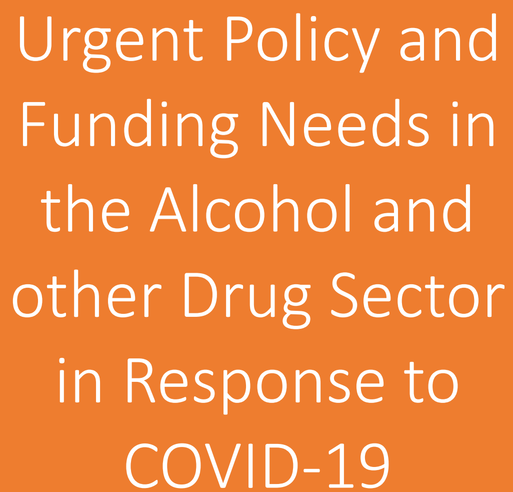

Urgent Policy and Funding Needs in the Alcohol and other Drug Sector in Response to COVID-19

Submission from a coalition of Australian alcohol and other drug services

June 2020

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About this submission

This submission to the Australian and state and territory governments was developed by a coalition of Australian alcohol and other drug Services, who support improved coordination across all levels of government to enhance the integration and delivery of alcohol and other drugs treatment services in Australia.

Who are we?

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

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 drug services can access timely, high quality services at the right location and that suits their needs.

Aboriginal
Drug and Alcohol Council (SA) Inc.

adf
Alcohol
and Drug
Foundation

APSAD
The Australasian Professional Society
on Alcohol and other Drugs

Australian Alcohol
& other Drugs Council
The National Peak Body

ahha
australian healthcare &
hospitals association

AIVL
Australian Injecting
& Illicit Drug Users League

ATODA
Alcohol Tobacco & Other Drug
Association ACT

atdc
Alcohol, Tobacco and other
Drugs Council Tasmania

DANA

24/7
FAMILY
DRUG SUPPORT
1300 368 186

fare
Foundation for Alcohol Research & Education

HARM REDUCTION AUSTRALIA

HELLO SUNDAY MORNING

HOLYOAKE
FAMILY • INDIVIDUALS • YOUTH

NCETA
Australia's National Research Centre
on AOD Workforce Development

NDARC
National Drug &
Alcohol Research Centre

NDRI
national drug research institute
Curtin University

NADA
network of alcohol and
other drugs agencies

ODYSSEY HOUSE
VICTORIA

Public Health Association
AUSTRALIA

qnada
Queensland Network of Alcohol
and Other Drug Agencies Ltd

SANDAS
South Australian
Network of Drug & Alcohol Services

ST VINCENT'S
HEALTH AUSTRALIA
UNDER THE STEWARDSHIP OF MARY AIKENHEAD MINISTRIES

Turning Point
TREATMENT · RESEARCH · EDUCATION

Unharm!
Getting drugs right.

Uniting

vaada
Victorian Alcohol & Drug Association

wanada
Western Australian Network of
Alcohol & other Drug Agencies

In brief

Summary

As a result of the 2019-2020 coronavirus pandemic, some significant changes have been made to the delivery of Australia's alcohol and other drugs services that have the potential to significantly improve responses to people who use drugs in the future if permanently introduced.

Among them:

- Services have moved to telehealth and found that this is a viable approach to delivering alcohol and other drug services.
- Services have removed some of the significant barriers to accessing pharmacotherapy, including, for example, a relaxation of restrictions on take home doses.

We are calling on Australian, State and Territory Governments to respond with policy changes and additional funding for the treatment sector to enable these enhancements on an ongoing basis. This will improve access to treatment for people who use alcohol and other drugs, and reduce the social and financial burden on individuals, families and the community. We know that for every $1 spent on alcohol and other drug treatment, $7 is saved in costs to the community.[1]

Australia's alcohol and other drug system

- Alcohol and other drug harms have increased during the COVID-19 pandemic
- The sector is struggling to respond to demand
- Investment in Australia's mental health needs to include a parallel process for alcohol and other drugs
- Investment in regional and rural Australia needs to include investment in alcohol and other drug services
- A well supported workforce is the key to service improvement

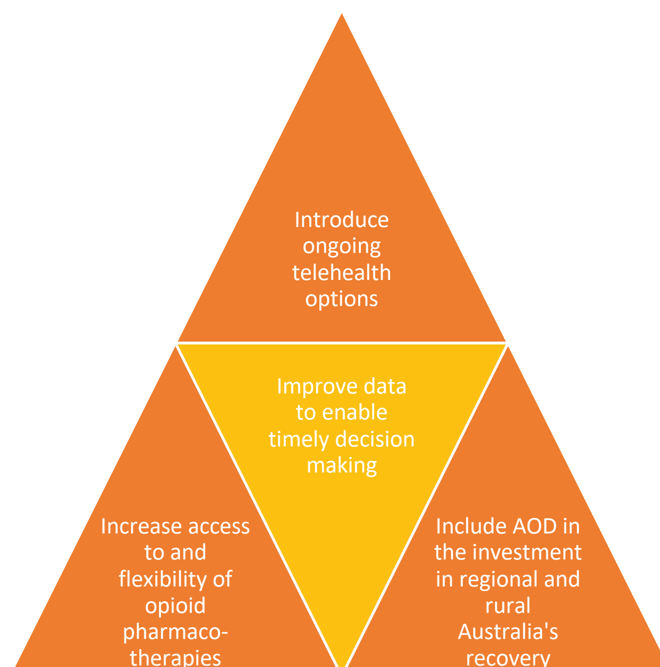
1 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1681530/

Opportunities to improve outcomes

There have been important agile changes in the sector in response to the coronavirus pandemic, among them:

- The introduction of telehealth to protect service users and workers, which has also substantially increased potential reach of alcohol and other drug services.
- Increased flexibility of opioid pharmacotherapy, including reducing the barriers for takeaway doses. This has substantially increased access, desirability and accessibility of opioid pharmacotherapy which are important given the broader economic impacts of COVID-19 at an individual level.
- Addressing affordability, through dispensing fees for opioid pharmacotherapies would further substantially increased flexibility, desirability and accessibility of opioid pharmacotherapy.
- The alcohol and other drug workforce has experienced significant changes to the way they work and require ongoing support to continue to respond to increased demand and need.

Changes to policy and funding to maintain this level of flexibility, and to support the workforce are required.



Positive impacts

Investment in increasing the flexibility and agility of the alcohol and other drug system will result in improved outcomes and reduced costs through:

- More people having access to treatment.
- More people being better engaged in treatment.
- More people completing treatment, increasing efficiency.
- More people receiving high quality treatment through a better supported workforce.
- Wider benefits to families and communities

Australia's Alcohol and other Drug Service System

Alcohol and other drug use and harms have increased during the COVID-19 pandemic

Alcohol and other drug use tends to increase during times of stress, including economic and social crises.[2] Australian Bureau of Statistics and other data confirms that many people have increased their use of alcohol and other drug use during the COVID-19 pandemic, driven by increased stress, homelessness, unemployment, and domestic and family violence.[3]

People who use alcohol and other drugs are at increased risk of harms from health threats like COVID-19. For example, use of alcohol and other drugs can reduce immune function and increase susceptibility to infections.[4] People in alcohol and other drug treatment are a vulnerable group with significant social disadvantage and already experience limited access to essential supports, services and treatments which has only been amplified by the pandemic. Untreated alcohol and other drug problems are a risk to individuals, families and the community.

The sector is struggling to respond to demand

We know that for every $1 spent on alcohol and other drug treatment, $7 is saved in other costs to the community.[5] Alcohol and other drug treatment is a good investment in the broader Australian health system and the economy.

But we also know that, even before COVID-19, every year up to 500,000 Australians are unable to access alcohol and other drugs treatment because not enough funding for treatment is available to meet the demand.[6]

Now many services have seen an increase in the number of people seeking support for their alcohol and other drug use across the spectrum, putting even more pressure on the system. But at the same time service capacity has been reduced with some residential services closing or no longer taking new clients and community services unable to provide face-to-face services. Some residential services that have remained open have reported a significant reduction in bed numbers to maintain physical distancing.

Funding needs to be directed where it has the most impact. Improving existing services to be more flexible, agile and responsive to changes in drug use trends and harms is the key.

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2 de Goeij MC, Suhrcke M, Toffolutti V, van de Mheen D, Schoenmakers TM, Kunst AE. How economic crises affect alcohol consumption and alcohol-related health problems: a realist systematic review. Soc Sci Med. 2015; 131-146

3 https://www.abs.gov.au/ausstats/abs%40.nsf/mediareleasesbyCatalogue/DB259787916733E4CA25855B0003B21C?OpenDocument

4 Herman Friedman, Susan Pross, Thomas W. Klein, Addictive drugs and their relationship with infectious diseases, FEMS Immunology & Medical Microbiology, Volume 47, Issue 3, August 2006, Pages 330–342

5 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1681530/

6 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, UNSW.

Investment in Australia's mental health needs to include a parallel process for alcohol and other drugs

Mental health problems are inextricably linked with alcohol and other drug use. Mental health tends to worsen during times of stress and crisis, and many people increase their alcohol and other drug use to cope.

The government has already begun investment in COVID-19 related mental health, including in the National Mental Health and Wellbeing Pandemic Response Plan.[7] Alcohol and other drug services also need to be considered. A plan that responds to changes in alcohol and other drug use as a result of the pandemic need to be established as part of that community wellbeing investment.

A well supported workforce is the key to service improvement

A well trained effective workforce is the key to continuous improvement of services in the alcohol and other drug sector. Long term and efficient funding delivery systems are essential to workforce quality and growth.

Common issues across the service system include:

- run-down and poor-quality physical infrastructure;
- lack of capacity to help clients address barriers to service access, such as childcare or access to transport;
- lack of capacity to work holistically and in coordination with other health and social services;
- lack of capacity to invest in research translation, service improvement and evaluation;
- lack of capacity to meet the needs of culturally diverse client groups
- lack of ongoing upskilling and education support for staff
- high levels of job insecurity.

The establishment of an Alcohol and Other Drugs Treatment Sector Capability Fund, working closely with state and territory governments, would provide a mechanism to enhance the effectiveness of the specialist alcohol and other drugs treatment workforce, the implementation of evidence-based service improvement and evaluation, and capital works to improve the physical infrastructure of services.

The Capability Fund would enable rapid improvement in alcohol and drugs treatment service quality and accessibility, including the retention and development of a capable and effective workforce. This will mean that across the country the service system can immediately start to generate better outcomes from alcohol and drugs treatment for hundreds of thousands of Australians and their families.

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7 https://www.mentalhealthcommission.gov.au/getmedia/1b7405ce-5d1a-44fc-b1e9-c00204614cb5/National-Mental-Health-and-Wellbeing-Pandemic-Response-Plan

Opportunities to improve Australia's response to alcohol and other drugs

As a result of the 2019-2020 coronavirus pandemic, some significant changes have been made to the delivery of Australia's alcohol and other drugs services that have the potential to significantly improve responses to people who use drugs in the future if permanently introduced.

Among them:

- Services have moved to telehealth and found that this is a viable approach to delivering alcohol and other drug services.
- Services have removed some of the significant barriers to accessing pharmacotherapy, in line with recommendations by Lintzeris et al.[8], including, for example, relaxation of restrictions on take home doses. These recommendations have been endorsed by key organisations, including RACP, RACGP, RANZCP, APSAD, DANA, PSA, AIVL and the Pennington Institute

We are calling on Australian, State and Territory Governments to provide a policy response and additional funding for the treatment sector to enable these enhancements on an ongoing basis. This will improve access to treatment for people who use alcohol and other drugs, and reduce the social and financial burden on the community. We know that for every $1 spent on alcohol and other drug treatment, $7 is saved in costs to the community.

Introducing measures to formally maintain these services will expand flexibility and options for treatment for service users, and are consistent with both the National Quality Framework for Drug and Alcohol Treatment Services and the National Framework for Alcohol, Tobacco and other Drug Treatment 2019-2029, that emphasise flexible, evidence-based, harm reduction-focused practices tailored to client needs.

The following options describe the opportunities to improve Australia's response to alcohol and other drugs in light of changes as a result of the 2019-20 coronavirus pandemic. Costings are not provided for these options, but the coalition of Australian alcohol and other drug Services would work with government to describe these initiatives in more detail as required.

8 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

Introduce ongoing telehealth options

Telehealth is an evidence-based mode of health delivery that uses (usually) video conferencing to conduct treatment sessions, including counselling, in lieu of traditional face-to-face appointments. It is often used to improve access to treatment in hard-to-reach at-risk populations.

What's happened during COVID-19 lockdown?

During lockdown, many treatment services moved to telehealth to protect the health of their workers and service users.

Telehealth has been available for more than 30 years in mainstream health, but has not been well supported in the alcohol and other drug sector.

What are the benefits?

There are many benefits to telehealth including convenience for both service users and service providers; and increased reach of services to under-serviced and hard-to-reach locations and populations. In other health areas, telehealth has been found to be both acceptable[9] and effective.[10]

The introduction of telehealth, in addition to traditional face to face services, significantly expands client choice, potentially improving engagement and attendance.

Many services have reported that attendance rates for telehealth have increased substantially, and they have seen a good response to phone and video delivered counselling. This suggests that poor attendance at face-to-face appointments may be more a reflection of convenience and accessibility rather than motivation to attend.

For people who use alcohol and other drugs, stigma is often cited as a reason for a reluctance to attend face-to-face services. Telehealth overcomes these barriers by providing a less public treatment option that the service user can access anywhere.

The introduction of telehealth capability also has the potential to expand support for clients through peer workers, and support for workers through mentoring and supervision. There are limited options for supervision of peer and professional workers, even though supervision has been shown improve client outcomes.[11]

It is cost effective in regional areas where the cost of establishing a full service are high, and the staffing of facilities with experienced staff more limited than in metropolitan areas. It can provide an opportunity for people in regional and rural Australia to access regular high-quality care that may not be available in their immediate area.

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9 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5752968/

10 https://onlinelibrary.wiley.com/doi/pdf/10.1111/1753-6405.12600

11 Matthew Bambling, Robert King, Patrick Raue, Robert Schweitzer & Warren Lambert (2006) Clinical supervision: Its influence on client-rated working alliance and client symptom reduction in the brief treatment of major depression, Psychotherapy Research, 16:3, 317-331

A number of organisations have been successfully operating telehealth facilities for a substantial period of time, confirming that that it is not only feasible but desirable and effective to offer this additional treatment delivery mode:

1. St Vincent's Health Australia has been undertaking a number of telehealth trials to offer flexible treatment and practitioner support. In an evaluation of the trials, 83% of respondents 'strongly agree' and 17% 'agree' that Telehealth was a convenient way to receive their care.
2. Victorian pharmacotherapy area based networks have been trialing the ECHO Model™ since 2018, which delivers addiction specialist support to practitioners in underserved areas of Victoria. A review of the PABN found that the initiative encouraged general practitioners to prescribe pharmacotherapy.
3. Hello Sunday Morning has been successfully offering online peer support and professional telehealth coaching to people who want to change their alcohol consumption for the past 10 years
4. Turning Point has delivered telehealth interventions to Australians and health practitioners for over a decade. It also operates CounsellingOnline, which offers self-help, online counselling and peer support forums nationally, as well as information and referral to alcohol and other drug services across Australia.

What are the barriers?

The most significant barriers to telehealth are a) access to technology, and b) worker (and service user) skill and familiarity. These barriers can be overcome by providing treatment services with up-to-date technological solutions, such as high-speed internet access and up-to-date equipment, and secure and easy-to-use telehealth software.

Service providers will require additional supports to effectively provide this new delivery type, including training and formal practice guidance. Clients may also require technology support. Some services have offered clients laptops, tablets and phones to assist with telehealth engagement.

Funders also need to allow services to utilise telehealth options through their funding and service agreements.

There has been little evaluation of this mode of delivery specifically in alcohol and other drug treatment, but other types of remote alcohol and other drug service provision, such as Counselling Online and the Alcohol and other Drug Hotline – as well as evaluations of telehealth in primary care and specialist medical settings – suggest it will be acceptable, effective, and cost effective. Evaluation of the initiative will be of benefit.

What is needed?

Enhancing video and telephone delivered specialist care that provides additional options and flexibility for clients and staff will require infrastructure, training and guidance, as well as research for developing models of best practice, including:

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

Increase access to and flexibility of opioid pharmacotherapies

What's happened during COVID-19 lockdown?

The emergence of COVID-19 has raised considerable challenges in the delivery of opioid pharmacotherapy, including incompatibility between the principles of physical distancing and social isolation with a model of care that requires daily, or near daily, supervised dosing.

In addition, COVID-19 impacts are greater on people with health vulnerabilities such as those in alcohol and other drug treatment; the closures of community pharmacies or general practice have reduced access to pharmacotherapy services; and there is potential increase in demand for treatment arising from disruption of drug distribution networks and street opioid availability.

Interim guidance in response to these issues from RACP includes:

- Reducing supervised dosing and increasing take home options.
- Considering the use of new pharmacotherapy options, like depot buprenorphine, that require less supervision as part of treatment matching
- Improving patient education and enlisting greater assistance from reliable carers.
- Ensuring access to take home naloxone.
- Utilising telehealth for medical consultations and counselling support.
- Providing additional support for issues arising from mental health, homelessness, under-employment, financial problems, domestic violence, and care of others.

States and territories have introduced some or all of these measures to assist in reducing harm to people on pharmacotherapy and reducing risk to the community (see Appendix 1). Lifting restrictions on prescribers has resulted in greater flexibility for this system.

What are the benefits?

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 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.

Improved access to pharmacotherapy has significant benefits to the community in terms of reduced health care costs, reduced criminal justice costs, and increased productivity.

Effective longer acting formulations have enabled greater flexibility.

What are the barriers?

There are significant long-standing barriers to accessing opioid pharmacotherapy, including the cost to consumers through dispensing fees and requirement for daily, or near daily, supervised dosing.

In addition, for people who are employed, daily or near daily dosing makes access to dosing difficult and may pose challenges to their employment.

Dispensing fees related to the requirement for daily pickup have long been a barrier to engagement in pharmacotherapy. Dispensing daily means a daily fee costing more than $35 a week or close to $2000 a year. This is in stark contrast to people with other chronic health problems, where costs of treatment are much lower. A move to a model where treatment is aligned with other chronic illnesses, reducing the cost to the client, will improve engagement.

Shifts in practice, with appropriate safeguards, have been successfully implemented during the current pandemic, highlighting the potential for greater flexibility in opioid pharmacotherapy programs on an ongoing basis.

Research has shown that onerous administrative workload, poor financial remuneration, and past negative experiences with prescribing reduce professionals' enthusiasm for training and participation in prescribing and dispensing.[12]

What is needed

- 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
- Formalise practice guidance on opioid pharmacotherapy prescribing based on interim guidance already endorsed by key sector experts:[13]
- Remove dispensing fees through subsidies to primary care dispensers

12 https://www-publish-csiro-au.dbgw.lis.curtin.edu.au/PY/PY11100

13 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

Investment in regional and rural Australia needs to include investment in alcohol and other drug services

The impacts of alcohol and other drug use are amplified in regional and rural Australia. Fewer services, coupled with smaller, closer knit communities means that problems are intensified.

Right now, regional and rural Australia is suffering from a double blow, economically and emotionally. First, the devastating effects of the summer bushfires, which were among the worst in Australia's history, followed closely by the effects of coronavirus.

There is a significant opportunity to increase access to AOD treatment in rural and remote areas, and stimulate economic recovery in regional areas by investing in treatment facilities.

As governments begin investment in regional and rural Australia's recovery, alcohol and other drug services need to be front and centre of that effort.

What is needed

- Identify regional areas of need and invest in infrastructure and workforce to support access to treatment for regional residents

Access to data improves evidence-based decision making

Data is a significant enabler of real-time evidence-based policy and practice decision making

There are numerous sources of data about alcohol and other drugs collected and reported on a regular basis. However, many have a significant time lag between collection and reporting reducing the utility of the information.

In addition, in the current environment a number of agencies, including peak bodies, research centres, service providers and the Australian Bureau of Statistics, have undertaken rapid surveys on different COVID-19 related topics.[14] They have shown that they can rapidly adapt to the changing environment by monitoring the immediate impacts of COVID-19.

A review of available data sources about alcohol and other drugs, with a view to both drawing the data sources together and improving the time lag and frequency of reporting, would enable a better understanding of trends and changes in drug use and services utilisation patterns in the future.

What is needed

- Working with clinicians, consumers and researchers, undertake a review of existing data sources, their strengths and limitations and establish nation-wide data sets that enable timely access to data to inform decision making

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[14] https://www.abs.gov.au/ausstats/abs%40.nsf/mediareleasesbyCatalogue/DB259787916733E4CA25855B0003B21C?OpenDocument

Appendix 1: COVID-19 related state & territory changes to prescribing practices

VICTORIA

- Medical practitioners can prescribe buprenorphine/naloxone (Suboxone) for up to 30 patients (up from five) without the need to attend training or assessment but are still required to apply for Schedule 8 MATOD permit.
- Prescribers can extend prescription duration for up to six months as clinically appropriate. Longer scripts will help to ensure continuity of care for patients should their prescriber become unavailable.
- Scripts may provide for more takeaway doses (increased numbers of unsupervised doses that fall outside of current Vic policy for maintenance pharmacotherapy).
- Patients on methadone and considered low risk may access up to six TAD per week (with some very low risk stabilised patients able to access up to 13 take away doses per fortnight). Those considered moderate risk may access up to four take away doses per week. High risk patients on methadone may be considered for possible alternate day dosing with one take away doses; use of deliveries or 3rd party pick up if not suitable for unsupervised dosing and in self-isolation or quarantine.
- Patients on buprenorphine-naloxone and considered low risk may get up to 13 take away doses per fortnight or if clinically appropriate, monthly pickup. Those deemed moderate risk may access up to six take away doses per week with weekly attendance for a supervised dose. Those considered high risk may be considered for alternate day dosing with one take away doses; use of delivery or 3rd party pick up if not suitable for unsupervised dosing and in self-isolation.
- Nominated third party pick up may be allowed for if a patient is unable to attend pharmacy due to self-isolation or illness following guidelines, as above.
- Telehealth collaboration between pharmacists and GPs is encouraged to enable more frequent assessment of patient progress as clinically appropriate.
- GPs have been asked to consider regular check in with their patients via telehealth or phone if increasing takeaway doses, allowing for third party delivery or extending prescriptions.
- Naloxone may be provided to all patients and third party pick up person to be trained in the use of naloxone.

NSW

- Lifting of restrictions on who can prescribe depot buprenorphine.
- Temporary relaxation of limits to take away doses.
- Advise all patients to obtain take home naloxone.
- Consider telehealth consultation where appropriate.

QLD

- Provide extra take away doses of buprenorphine and methadone on a case-by-case basis considering associated risk.
- Ensure improved access to take home naloxone for patients on high dose methadone with greater than five take-away doses.
- Where possible discuss treatment options, such as a change to depot buprenorphine.
- Allow for nominated third party pick up under strict conditions.
- Allow for longer prescriptions (up to three months).

ACT

- Increases to allowable take away doses.
- Third party pick up if in self-isolation or quarantine.
- Scripts can be written for two-three months at a time.
- Ensure access to naloxone.