. Using a 'primary diagnosis' only, it is estimated that 0.5 per cent of all ED presentations in Tasmania are alcohol related, with 822 presentations in 2014-15 financial year (Figure 13). The rate per 100 000 population has increased significantly between 2005-06 and 2014-15 (average annual increase of 2.5 per cent [p<0.001])[4]

It is long recognised that alcohol and other drugs play a part in the reasons why people call ambulances and attend hospitals in Tasmania. Our data and intelligence around this could be improved, and without this information we are unable to be truly informed and adequately scope the problem. We simply don't have the information to know what has changed across time, what is working or isn't, and where we should be targeting with scarce public funds.

The above points to a system challenge - the need for better and more accessible data. Adequate data systems at all levels of the health system should underpin reform processes and be a priority for the State Government moving forward.

As a peak body, we know how the community sector could assist to keep people out of hospital. The community sector is already doing great work to turn around the lives of Tasmanians (most of whom present with complex trauma histories for example, working with recidivist drink drivers[5]), but more can be done. There are opportunities to increase prevention activity, fund cost effective programs, ensure that we 'listen to hear', genuinely, to people with lived experience as well as increase ATOD knowledge and capability across the wider health workforce. These points are expanded on over-page.

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[2] Collins, D.J. & Lapsley, H.M., 2008, The Costs of Tobacco, Alcohol and Illicit Drug Abuse to Australian Society in 2004/05, Commonwealth of Australia.

[3] Found here: https://www.dhhs.tas.gov.au/__data/assets/pdf_file/0004/392710/Tasmanian_Alcohol_Data_and_Trends_2016_MARCH28.pdf

[4] Ibid, p12

[5] ATDC's submission is found here and contains in depth information as to how our members work with recidivist drink drivers, perhaps one of the most dangerous cohorts for road accidents and hospital admissions: https://www.atdc.org.au/wp-content/uploads/2013/05/ATDC_Submission-to-TLRI_Recidivist-Drink-Drivers_August-2017-002.pdf

Ways to keep people with ATOD issues out of hospital:

Invest in prevention:

- There are numerous references in peer-based journals that have evaluated the effectiveness of prevention programs to improve population and treatment outcomes. The case for prevention as cost effective and evidence based as it relates to ATODs has been articulated clearly in Tasmania.[6] In short, everyone agrees that it is sensible public policy to apply to the problem of alcohol and other drugs, especially in relation to keeping people out of hospitals.
- There are various levels/types of prevention initiatives that can be undertaken, some considered upstream (e.g.: increase taxes) and others downstream (e.g.: treatment programs).
- The World Health Organisation (WHO) and the Organisation for Economic Co-operation and Development (OECD) have both promoted upstream, preventive interventions to reduce harm from alcohol (and public health generally) because of a belief in their superior cost-effectiveness.[7] The *Best buys and other recommended interventions for the prevention and control of noncommunicable diseases* details the interventions that are most likely to lead in a change at the population level in terms of reducing harm from alcohol and tobacco. Increasing taxes and limiting advertising are two examples of suggested interventions that governments can make to decrease the burden of disease (and consequently lowering hospital admissions) from these two substances.
- Tobacco prevention is further advanced than the prevention of harm from alcohol. That said, Tasmanian still has a comparatively high rate of smoking across all state and territories, with 12 per cent of the Tasmanian population smoking daily. When it comes to unsafe levels of alcohol consumption, around a quarter of Tasmanians drink beyond single occasion risk guidelines.[8] Granted these levels have been reducing across time since 2000. Both of these two substances place the greatest burden on the hospital system in the Tasmanian population.
- The ATDC is the peak body representing community sector organisations providing ATOD services, and we will raise a few opportunities to expand prevention across Tasmania led by the community sector below. Whilst we do not place ourselves as experts in this area, we welcome the opportunity to raise the profile of the good work currently being conducted in our sector.
- The Drug Education Network along with the Alcohol & Drug Foundation are the 'prevention leaders' in the Tasmanian community sector. These organisations are connected to prevention 'community of practices' meaning that they have in depth knowledge of the drivers to increase health literacy in the community and community awareness activities relevant to minimising/addressing substance use problems before they occur. Further, they are also armed with knowledge of sound operational programs that could be delivered. It is recommended that a focus on determining a strategic

[6] See here, https://www.dhhs.tas.gov.au/__data/assets/pdf_file/0017/211265/ATOD_PPEI_FINAL_220313.pdf
[7] See here: https://www.who.int/ncds/management/WHO_Appendix_BestBuys_LS.pdf?ua=1
[8] Tasmanian fact sheet found here: https://www.aihw.gov.au/getmedia/3073d7df-59d4-4013-ba69-dcd84fe02885/aihw-phe-270-fact-sheet-Tas.pdf.aspx

approach, specifically a revision of the existing Primary Prevention Early Intervention (PPEI) framework[9], in concert with other stakeholders such as State Government and academic institutions is required immediately.

- Flowing from the above, community education campaigns around alcohol use should be prioritised. The most recent *Australian guidelines to reduce health risks from drinking alcohol*[10] were released last year, ten years since their first iteration. The ATDC was disappointed to see that there was no public awareness campaign around the changes in the recommended amounts of alcohol that people should consume. This was a missed opportunity to increase the health literacy of individuals and in turn support people to make good choices.
- Underpinning the above, we are concerned that the wider operational framework across government, private and community sectors or systems to support prevention is not adequate. We urge the State Government to consider ways to embed prevention initiatives and competencies within systems across portfolios, funding and roles. As one example prevention could be included in accreditation requirements of all health workers. This would support prevention approaches being part of the 'health toolbox' when working holistically with people who present with ATOD problems.

Increase funding of cost effective, evidence-based programs that work:

The following ATOD interventions and programs are examples that will reduce or lower hospital admissions/stays:

- We advocate that further increasing the provision of naloxone in the community to people at risk of overdose will reduce hospital admissions and stays. Naloxone is an overdose reversing medication with no potential for abuse or harm generally.[11] Currently the State Government is providing, via a pilot program to provide 300 kits per year, for free through Tasmanian needle and syringe outlets to people who inject drugs. We advocate that the availability of this drug is expanded further into the community for free, to the relevant target groups. At a per-unit cost of less than $40, this intervention goes a long way to mitigating the time an individual stays in hospital or the intensity of the effects of an overdose such as avoiding a lifelong disability.
- The recent investment across the last five years in Tasmania in increasing the number of residential rehabilitation beds was welcomed and needed, however there are many less costly, evidence-based interventions and programs that could also be implemented or extended. One example being the Matrix Program[12] run by The Salvation Army Alcohol and other Drugs Bridge Program. This is a day program that assists people to stay in the community and maintain their daily lives while addressing

[9] See here: https://www.den.org.au/projects/promotion-prevention-early-intervention-ppei/
[10] See here
e- https://www.nhmrc.gov.au/health-advice/alcohol
[11] Dwyer, R., Olsen, A., Fowlie, C., van Beek, I., Jauncey, M., Lintzeris, N., Oh, G., Dicka, J., Fry, C., Hayliar, J., Lenton, S., , 2018, An overview of naloxone programs in Australia, *Drug and Alcohol Review*, 37:4, pp440-449.
[12] See here for a full description - https://www.bridgetasmania.org.au/our-services/matrix-program

their substance use issues. Likewise, Holyoake[13] run day and outreach programs that are evidence-based and evaluated and are shown to reduce harm. Both of these programs operate to keep people out of hospitals through intervening before the problem requires a hospital stay. There are many of these programs conducted in community organisations across Tasmania.

- A pathway blockage in our sector is the provision of pharmacotherapy for people with an opiate dependence. There has been a waitlist for a number of years and we have heard reports of people dying who were on this waitlist. The review of the *Tasmanian Opioid Pharmacotherapy Program Guidelines*,[14] conducted by the State Government in 2017 was not completed and we have not been advised of a schedule of when this will be delivered. This evidenced-based program, if supported adequately, allows people to achieve stability in their lives, gain control of their health, and keeps them out of chaotic drug use patterns.
- The above are examples where immediate investment could be targeted to support hospital avoidance aims as articulated in the consultation document.

Ensure that we 'listen to hear' and that consumer engagement processes are meaningful

The ATOD sector position on consumer engagement is articulated in the *Reform Agenda for Alcohol and Drug Services in Tasmania*.[15] The below comments respond to the question/s in the consultation document as to the preferred model of engagement of consumers (in our case people who use ATODs) as well as provide some information on what our sector considers meaningful engagement to look like.

- We strongly believe that community (or consumer) engagement that informs service planning needs to be meaningful for it to be valuable. Meaningful engagement is, where possible, striving for empowerment of people with lived experience to make decisions, at all levels, including for themselves. This can include co-design of strategies, policies or programs or enabling them to make decisions in their own treatment journey. Table One (over-page) shows the degrees of consumer participation:

[13] See here for a full list of programs and services: http://www.holyoake.com.au/
[14] The current guidelines, written in 2012 are found here: https://www.dhhs.tas.gov.au/__data/assets/pdf_file/0018/112527/2012_TOPP_Document.pdf
[15] See here: https://www.dhhs.tas.gov.au/__data/assets/pdf_file/0003/417207/FINAL_Alcohol_and_Other_Drugs_Reform_Agenda_2020_for_website_PDF.pdf

Table 1: Degrees of Consumer Participation[16]			
Degree	**Level of Power**	**Explanation**	**Purpose**
Inform	Nil	Information is given to consumers	Used to convey information e.g. facts, decisions to consumers e.g. websites, media release, fact sheet
Consult	Very Low	Information is gathered from consumers	Two-way exchange to find out what consumers think about an issue e.g. focus groups, surveys, meetings
Involve	Some Influence	Consumers are involved in the process	Shared decision making. Processes and outcomes are jointly owned e.g. workshops, panels, conferences
Collaborate	High Influence	Organisations and consumers work together in partnership	Consumers and other key stakeholders work together to develop solutions, decisions etc. e.g. Advisory Committees, networks etc.
Empower	Consumer Control	Consumers make decisions about solutions, ideas and initiatives and feed this back to the organisation	Consumers make the decisions which are implemented e.g. steering committees, boards, policy councils, strategy groups etc.

- The ATDC has advocated for the establishment of an independent organisation that represents and supports people who use ATOD services.[17] This position was developed through extensive consultation and is shared by government, community and consumer representatives. Currently, the lack of a consumer voice in Tasmania means that the ATOD sector lacks the means to adequately consider, respond to and act on the information and expertise only consumers can provide through meaningful engagement.

[16] Health Consumers Council of Western Australia, 2016, Principles & Best Practice Strategies for Consumer Engagement in the Alcohol and Other Drugs Sector in Western Australia, p9, accessed online on 22/12/2018, found here: https://www.hconc.org.au/wp-content/uploads/2018/03/ATOD-Consumer-Engagement-Strategies-FINAL.pdf

[17] ATDC Options Paper found here: https://www.atdc.org.au/wp-content/uploads/2019/11/2019-11-04-ATDC-Consumer-Organisation-Options-Paper-Summary.pdf

The ATDC's position is:

> The ATDC supports the funding of an incorporated, independent, state-wide consumer representative organisation. The provision of a dedicated resource that is run by peers and for peers offers the best opportunity to create a sustainable and meaningful consumer voice in the Tasmanian ATOD sector. It is recognised by all that a consumer representative organisation is the 'missing piece' in our sector. To continue, as we are, without a meaningful consumer voice, is untenable and likely to lead to further marginalisation of people that use drugs. This position is shared by consumers and those working in the Tasmanian ATOD sector.

Increase the visibility of ATOD issues in the health workforce

The ATDC recognises that challenges associated with ensuring Tasmania has a contemporary, thriving and evidence based health workforce apply to the wider health system. However, as the peak body, we wish to increase the visibility of these issues as they pertain to the ATOD workforce. We acknowledge that the AOD Reform Agenda mandates a discrete Workforce Strategy for ATOD sector, so the below are general points that we wish to raise in the context of this submission:

- The ATDC was disappointed to see that ATODs had scant representation in the Health Workforce 2040 Strategy, with the exception of Addiction Medicine Specialists. We do not see our sector represented, and the document does not include a profile of the ATOD workforce. This is a missed opportunity as ATOD work should be recognised as a highly specialised profession. We have regularly heard that people who work in this area suffer similar discrimination that people who use ATODs experience. Embedding ATOD knowledge in training and education generally would mitigate this and ensure that this vital work is supported, respected and valued.
- The Drug Education Network is currently working with community organisations to trial a pilot of peer workers in the ATOD sector. We reiterate DEN's position that peer workers have the capacity to provide specialist support to people with ATOD issues, entering, during and leaving the ATOD service system who may otherwise struggle with engaging with health services. There are many other benefits and roles that peer workers can offer the service system. We kindly refer to DEN's submission for an in depth discussion on this topic.
- As mentioned above capabilities around prevention activities should form part of workforce roles and be embedded at all levels of training.
- ATOD use sits across all health areas. ATOD skills and capability should be included in all health subjects. There is very limited provision of ATOD course content in Tasmania and ensuring all health workers have a basic understanding of ATODs would reduce in discrimination towards people who use ATODs, improve pathways across the system and provide better outcomes for clients.

Lastly we thank the State Government for the opportunity to respond to the consultation paper and are available to discuss any of the content within this submission further.