



22 December 2021

Committee Secretary
Health and Environment Committee
Parliament House
George Street
Brisbane QLD 4000
By email: hec@parliament.qld.gov.au

To whom it may concern

Thank you for the opportunity to provide a submission to the Inquiry into the Provision of Primary, Allied and Private Health Care, Aged Care and NDIS Care Services and its Impact on the Queensland Public Health System. The Queensland Network of Alcohol and other Drugs (QNADA) feedback is attached.

QNADA represents a dynamic and broad-reaching specialist network within the non-government alcohol and other drug (NGO AOD) sector across Queensland. We have over 63 member organisations, representing the majority of specialist NGO AOD providers. This feedback is provided following consultation with QNADA members.

QNADA is pleased to provide further information, or discuss any aspect of this submission. Please do not hesitate to contact me at [REDACTED] or by calling [REDACTED]

Yours sincerely

A handwritten signature in black ink, appearing to read 'Becky', written over a white background.

Rebecca Lang

CEO



Inquiry into the Provision of Primary, Allied and Private Health Care, Aged Care and NDIS Care Services and its Impact on the Queensland Public Health System

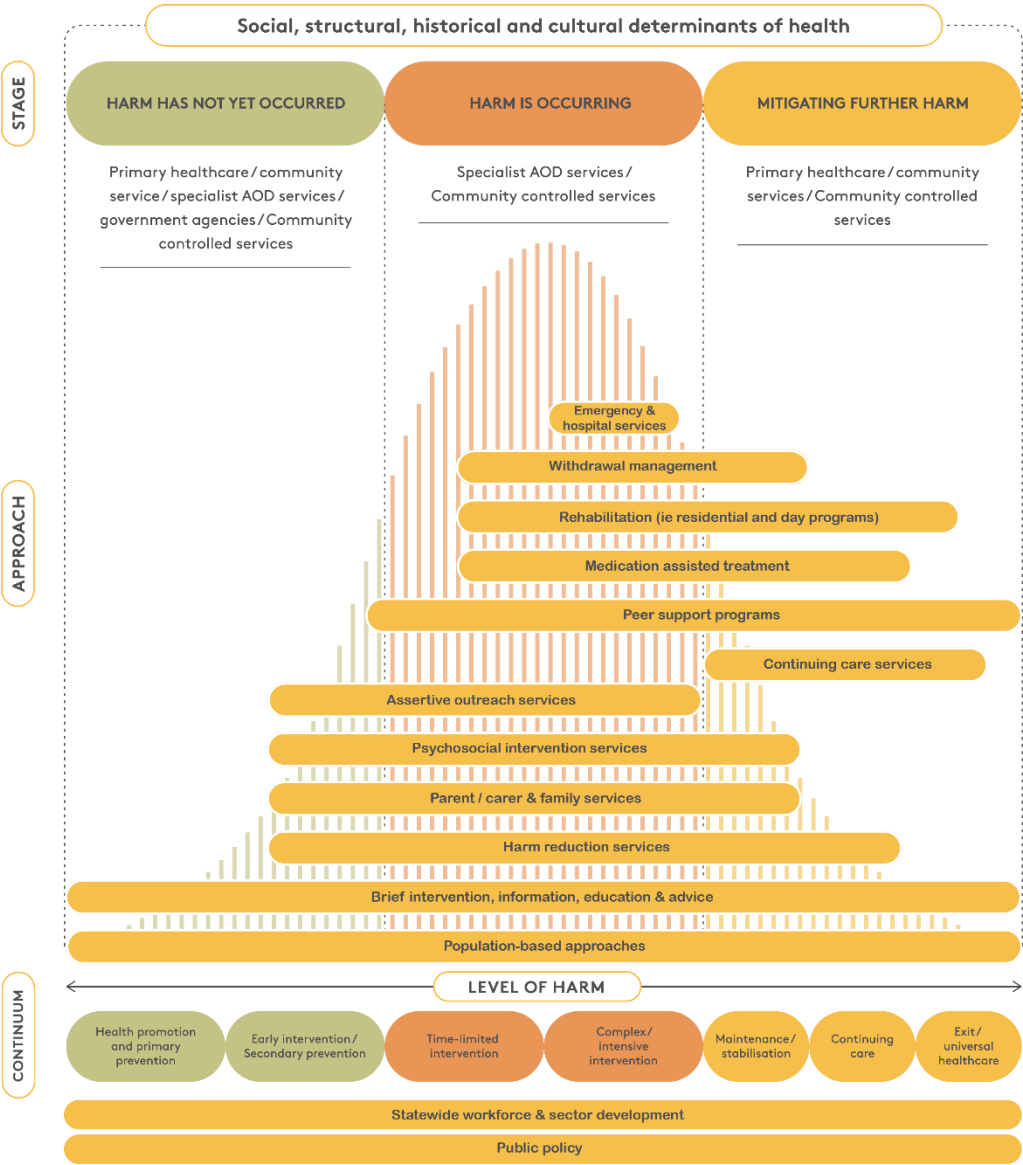
December, 2021

This submission has been prepared by the Queensland Network of Alcohol and Other Drug Agencies (QNADA). The content of this submission is informed by our engagement with QNADA member organisations providing treatment and harm reduction services in Queensland.

QNADA welcomes the opportunity to provide this submission, which is primarily concerned with the current state of primary, allied health and private health care as it relates to alcohol and other drugs treatment accessibility and availability and the impact this has on the broader public health system.

Responsibility for providing alcohol and other drugs treatment is a shared between the State and the Commonwealth, with Commonwealth funding treatment provided through the primary care (eg GP supported withdrawal, referral to private psychologists through the Better Access scheme), the State provides funding for treatment through Hospital and Health Services (eg inpatient withdrawal, counselling) and the two levels of government share responsibility for funding for treatment provided by non government organisations (eg residential rehabilitation, counselling and case management). Responsibility for funding diversion and opioid replacement therapy is also shared and is delivered by public and private health services.

The following figure provides an overview of the range of treatment responses.



Effective responses to drug use, like other health interventions, are evidence informed and matched to the needs of individuals based on the level of harm experienced, and intensity of use. What constitutes an effective intervention will be different from one person to another, however all effective interventions are flexible, realistic and culturally responsive.

Effective harm reduction and treatment services tend to be publicly funded, accredited, informed by scientific evidence, and delivered by appropriately skilled and qualified professionals. There are a range of treatment and harm reduction service types and settings (eg drug checking, counselling, residential rehabilitation), which have good evidence for their effectiveness, regardless of a person's drug/s of concern.

It is accepted that there is insufficient investment in alcohol and other drugs treatment to meet community need and we congratulate the Qld government for its efforts to address the availability of services through Connecting Care to Recovery, as well as the recent process for the next Statewide services plan.

At the Commonwealth level, planning for growth in alcohol and other drug treatment places is less structured, with the most recent increase in investment provided through the National Ice Action Strategy. Funding tends to be provided in time limited tranches, with the current investment committed to 30 June 2022.

Our submission is focused on four areas impacted by the current state:

- Access to alcohol and other drugs support in primary care settings
- Access to specialist mental health support for people who use alcohol and other drugs
- Specialist alcohol and other drugs workforce challenges
- Unregulated private providers.

Access to early AOD support via primary care

Primary care practitioners have a role in preventive health, screening, assessment, brief intervention, and referral to specialists across a range of health disciplines. While there are no specific MBS items for alcohol and other drugs, a range of existing mechanisms can be used to support billing arrangements.¹ These include item numbers under the Better Access scheme and Chronic Disease Management program.

However, there is a body of evidence that highlights the barriers primary care practitioners identify to performing this role, including limited knowledge and/or confidence to deliver basic AOD assessment and interventions.² Similarly, people who use alcohol and other drugs, whether occasionally/socially or dependently, report feeling unsafe to talk about substance use in primary care settings.

This places pressure on the Queensland public health system. For example, failing to identify and respond to potential problems early (eg through brief intervention) can lead to more serious problems downstream. It also limits service availability in primary care, such as opioid dependence treatment, with stigma contributing to a lack of willingness to complete the training required to deliver these services.

¹ Michala Kowalski & Liz Barrett, "Engaging General Practice and General Practitioners in Alcohol and Other Drug Treatment," in *Drug Policy Modelling Program Monograph* (University of New South Wales, 2020).

² Ibid.

Demand for publicly funded specialist alcohol and other drugs treatment services currently outstrips supply.³ Limited specialist alcohol and other drugs service availability and support can increase the reluctance of primary care practitioners to explore alcohol and other drugs issues due to a perception of limited referral pathways and/or longer waiting times to access more intensive treatment. While upskilling and supporting primary care services to deliver safe, non-stigmatising alcohol and other drugs interventions is an important part of improving access and availability, these systemic challenges and pressures also need to be addressed.

This means building primary health practitioner confidence and knowledge to deliver alcohol and other drugs interventions requires a whole of system approach that moves beyond simple training initiatives.

QNADA is currently working to improve primary care and AOD system coordination and responses for people who use alcohol and other drugs with Western Queensland PHN. We'd welcome an opportunity to further discuss the issues and explore solutions across the state.

Access to specialist mental health support for people who use AOD

The alcohol and other drugs and mental health systems are distinct, though they overlap. There are differences in organisational and workforce risk appetite, workforce capacity building needs, and policies and system philosophies.⁴ Not all people who experience co-occurring mental health and alcohol and other drugs issues will require intensive support from both systems, but from the point of access and from the perspective of clients, these systems should be experienced as seamless, with high levels of collaboration, coordination and cooperation.

However, we know that accessing the mental health system can be challenging for people who use alcohol and other drugs (particularly for those who use illicit drugs). For example, QNADA members report instances where clients of alcohol and other drugs services are denied access to specialist mental health services (especially young people). We believe similar challenges exist in mental health settings to those in primary care. That is, limited alcohol and other drugs confidence, knowledge, and skill amongst specialist mental health practitioners is leading to denial of service.

There is a need to better define the extent to which each system should be able to provide responses outside their specialist scope of practice alongside appropriate referral and ongoing co-ordinated care. Just as the specialist alcohol and other drugs treatment system is able to provide responses for people experiencing co-occurring mental health concerns, the mental health system should be able to respond appropriately to alcohol and other drugs issues.

There is also a need to establish a new type of specialist dual diagnosis service outside the hospital environment, which recognises the complex needs of people who experience severe mental illness alongside severe alcohol and / or other drug dependence and cannot otherwise be managed via coordinated care approaches.

³ Alison Ritter et al., "New Horizons: The Review of Alcohol and Other Drug Treatment Services in Australia," in *Final Report* (Sydney: University of New South Wales, 2014).

⁴ Nicole Lee and Steve Allsop, "Exploring the Place of Alcohol and Other Drug Services in the Mental Health System," (Melbourne, 2020).

Specialist AOD workforce challenges

The specialist alcohol and other drugs workforce is comprised of people in non-government and government sectors, with a small proportion of private sector workers.⁵ It includes professions such as, alcohol and other drugs workers, Aboriginal and Torres Strait Islander health workers, counsellors, medical addiction specialists, nurses, social workers, and psychologists.⁶

Maintaining an appropriately skilled and qualified workforce is crucial to service access and acceptability. However an ageing alcohol and other drugs workforce,⁷ limited educational offerings with a focus on alcohol and other drugs, and the loss of experience and skill that could occur as older workers reach retirement, means more needs to be done to support alcohol and other drugs workforce succession planning and pipelines.

Alcohol and other drugs work is currently undervalued and there are high levels of stigma associated with alcohol and other drug use, particularly illicit drug use. This means other health professions and specialities are perceived as more worthwhile and rewarding both in terms of remuneration and working conditions.

This is amplified for Aboriginal and Torres Strait Islander services and communities, which are disproportionately affected by these workforce issues. Despite community control and self determination being crucial to addressing cultural capability in service delivery, and having a central role in addressing alcohol and other drugs concerns in community, Aboriginal and Torres Strait Islander health workers are usually employed in lower status, lower paid positions.⁸

Further, the cost of living, accommodation and challenges finding staff who are willing to stick around, poses challenges to recruitment and retention in regional, rural and remote settings. This is complicated by that fact that many of these communities have become fatigued by the ongoing turnover of health professionals who they perceive as having less commitment to the community because they aren't from the region.

The impact of unregulated private providers

The current lack of access to publicly funded services (noted above) has also led to a rise in the number of unregulated private organisations claiming to provide specialist alcohol and other drugs treatment (particularly residential treatment), who in fact do not. While there are a number of reputable and accredited private organisations offering legitimate and high quality treatment options, there is an ongoing issue with some who are unable to demonstrate either quality treatment nor how their high cost reflects the services provided. These organisations effectively exploit people who are desperate to access alcohol and other drugs treatment but have been unable due to the under resourcing of the publically funded system.

In Victoria, the Health Complaints Commissioner recently finalised a review investigating this issue and identified one of the key drivers of this for profit system was the ability for prospective clients to

⁵ Natalie Skinner, Alice McEntee, and Ann Roche, "Australia's Alcohol and Other Drug Workforce: National Survey Results 2019-2020," (Adelaide, 2020).

⁶ Queensland Health, "Mental Health Alcohol and Other Drugs Workforce Development Framework 2016-2021," ed. Queensland Health (Brisbane, Queensland: State of Queensland, 2017).

⁷ Skinner, McEntee, and Roche, "Australia's Alcohol and Other Drug Workforce: National Survey Results 2019-2020."

⁸ National Alcohol and other Drug Workforce Development Strategy 2015–2018

access their superannuation to pay for treatment.⁹ While the National Quality Framework for Drug and Alcohol Treatment provides a mechanism by which regulation of the private system could occur, its implementation (including any decision to regulate private rehabilitation providers) is reliant upon the Queensland Government taking action.¹⁰ QNADA believes more could be done now to protect the community from these services.

While regulating unscrupulous private providers is one part of the solution, we note that it's the under-resourcing of the alcohol and other drugs system in general that creates the environmental conditions for these providers to take advantage. For every dollar invested in alcohol and other drugs treatment there is a seven dollar return.¹¹ The Queensland Drug and Alcohol Services Planning Model (QDASM) is a tool that can be used to support planning for service access and availability by estimating the number and type of specialist alcohol and other drugs services required in communities across Queensland. We note the recent service planning process undertaken by the Mental Health, Alcohol and other Drugs Branch within Queensland Health included consideration of this data and express our hope that the next Statewide services plan commits to expanding access to high quality, evidence based services.

⁹ Health Complaints Commissioner, "Review of Private Health Service Providers Offering Alcohol and Other Drug Rehabilitation and Counselling Services in Victoria," (Victoria, 2020).

¹⁰ Department of Health, "National Quality Framework for Drug and Alcohol Treatment Services," (Department of Health, 2019).

¹¹ Ritter et al., "New Horizons: The Review of Alcohol and Other Drug Treatment Services in Australia."