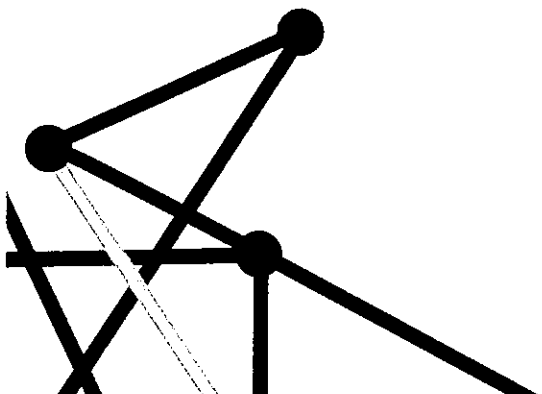


Submission

Select Committee Inquiry into alternate approaches to reducing illicit drug use and its effects on the community

18 January 2019



Submission

Select Committee Inquiry into alternate approaches to reducing illicit drug use and its effects on the community

WA Primary Health Alliance (WAPHA) welcomes the opportunity to provide a submission to the Select Committee Inquiry into alternate approaches to reducing illicit drug use and its effects. WAPHA oversees the commissioning activities of WA's three Primary Health Networks (PHNs) – Perth North, Perth South and Country WA PHN. PHNs were established by the Australian Government in 2015 with the key objective of increasing the efficiency and effectiveness of medical services, particularly for those in our community who are at risk of poor health outcomes, and improving coordination of care to ensure people receive the right care in the right place at the right time.

WAPHA believes an integrated health care system has a collective focus on delivering care in the most appropriate setting through formalised, cohesive relationships between all elements of the health system. WAPHA is committed to improving access to primary health care services for all Western Australians which is crucial in reducing hospitalisations and can contribute to the early diagnosis and management of chronic health conditions.

Overview

Problematic and dependant use of alcohol and other drugs is a health and social issue that impacts the whole community¹. Multiple factors contribute to substance use and addressing harm necessitates effective collaboration across the civic, health and social service systems.

WAPHA continues to support Government efforts towards a fair, equitable, efficient and effective approach to addressing harms and strongly supports increased opportunities for individuals to access appropriate and timely treatment services that respond to their needs.

Reduction of social and health inequity is a key driver of Government policy and a priority for WAPHA. Supporting those who need help with alcohol or drug use can improve people's capacity for economic and social participation and improve health and wellbeing outcomes.

WAPHA supports ensuring quality, evidence based and appropriate treatment services are available to all those who require it. It is recognised that in Western Australia there remains a shortage of services to meet the diverse needs of the community, lack of access to a suitably qualified workforce, and often wait lists for services despite people's readiness to get help.

WAPHA strongly supports that due consideration be given to application of evidence based approaches to improve outcomes. Robust health related evidence should be drawn upon to support development and selection of measures to decrease harm related to illicit drug use.

WAPHA recommends mitigating any elements of policy reform that may have potential to exacerbate challenges or add to existing stigma and discrimination experienced by those with substance use issues, or that have the potential to cause undue harm to individuals, their families or the broader community as a result of their introduction.

Failure to address barriers to service access and retention in treatment, along with inadequate and unsustainable resourcing for services will ultimately results in negative impacts to the broader system.

¹ Department of Health, National Drug Strategy 2017–2026, Canberra: Commonwealth of Australia; 2017

A systems approach

WAPHA recognises that long-term sustainable solutions to address health and social problems inclusive of alcohol and drug use requires sustained action on system wide issues. We seek to build on the strengths of what works in the current system and identify effective ways of working together within and across traditional boundaries.

The treatment and support system for people who experience harms from alcohol and drug use in Western Australia is multi-disciplinary. Given WAPHA's focus on engaging primary care and our position within the broader health and community services context, our focus is on responses which:

- intervene earlier and reduce harm across the lifespan;
- address multiple morbidities including mental and physical health;
- increase support for vulnerable people including engagement with primary care;
- reduce unnecessary demand on specialist services and reduce avoidable hospitalisations;
- increase access to, and availability of, appropriate services, particularly in areas of high need;
- sustain positive treatment outcomes and prevent relapse;
- promote consumer and community involvement in addressing harm;
- build the capability of a broad workforce to recognise and respond to alcohol and drug use.

WAPHA's approach is aligned with many of the recommendations outlined in the recently released Methamphetamine Action Plan Taskforce report² as well as relevant aspects of the Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025 (Better Choices, Better Lives)³. Further information on WAPHA's approach can be found in Appendix A.

Alcohol and drug dependence is a health and social issue

The Australian Government's National Drug Strategy is defined by the three pillars of demand, harm and supply reduction. It is understood that, to date, funding of these policy domains has been mainly attached to actions with a supply reduction focus, principally law enforcement.

As an organisation focused on improving health outcomes, WAPHA strongly advocates for an increased focus on measures that reduce the demand for, and harm associated with, alcohol and other drug use alongside appropriate supply reduction measures.

It is estimated that alcohol and illicit drugs were collectively responsible for 6.7% of Australia's disease burden in 2011. Of this, 2.3% of all Australia's disease burden was from illicit drug use⁴. Fair or poor self-reported health status, mental illness and psychological stress have major adverse impacts on people's sense of wellbeing. The enduring nature of chronic conditions such as alcohol and drug dependence affects health care costs and people's capacity to participate in society, including in the workforce⁵.

As a chronic health condition, relapse is likely and effective treatment is often required long term. As outlined in the National Drug Strategy, the full range of alcohol and other drug treatment and support service types should be made available, inclusive of harm reduction activities, to enable people to access services that respond to their individual needs.

Enhanced role for primary care

Primary care practitioners such as General Practitioners, nurses and pharmacists are well placed to support people with alcohol and drug use problems through early identification of issues, treatment including brief intervention and pharmacotherapy, ongoing support and timely referral. Primary care

² Department of Premier and Cabinet, Methamphetamine Action Plan Taskforce, Final Report, Western Australia; 2018

³ Western Australian Mental Health Commission, Better Choices, Better Lives. Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025. Perth; 2015.

⁴ Australian Institute of Health and Welfare, Impact of alcohol and illicit drug use on the burden of disease and injury in Australia: Australian Burden of Disease Study 2011, Canberra; 2018.

⁵ Productivity Commission, Why a Better Health System Matters, Shifting the Dial: 5-year Productivity Review, Supporting Paper No. 4; 2017

practitioners can also work effectively with specialist treatment services and hospitals through participation in multidisciplinary teams and shared care arrangements.

Often however, it is the most vulnerable and disadvantaged groups who experience inequities in access to primary health care, resulting in unmet need, greater burden to the system and poorer outcomes. It is recognised that some people do not have access to a GP or if they do, may never talk to them about their alcohol and drug use.

It is also recognised that some primary care practitioners do not feel comfortable or adequately supported to raise or manage alcohol and drug use and mental illness with their patients. In some cases the primary reason a person presents to a GP may be due to an underlying problem associated with alcohol and drug use. Dedicated training and education for GPs to identify these associated issues would better support them in identifying and managing the causes and effects of substance use. Enhancing the capability of the primary care workforce to recognise and respond appropriately to people experiencing harm from alcohol and drug use is a priority for WAPHA. Support includes development of clinical pathways for drugs of dependence (HealthPathways) and dedicated training developed and delivered by GPs and Addiction Medicine Specialists.

There remains significant opportunity to enhance sustainable resourcing and strengthen relationships across the system. Continued support for integrated partnerships and pathways between primary health care, specialist alcohol and drug service providers and other community services will likely contribute to long-term health and social benefits for individuals and their families.

Develop a broad workforce

While service access plays a role in the health of the population, evidence suggests that it is not only good access to services but the conditions in which people are born, work, live and grow that impact on health. This means accountability for improving the health and well-being of the community is spread widely across the community and not concentrated in single organisations or within the boundaries of traditional health and care services.

As such, WAPHA is committed to increasing the capacity of the broader health and social care sector to identify and respond to problematic alcohol and other drug use. This includes supporting workforce capability amongst generalist community services, comorbidity training for mental health services, training for volunteers and community members to recognise and respond to harms, development of the peer workforce and facilitating opportunities to increase awareness of where to get help.

Increase access to treatment and support services

WAPHA strongly supports opportunities to improve pathways and increase access to treatment and support services for everyone. It is critical that those who are voluntarily seeking support get the help they need. Timely access to appropriate treatment helps to mitigate additional pressure on primary, secondary and tertiary health care services due to people presenting with acute episodes or further health complications.

Given the significant variance in access to appropriate health services across Western Australia, consideration must be given to expanding access to services for those living and working in regional and remote locations. A report by the Australian Institute of Health and Welfare⁶ showed that people living in remote/very remote areas experience poorer access to a range of health services than people in major cities. The report identifies that among Australians aged 45 and over who visited a GP in the past year, those living in rural and remote areas were less likely than others to have a usual GP or place of care. Not having facilities nearby was a barrier to accessing treatment or having a medical test, with 3 in 5 people in remote/very remote areas saying that not having a specialist nearby stopped them from seeing one.

⁶ Australian Institute of Health and Welfare, Survey of Health Care: selected findings for rural and remote Australians, 2018

Intervene early

Intervention early in life and/or as soon as a problem becomes apparent can prevent escalation of issues, reduce harms and minimise the need for more intensive and specialist services. Increasing the prevalence of screening, brief intervention and support within the context of general health and wellbeing helps to reduce stigma associated with getting help and acknowledges that issues can be complex and co-occurring. WAPHA is committed to increasing the uptake of screening and brief interventions by primary care practitioners, specialists, allied health professionals and community health workers.

WAPHA has invested in the provision of evidence-based support for those people experiencing mild to moderate problems with substance use, anxiety and depression or pain. This includes provision of access to structured telephone and online psychological therapy as well as promotion of tools to support self-help and self-management. Providing access to holistic and/or virtual services provides an opportunity to overcome the barrier some people might perceive about being seen to be accessing a mental health or drug and alcohol service.

Eliminate stigma and discrimination

Given the illicit nature of drug use, fear surrounding the consequences of disclosure and information sharing can significantly impact on people's willingness to seek help or talk about substance use issues with a health professional. Stigma and discrimination associated with drug use remains a significant barrier to people accessing health⁷ and other services, and is a major cause of stress for people who are drug dependent.⁸

WAPHA is committed to the elimination of the use of stigmatising language, negative images and stereotypes of people who experience problems with alcohol and drug use. There remains significant opportunity to stop inappropriate media portrayal of drug use and promote the 'good news stories' of people and communities who are doing well and the reasons for their success.

Treatment makes economic sense

The benefits of funding alcohol and other drug treatments are well established. For every \$1 invested in evidence based treatment services, more than \$7 is returned to the community through health and social benefits⁹. For every \$1 spent on needle and syringe exchange programs, the community saves \$27 in future cost¹⁰.

Evidence suggests that approaches which promote motivation and choice are most likely to encourage and support a person to access treatment and achieve positive outcomes. In turn, this will result in substantial savings to both the health system and society.

Measures affecting people with drug and alcohol dependence issues should also recognise the impacts on any dependents they may be caring for. Evidence indicates there has been an increase in child poverty rates for single parent households as well as significant scarring effects of persistent poverty for children and young people, which if not addressed is likely to lead to an inevitable cycle of disadvantage¹¹. Some evidence¹² does suggest higher rates of substance use disorders amongst unemployed Australians than those employed (8.5% vs 5.5%) warranting the opportunity to focus on supporting this cohort to access treatment.

There is value in acknowledging the disproportionate levels of harm and lost productivity that continues to be caused by alcohol consumption. Alcohol has been estimated to cause over twice the

⁷ Lloyd, C. (2013). The stigmatization of problem drug users: A narrative literature review. *Drugs: Education, Prevention, and Policy*, 85-95.

⁸ Hatzenbeuhler, M., Phelan, J., & Link, B. (2013). Stigma as a fundamental cause of population health inequalities. *American Journal of Public Health*, 813-821.

⁹ Ritter, Alison et al., *New Horizons: The review of alcohol and other drug treatment services in Australia*. National Drug and Alcohol Research Centre, 2014, p. 13

¹⁰ National Centre in HIV Epidemiology and Clinical Research, *Return on Investment 2: Evaluating the Cost Effectiveness of Needle and Syringe Programs in Australia 2009*. Australian Government Department of Health and Ageing, 2009

¹¹ Australian Council of Social Service, *Poverty in Australia Research Report*, 2016

¹² *The Mental Health of Australians Substance Use Disorders in Australia Chapter 6* pg 29

productivity lost in the workplace than all illicit drugs combined¹³. WAPHA supports a balanced and comprehensive approach to reducing harms from alcohol and drug use.

A comprehensive, collaborative and coordinated approach is critical

As noted in the National Drug Strategy¹⁴, addressing issues associated with alcohol and other drug use requires federal, state and territory governments and communities to work together to provide an approach that equally addresses supply, demand and harm reduction. WAPHA is committed to leading the development and delivery of collaborative and integrated approaches to connect the primary health care system, reduce fragmentation and improve outcomes.

People who experience problems with substance use can often be individuals with complex, multi-faceted concerns such as physical and psychological health issues, housing issues, abuse and trauma, intergenerational unemployment, poverty and/or deprivation. In addition to addressing alcohol and drug related harms, appropriate focus must also be given to addressing the structural and other factors that contribute to poorer health outcomes such as economic and social disadvantage.

A range of services and supports along the care continuum are needed to provide choice and adequately meet the needs of individuals and their families. Support should be person centred and holistic and seek to address all circumstances which are impacting on the person's life, not just those attributable to drug use.

Ensure commitment to evidence informed approaches

In commissioning alcohol and drug treatment services, WAPHA takes great care to ensure that interventions do not, intentionally or unintentionally, result in people becoming further disadvantaged, further complicate a person's pathway to treatment and support, or increase their potential to fall through gaps.

Any proposed policy measures should be carefully considered to ensure they do not discourage people from disclosing problems with alcohol or other drug use nor prevent them seeking or getting access to help when they need it.

WAPHA appreciates consideration of our submission. If you wish to discuss any aspect in more detail, contact WAPHA care of Mrs Christine Kane, General Manager Strategy and Health Planning, on 08 6272 4966 or chris.kane@wapha.org.au.

¹³ Collins DJ Lapsley HM, The costs of tobacco, alcohol and illicit drug abuse to Australian society in 2004/05, Commonwealth of Australia, 2008

¹⁴ Department of Health, National Drug Strategy 2017–2026, Canberra: Commonwealth of Australia; 2017

APPENDIX A: WA PRIMARY HEALTH ALLIANCE APPROACH TO ADDRESSING HARM FROM ALCOHOL AND OTHER DRUG USE

A collaborative approach

WAPHA is particularly interested in leading and being part of alliances and coalitions to collectively advocate and take action on shared goals to improve health outcomes.

WAPHA regularly engages with key stakeholders including the WA Network of Alcohol and Drug Agencies, Peer Based Harm Reduction WA, Health Consumers Council, Local Government, WA Country Health Service, Area Health Services, Aboriginal Health Council of WA, Universities and researchers including the National Drug Research Institute, Mental Health Commission and others to inform planning and commissioning of services.

WAPHA is an active member of the WA Alcohol and Youth Action Coalition and in 2017 jointly facilitated the formation of the WA Primary Care Quality Use of Medicines Working Group. In addition, WAPHA engages with other Primary Health Networks to support a more nationally consistent response to issues where appropriate.

A focus on integration

WAPHA believes strongly in an integrated health care system with capacity to deliver person-centred, best practice care for all those in need. Achieving integration is predicted on strong and sustainable partnerships and a collective focus on achieving shared outcomes.

It is recognised that people impacted by mental illness and alcohol and other drug use continue to experience poorer health outcomes exacerbated by a service system that is fragmented and does not meet their needs. The Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025 (Better Choices, Better Lives) calls for improved service navigation, collaboration and integration, and points to a current lack of access and under-utilisation of primary care services. Similarly, the National Ice Taskforce Report highlights the need for improved coordination between existing services, improved referral pathways, a need to develop the primary care workforce and provide greater access to care through General Practitioners.

It is acknowledged that effective integration has been hampered by siloed funding and arrangements which make it difficult to co-ordinate care across the health and social care systems. To truly achieve person centred care, services need to be built around what people need, rather than delivering 'programs'.

It is imperative that government and commissioning bodies commit to improving outcomes through genuine collaboration, coordination, and most importantly joint action. This would reduce duplication and the administrative burden on funded organisations, support sustainability and improve the experience for individuals and communities.

WAPHA is choosing, where appropriate, to commission services through the consolidation of relevant program funding streams. While this presents a challenge to current operational mechanisms such as reporting, WAPHA believes it is a step towards realising a more integrated system.

Prioritising place

For a variety of reasons, some communities have less access to health care and are more affected by mental illness and drug and alcohol use than others. WAPHA is particularly focused on improving support in these locations. This includes identifying gaps, bringing together existing providers and engaging with consumers and other stakeholders to respond to local needs.

Enabling effective place-based approaches is particularly important in locations where local resources may be limited such as regional, remote and outer suburban areas. Through supporting the development of relationships, building local capacity and truly enabling co-design of place-based solutions, there is opportunity to build on what already works, as well as increase the chance for innovative design.

WAPHA's priority locations are determined through regional population health needs assessments and local planning processes. Further information can be found at: www.wapha.org.au/phn-population-health-needs-assessments-published/

To support evidence based planning and commissioning, WAPHA in partnership with the Mental Health Commission completed WA's first comprehensive Integrated Atlas of Mental Health, Alcohol and other Drugs - Western Australia (the Atlas). The Atlas identifies services currently available throughout the State and helps to identify gaps and potential duplication. WAPHA is investigating developing a digital platform which, in addition to current Atlas service provider information, will have population, demographic, health, financial data as well to provide a more comprehensive platform for planning. Further information www.wapha.org.au/primary-health-networks/mental-health/mental-health-atlas/

The Atlas is not designed as a service directory, and thus WAPHA is working with My Community Directory to ensure all Atlas featured services – and WAPHA funded services – are included to enable easy access to local information for community members. Further information: www.mycommunitydirectory.com.au

Prioritising access

While particularly focused on vulnerable groups in high needs locations, WAPHA recognises the importance of improving access for everyone, irrespective of where they live or work. To this end, WAPHA has invested in a range of services including:

- Universal services that can be easily accessed from anywhere either online or via the telephone (Practitioner Online Referral Treatment Service visit www.ports.org.au);
- Initiatives that provide greater access through in-reach, outreach and after-hours care;
- Services dedicated to increasing health literacy and helping people stay informed, motivated and committed to their treatment program;
- Initiatives to reduce common barriers to treatment such as stigma, operational policies, referral processes, information sharing, admission criteria and promotion of available services.

Further information on WAPHA funded services can be found at www.wapha.org.au/commissioning/wapha-funded-programs/alcohol-and-other-drug-treatment-services/

Enhancing primary care

WAPHA is focused on increasing opportunities for people who may be at risk of poor health outcomes to get access to support, as well as make it easier for primary care practitioners to provide person centered care to those who may need help.

In addition to promoting existing training opportunities, WAPHA has invested in a GP led education program for primary care practitioners focused on building practical skills and confidence in managing patients with drug and alcohol problems. Further information on learning modules and events can be found at www.ecu.edu/tadpole. Training has been developed and delivered in partnership with local alcohol and drug specialist services across the metropolitan area and select regional areas. This approach has helped to raise awareness of available services and establish and improve care pathways.

In consultation with specialists and service providers, WAPHA is continuing to develop and promote HealthPathways, a web-based information portal which supports primary care clinicians to plan patient care through primary, community and secondary health care systems.

WAPHA is committed to encouraging adoption and effective use of My Health Record to support patient and clinician access and sharing of important health information. It is acknowledged that people who use illicit drugs may be reluctant to disclose or utilise My Health Record. In the lead up to the opt-out deadline, WAPHA continues to work with alcohol and drug services and consumer representatives to help people fully understand implications and data privacy considerations.