Responding to the Urgent Covid-19 Policy And Funding Needs of the Alcohol and other Drugs Sector

Supplementary 2020-21 Pre-Budget Submission

Contents

About This Submission

In December 2019, a coalition of organisations representing a cross-section of the alcohol and other drugs (AOD) treatment fields lodged a pre-budget submission with Treasury entitled *Reforming Australia's alcohol and other drugs treatment sector.* A copy of this submission has been attached as an appendix.

In light of the COVID-19 pandemic, and the significant impact that it has had on the delivery of alcohol and other drug treatment services across the country, this submission will recommend additional policy and funding recommendations to further support the sector now and into the future.

Who we are

We are a collaboration of organisations from a cross-section of the alcohol and other drugs treatment fields.

We include:

- Alcohol and other drug service providers
- Consumer and carer representatives
- Professional societies and research centres
- State and territory Alcohol and Other Drugs Peaks Networks (representing hundreds of local and state-based AOD treatment service providers)

We have diverse roles and experiences in the sector, but are united in our vision for a flexible, effective and efficient system to respond to alcohol and other drug harms.

Our Vision

An Australia where every person requiring alcohol and other drugs treatment can access timely, high quality services at the right location and which suits their needs.

Introduction

The impact of COVID-19 on the AOD Sector

The COVID-19 pandemic has had a significant impact on the delivery of AOD treatment services across Australia. It has not only affected clients accessing treatment, but also the workforce who deliver these vital services.

Governments, at both a federal and state and territory level, have responded to the pandemic by increasing flexibility in the way in which services are delivered. We believe that many of these, if permanently introduced, expanded or improved upon, could significantly enhance responses to people experiencing issues with their alcohol and other drug use in Australia, both now and into the future.

From the outset, we recognise that a well-supported workforce is the key to service improvement. Further, it is also important to acknowledge that person-centred care is critical, because what works for one client may not work for another, and this means that flexibility in care, and clinical expertise, should be essential.

For these reasons, this submission has been informed by the views and experiences of organisations spanning across the AOD sector. In particular, this submission builds from our original submission, *Reforming Australia's Alcohol and Other Drugs Treatment Sector,* and provides additional recommendations in response to COVID-19.

We're calling on federal and state and territory governments, to build on reforms introduced during the pandemic that have the potential to better support people experiencing issues with substance use. Fundamental to this is the development of a national response to the changing levels of alcohol and other drug use resulting from the pandemic and one that includes investment in rural and regional services, workforce training, and more effective data gathering.

Recommendations

Further to our submission in December, and in light of the COVID-19 pandemic, we have collaboratively developed further recommendations which complement our initial call for improved coordination across all levels of government to enhance the integration and delivery of alcohol and other drug treatment services. These are:

1) **Support ongoing telehealth and digital access options.**
2) **Increase access and affordability of opioid pharmacotherapies.**
3) **Increase investment in regional and rural Australia for alcohol and other drug services.**
4) **Improve access and collection of data for evidence-based decision making.**
5) **Establish a national process, similar to that developed for investment in Australia's mental health needs, for the alcohol and other drugs sector.**
6) **Invest in workforce capacity and capability as this is key to service improvement.**

This submission will expand upon each of these areas.

1. Support ongoing telehealth and digital access options

During the pandemic, many treatment services have moved to telehealth and digital access options to protect health service users and workers. This submission recognises that enhancing video and telephone-delivered specialist care and digital access options for clients and staff will require infrastructure, training and guidance, as well as research for developing models of best practice.

We acknowledge the funding committed in April by the Australian Government to support AOD online and phone support services[1]. Investing in telehealth and digital access options is important not only during the COVID-19 pandemic but also in the future.

As we make these recommendations, we do so with our support for these models of delivery, where appropriate, underpinned by the following principles:

1) Delivery of care is appropriate, patient-centred and flexible.
2) Clinicians are supported by telehealth and digital guidelines and training.
3) Clients and clinicians have access to suitable technology.
4) Digital access options complement, rather than replace, traditional face-to-face services where appropriate
5) Patient outcomes, including the views of consumers, are evaluated to drive quality improvement.
6) A focus on those disproportionately requiring AOD services, such as people living in regional, rural and remote Australia.

Where appropriate to do so, accessing telehealth and digital access options can expand a client's choice and potentially improve their engagement and attendance with a service.

Telehealth, digital access options and tele-mentoring can:

- provide an opportunity for clients in regional and rural Australia to access regular high-quality care that may not be available in their immediate area;
- help overcome barriers of stigma by providing treatment options that are less public;
- expand support for clients through peer workers; and
- support healthcare workers by providing mentoring and supervision.

However, telehealth and digital access to services is not appropriate for everyone. Even for those who prefer it, there are still a number of identified barriers before its full benefit can be achieved. These include, but are not limited to, a lack of access to:

- a safe site for clients to receive services;
- technology, including insufficient access to data or the internet;
- equipment, technology support, and secure, easy-to-use telehealth software for service providers; and
- training for staff within service providers.

As such, in keeping with the *Urgent Policy and Funding Needs in the Alcohol and Other Drug Sector in Response to COVID-19*[2], this submission identifies the following priorities:

- funding for service delivery;
- funding for new models of care;
- workforce development to support high quality delivery;
- funding for hardware, software and technological support; and
- the development of a clinical governance guide.

This pre-budget submission also acknowledges that funders also need to allow services to utilise telehealth and digital access options through their funding and service agreements.

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1 Media release: Additional $6 million to support drug and alcohol services during COVID-19 (24 April 2020).

2 Policy submission: Urgent Policy and Funding Needs in the Alcohol and Other Drug Sector in Response to COVID-19

2. Increase access and affordability of opioid pharmacotherapies

During the pandemic, Australia's AOD sector has seen an increased flexibility in the use of opioid pharmacotherapy, including a reduction in the barriers for takeaway doses. While not appropriate in all instances, this has increased access and the desirability of opioid pharmacotherapy for clients.

As identified in the recent policy submission[3]:

Opioid pharmacotherapy is the first line treatment for people who are dependent on opioids, like heroin. Ample evidence confirms that increasing access to treatment results in a reduction in dependence, poor general health and unemployment. It also reduces the spread of blood and body fluid borne viruses, such as hepatitis and coronavirus.

Working in conjunction with state and territory governments, there is a need to:

- Formalise practice guidance on opioid pharmacotherapy prescribing based on interim guidance already endorsed by key sector experts[4];
- Establish a process, that includes consumers, to look at how to expand flexibility in the system that leads to the permanent establishment of interim changes; and
- Remove dispensing fees through subsidies to primary care dispensers.

We also acknowledge that innovative models of care in delivering opioid pharmacotherapies have been developed and rolled out during the pandemic. This includes the St Vincent's Hospital Melbourne injectable buprenorphine clinic set up as quick response to individuals in urgent need during lockdown and funded until October 2020 by St Vincent's Health Australia. Injectable buprenorphine was only made available in Australia in September 2019. This clinic enables patients to receive their dose of buprenorphine weekly or monthly, removing the necessity for daily presentations to a pharmacy for their dose, thereby reducing the risk of acquiring or transmitting COVID-19. The clinic has been found to stabilise many patients and keep them, and the community, safer from COVID-19. It is also envisaged that longer term it will also enable them to engage better in education or employment.

3. Increase investment in regional and rural Australia for alcohol and other drug services

It has been estimated that before the COVID-19 pandemic, up to 500,000 Australians were unable to access AOD treatment services. This was in part due to a lack of services and the length of waiting times.

We also know the situation is worst in regional and rural communities.

According to the Australian Institute of Health and Welfare (AIHW) data[5] it is reported that people living in regional and remote areas were more likely than people living in major cities to have consumed alcohol at quantities that placed them at risk of harm from an alcohol-related disease or injury. Further, it was reported that the rate of drug-induced deaths was higher in regional and remote areas than in major cities between 2012 and 2016.

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3 Policy submission: Urgent Policy and Funding Needs in the Alcohol and Other Drug Sector in Response to COVID-19

4 https://www.racp.edu.au/docs/default-source/default-document-library/covid-19/interim-guidance-delivery-of-medication-assisted-treatment-of-opiod-dependence-covid-19.pdf?sfvrsn=e36eeb1a_4

5 Australian Institute of Health and Welfare 2019. Alcohol and other drug use in regional and remote Australia: consumption, harms and access to treatment, 2016–17. Cat. no. HSE 212. Canberra: AIHW..

According to the AIHW, agencies in regional and remote areas also had a higher rate of clients who sought treatment, compared with agencies in major cities (in 2016-17). It is similarly noteworthy that clients who sought treatment in regional and remote areas were more likely than clients in major cities to travel one hour or longer to access treatment services.

In light of these and other factors, we believe that there needs to be a stronger investment in regional and rural treatment services. This should begin by identifying areas of need and investing in infrastructure and the workforce to support the access to treatment for people living in these communities.

According to the AIHW report, Alcohol and Other Drug Treatment Services in Australia 2018-19: Key Findings[6], 59% of all treatment agencies were located in major cities, and 24% were in inner regional areas. There were 3% in remote and 2% in very remote areas. The recently published NCETA report found only one-third of the workforce was based in rural locations[7].

This submission also acknowledges the important relationship that telehealth and/or tele-mentoring can contribute to the delivery of services to regional, rural and remote communities. One example is provided below.

Example of Tele-mentoring

Tele-mentoring refers to the provision of education and professional support for health practitioners using video-conferencing technology.

Victorian Pharmacotherapy Area Based Networks (PABNs) have been trialling the ECHO Model™ since 2018 for supporting methadone and buprenorphine prescribing to rural and regional areas, where there exists a dearth of addiction specialists. In this model, multidisciplinary support is provided to practitioners (including medical, nursing, pharmacy and allied health) to under-served areas of Victoria. The project commenced in June 2018 as a partnership between Primary Care Connect in Shepparton and St Vincent's Hospital Melbourne and is funded under the Victorian Government's PABN program, primarily via the Hume Area PABN, and delivered by Primary Care Connect. Data suggests that approximately 60% of attendees, who dial-in weekly, are from rural/regional Victoria. To date, more than 370 health professionals have registered for the Victorian Opioid Management ECHO. The most frequently represented professional groups attending are GPs (124), nurses (55) and nurse practitioners (22). Since the pandemic, attendance to this online support has grown exponentially as community health providers have sought advice, assistance and peer support to address the challenges posed by the pandemic for people with alcohol and other drug problems.

6 Australian Institute of Health and Welfare (June, 2020). Alcohol and other drug treatment services in Australia 2018–19: key findings.

7 Skinner, N., McEntee, A. & Roche, A. (2020). Australia's Alcohol and Other Drug Workforce: National Survey Results 2019-2020. Adelaide, South Australia: National Centre for Education and Training on Addiction (NCETA), Flinders University

4. Improve access and collection of data for evidence-based decision making

Within the AOD sector, there are many sources of data which are regularly collected and reported on. That said, it has been identified that the utility of this information is reduced given the delay in time between the data's collection and it's reporting.

We know, however, that as in other areas of policy, data can be an enabler of real-time evidence-based policy and practice decision-making.

It is for these reasons that we recommend a review be undertaken of existing data sources, their strengths and limitations, with a view to establish nation-wide data sets that enable timely access to data to inform decision-making. Such a process should be undertaken in consultation with consumers, clinicians and researchers.

5. Establish a national process, similar to that developed for investment in Australia's mental health needs, for the alcohol and other drugs sector

Investing in Australia's mental health during the COVID-19 pandemic is critical. We recognise the significant impact that the pandemic is having on the mental health of many people living in our communities across the country. Further, it is recognised that there is a relationship, in some instances, between people who use alcohol and other drugs and who also require care for mental health conditions.

We take this opportunity to commend governments for collaboratively developing the National Mental Health and Wellbeing Pandemic Response Plan[8], as well as the funding commitments to support it. Further funding commitments for mental health are noted by state and territory governments, as well as recent announcements by the federal government to support Victorians, such as:

- To establish 15 dedicated mental health clinics across Victoria[9].
- An additional $12 million for 24/7 mental health support through digital and telephone counselling services.[10]
- An additional $2.6 million to support people living with severe mental illness accessing psychosocial supports.[11]
- An additional $2.6 million to support people living with severe mental illness accessing psychosocial supports.[12]

8 National Mental Health and Wellbeing Pandemic Response Plan. Australian Government (2020).
9 Media release: New mental health clinics to support Victorians during the COVID-19 pandemic (17 August 2020)
10 Media release: Further mental health support for Victorians during COVID-19 pandemic (6 August 2020)
11 Media release: Additional support for people with severe mental illness during the COVID-19 pandemic (6 August 2020)
12 Media release: Additional COVID-19 Mental Health Support (2 August 2020)

It is important to understand that people who access the alcohol and drug treatment sector have addiction as their primary problem and need specialist sector support for this. On the other hand, people who access the mental health system primarily have a mental health condition as their main problem, with or without alcohol or drug use complicating it. Some individuals have both- significant mental ill-health and severe addiction- this is shown by the overlap in figure one.

The policy and funding priorities for the mental health sector and the alcohol and drug sector are not well integrated with little of the investment in the mental health sector reaching the alcohol and other drug sector. Given this we strongly recommend that investment in Australia's alcohol and other drugs sector, requires a parallel process to that enabled for mental health.

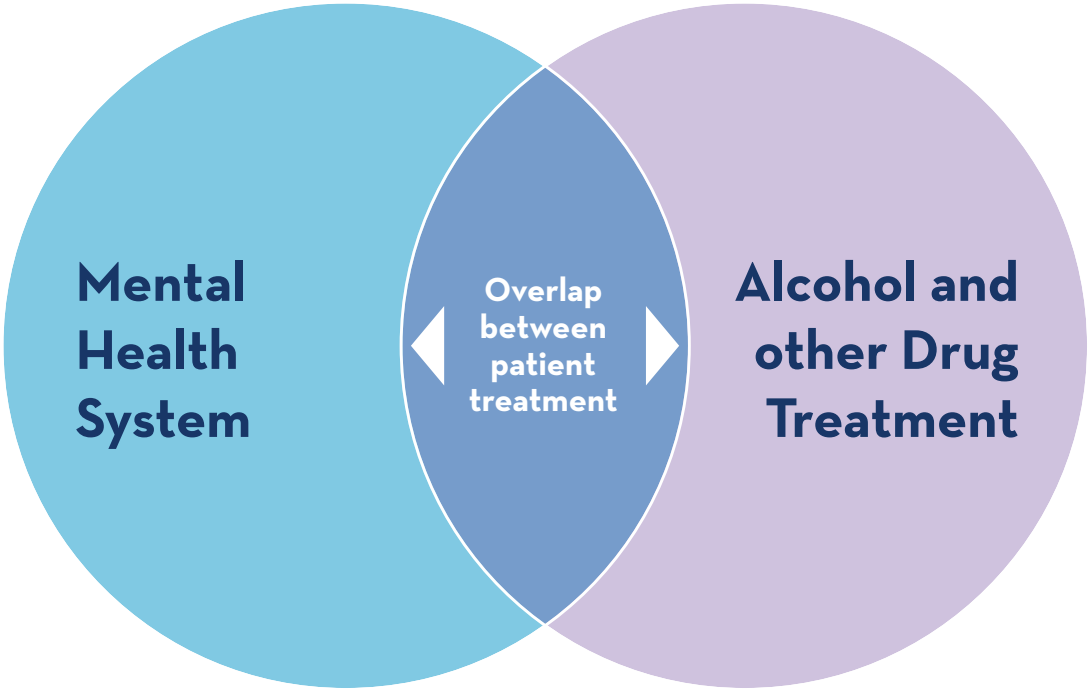

Figure 1: The relationship between service delivery for mental health and alcohol and other drugs use

6. Invest in workforce capacity and capability as this is key to service improvement

Underpinning an effective AOD treatment services sector is a well-supported and well-trained workforce.

Within the previous pre-budget submission, it was recommended that an Alcohol and Other Drugs Treatment Sector Capability Fund be established. Such a fund could not only resource improvements to the capital works and physical infrastructure of services, but importantly, could support the effectiveness of the workforce. Some areas that could be considered may include:

- Recruitment and retention of staff;
- Professional development opportunities;
- Enhanced leadership training;
- Mentoring programs and stress management; and
- Predictors of engagement.

Recently published data in *Australia's Alcohol and Other Drug Workforce: National Survey Results 2019-20*[13] (the Survey Results) reported that 58% of AOD employees felt constant time pressure due to heavy workloads, with 41% working overtime at least weekly. It was also reported that nearly one-in-four (23%) were not compensated for their overtime, and that one-in-five (21%) usually felt exhausted at the start of a work day.

We also know from the Survey Results that 93% found their work meaningful, three-in-four (74%) were enthusiastic about their job, 70% received adequate support in difficult situations, and that more than nine-in-ten (93%) were confident in their capacity to do their job.

As such, it remains critical to address some of these challenges while also continuing to support the workforce to feel confident and supported in their roles.

Further, we recognise that according to the Survey Results, 6% of workers identified as Aboriginal and/or Torres Strait Islander. Although, it is noted that this is a significant shortfall when compared with the 16.5% of clients seen in specialist AOD services who identify as Indigenous[14]. Further work should be explored for increasing the number of workers who identify as Aboriginal and/or Torres Strait Islander and strengthening retention of this important workforce.

The COVID-19 pandemic has reinforced the crucial role of a well-supported healthcare workforce. This applies in all sectors. It is for this reason that a Capability Fund would provide professional advice, as well as financial grants, to AOD treatment organisations based on evidence-based service improvement and evaluation.

This submission supports the establishment of an Alcohol and Other Drugs Treatment Sector Capability Fund to support the AOD workforce.

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13 Skinner, N., McEntee, A. & Roche, A. (2020). Australia's Alcohol and Other Drug Workforce: National Survey Results 2019-2020. Adelaide, South Australia: National Centre for Education and Training on Addiction (NCETA), Flinders University

14 Australian Institute of Health and Welfare. Alcohol, tobacco and other drugs in Australia. Cat. no. PHE 221. Canberra: Australian Institute of Health and Welfare; 2020.

7. Support the continued coordination of the AOD sector

This submission also recognises the important role of strengthened coordination and planning across the AOD sector. As such, it is crucial that governments, at both federal and state and territory levels, work together to appropriately fund Australia's alcohol and other drug treatment services.

As part of this improved coordination it is our recommendation that the national peak body for alcohol and other drugs be well-resourced and sustainably funded into the future.

Conclusion

The benefits of AOD treatment services are well established. Alcohol and other drugs treatment works when people can access the right kind of care at the right time, in the right place, and with clinical and social supports tailored to what is best for the individual[15].

Further, we know that increased investment in AOD treatment is beneficial for society as a whole: we know that for every $1 spent on treatment services, there is a $7 return to the community[16].

In our previous pre-budget submission, we called for structural reform of Australia's alcohol and other drug treatment sector. This included to improve the size and focus of investment in the alcohol and other drugs treatment sector; invest in service and workforce capability; and improve coordination and governance across the alcohol and other drugs treatment sector. These recommendations remain important today, as current funding only matches a portion of need and it is expected that this gap will grow This submission recommends that detailed analysis should be undertaken by governments on the funding required for AOD treatment services.

Australia's alcohol and other drug sector is at a critical juncture. There has never been a more important time for governments, at all levels, to invest in alcohol and other drug treatment services. As emerging evidence suggests[17], this pandemic has seen people changing the way they use alcohol and other drugs. The sector needs to continue to stand ready to respond swiftly and flexibly.

Governments, across the country, have made some significant policy and funding changes during the pandemic. These, we believe, have supported treatment services to respond in an agile and innovative way to the needs of clients during COVID-19. It is now the time to continue to build upon, and expand, some of these changes, and strengthen AOD treatment services for the future.

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15 Lubman, D, et al., 2017, Informing alcohol and other drug service planning in Victoria, Turning Point

16 Ettner, SL, et al., 2006, 'Benefit-cost in the California treatment outcome project: does substance abuse treatment "pay for itself"?', in Health Services Research

17 Sutherland, R., Baillie, G., Memedovic, S., Hammoud, M., Barratt, M., Bruno, R., Dietze, P., Ezard, N., Salom, C., Degenhardt, L., Hughes, C. & Peacock, A. (2020). Key findings from the 'Australians' DrugUse: Adapting to Pandemic Threats (ADAPT)' Study. ADAPT Bulletin no. 1. Sydney: National Drug and Alcohol Research Centre, UNSW Sydney.