



Alcohol, Tobacco & other
Drugs Council Tas Inc.

Submission to the
Tasmanian State Government

One Health System Green Paper

February 2015

Alcohol, Tobacco and other Drugs Council of Tas Inc. (ATDC)

www.atdc.org.au

ABN: 91 912 070 942

Phone: 03 6231 5002

Facsimile: 03 6231 6099

PO Box 4702

Bathurst Street Post Office

Hobart, TAS 7000

Contact: Jann Smith, CEO

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The Alcohol, Tobacco and other Drugs Council

The Alcohol, Tobacco and other Drugs Council of Tasmania (ATDC) is the peak body representing the interests of community sector organisations (CSOs) that provide services to people with substance misuse issues in Tasmania. The ATDC is a membership based, independent, not-for-profit and incorporated organisation.

The ATDC is the key body supporting the sector to secure adequate systemic support and funding for the delivery of evidence based alcohol, tobacco and other drug (ATOD) initiatives. We support the sector through training and sector capacity building, as well as undertaking policy and development projects with, and on behalf of, the sector.

We represent a broad range of service providers and individuals working in prevention, promotion, early intervention, treatment, case management, research and harm reduction.

We play a vital role in assisting the Tasmanian Government to achieve its aims of preventing and reducing harms associated with the use of alcohol, tobacco and other drugs in the Tasmanian community.

By working with all levels of government and the community the ATDC seeks to promote health and wellbeing of all Tasmanians through a reduction of the harms caused by substance use. Our priorities are set by the membership and Board and focus on the prevention of the uptake of harmful alcohol or drug use, the provision of effective treatment for alcohol or drug misuse and the long term promotion of health and relapse prevention.

A broad and regionally dispersed membership base ensures the ATDC maintains a strategically relevant position within the overall understanding of what services are provided, what services are needed and how best to achieve the goal of reducing the negative impacts on the Tasmanian community from alcohol and drug use.

Our Vision

A Tasmania without drug or alcohol related harm or discrimination.

Our Mission

To provide independent leadership and advocacy; strengthen partnerships through inclusion, and support consumer participation in the promotion of holistic alcohol, tobacco and other drug (ATOD) services for all Tasmanians.

Our Goals

Goal 1: To provide effective leadership and representation for the alcohol, tobacco and other drugs sector.

Goal 2: To build sustainability of the ATDC and the alcohol, tobacco and other drugs sector.

Goal 3: To maximise consumer engagement in service planning and delivery.



Submission Highlights

1. The commissioning of community sector alcohol and drug services should be transferred completely from the Alcohol and Drug Service to the Department of Health and Human Services.
2. It should be a priority under this review to deploy the Drug and Alcohol Clinical Care and Prevention (DA-CCP) modelling tool to identify the population needs for ATOD services in Tasmania.
3. Alcohol and other drug services are a specialist service type and must be integrated into the broader health and human service system where acknowledgement of the bio-psycho-social framework for treatment and support is central to policy and service system design.
4. Strong leadership will be required to effectively manage this transition and maintain a focus on the principles of the single health system as articulated in the Green Paper.
5. It is essential that we adopt a health promotion, prevention and early intervention (PPEI) approach to ensure equity of access to health.

Overview of the ATOD Service System

There are 12 Tasmanian community sector organisations funded by the State Government to provide specialist alcohol, tobacco and other drug programs (this includes the peak body) (*Appendix 1*). All of these organisations are members of the ATDC.

The Alcohol and Drug Service (ADS), unlike Mental Health Services, has been retained as a state-wide service within the Tasmanian public health system. Within this configuration:

- alcohol and other drug policy sits within the Department in the Mental Health and Alcohol and Drug Directorate. (NB: Some community sector grants have also been retained here.)
- the Tasmanian Health Organisation-South (THO-S) is responsible for service delivery across the entire state, and
- the funds for the commissioning of services from the community sector under the Future Services Directions Plan have also been disbursed to the THO-S.

The community sector plays a major role in the delivery of specialist alcohol, tobacco and other drug (ATOD) prevention, treatment and harm reduction interventions. In addition the sector works closely with a range of other providers across government and private providers to ensure interventions are appropriately targeted and effective.

These interventions include:

- residential rehabilitation programs
- non-medical sobering up facilities and places of safety
- smoking cessation
- counselling and support
- health promotion, education and training
- youth specific services
- advocacy



- care coordination
- needle and syringe program
- illicit drug diversion assessment, brief intervention and counselling.

The Alcohol and Drug Service provides treatment and support services to individuals and families. The service provides a variety of programs, interventions and treatment services which include:

- Opioid Pharmacotherapy Program
- Inpatient Withdrawal Management Unit
- Psychosocial Interventions Program
- Smoking Cessation Program
- Consultation Liaison Service (South) based at the Royal Hobart Hospital
- Youth Program.

ATOD services are required across the continuum of care from the tertiary level, such as inpatient withdrawal, to the primary and community level where general practice and community organisations provide treatment and support to enable recovery from alcohol or drug dependence.

Role Delineation

Redesigning clinical services in order to shift the balance of care from the most intense to the community requires a detailed understanding of how services work together conceptually as well as practically.

It is important to understand the non-linear nature of treatment requirements for people who use substances. People may need inpatient withdrawal, or a residential program followed by outreach/outpatient care at different points of their treatment. If relapse occurs a return to an inpatient facility may be needed for one individual whereas someone else may respond more effectively to a therapeutic counselling session. Whereas another person may not need any medical intervention at all, but improve with counselling and support provided in the community.

Whilst substance dependence may not be a chronic relapsing condition for everyone, it is often associated with a range of complex health and social issues. Adopting an approach to system design that accepts the need for a range of treatment types, will assist health planners to focus attention on providing a seamless transition between community and clinical services, both across and between government and non-government sectors.

References to ATOD services within the draft *Role Delineation Framework* are concerning because of the apparent artificial separation of service description and service requirements, which do not reflect the manner in which consumers access the service system. Nor does the model described reflect the way that ATOD workers navigate clinical pathways with and for their clients.

We need to strengthen collaboration between the tertiary, primary and community sectors to make the health and human services most effectively integrated. Additionally building partnerships and linkages across the government, non-government and private sectors will maximise health and well-being outcomes.

Many factors influence and enable service integration and coordination. Most importantly, services must make the client the central focus. Integration appears to be complex enough within the acute sector alone, but when attempting to bridge the divide between the tertiary, primary and community sectors the issues seem almost insurmountable. Essentially consumers of health services live (the majority) of their lives outside of hospitals, therefore we need to find ways to consistently implement the following enablers:

- streamlined clinical pathways
- referral systems and guidelines
- shared clinical and client information management systems
- workforce development and professional up-skilling
- information technology and information management.

Health service providers within the tertiary and primary care spaces often have a poor or limited understanding of the services available and the level of professional skills within the ATOD community sector. There are highly specialised services and staff across Tasmania able to work with people with complex health issues associated with alcohol and drug use.

Alcohol and other drug services are a specialist service type that must be integrated into the broader health and human service system where acknowledgement of the bio-psycho-social framework for treatment and support is central to policy and service system design.

Service Commissioning

How the service system is funded can have a significant impact on the effectiveness of the services to be provided. It is not only the quantum of funding, but also the arrangements for planning, procurement and contracting that are important.

In June 2013 when Statewide and Mental Health Services transferred to the Tasmanian Health Organisations (THO), the Alcohol and Drug Service (ADS) State Office also transferred to the THO-South. At that time the service agreements for the community funded alcohol and drug program also transferred to the THO-South. This was not consistent with the approach taken with the funding of community sector mental health programs, which were retained in the Department of Health and Human Services in the newly established Mental Health/Alcohol and Drug Directorate.

The current arrangement fosters the inherent tension between the role of purchaser and provider within THO-South. This has resulted in poor planning and procurement processes and delays in the distribution of funds, with the consequence that available funds have not been fully allocated.

In order to improve our health system overall, the DHHS needs to be ... “the system manager to plan the arrangement location type and quality of clinical services,” as stated in the Green Paper (p. 8),

The commissioning of community sector alcohol and drug services should be transferred completely from the Alcohol and Drug Service to the Department of Health and Human Services.

Service Access

In October 2014 the Department of Health and Human Services released the *Final Report of the Review of Drug Use and Service Responses in North West Tasmania*. The report made a number of observations and recommendations about alcohol and other drug services within the North West and across Tasmania. The report also highlighted interface issues between the ATOD community sector and government services which can impact upon client service access and integration.

The report recommended that the current configuration of services across the state be mapped with a particular emphasis on the North West region. This information would be used to develop a plan to improve integration and collaboration between services. Consideration would also be given to how current alcohol and other drugs specialist services should be reconfigured with other service providers including Mental Health Services and other community sector organisations.

The Green Paper raises a salient issue in relation to better access to care versus access to better care and it is well recognised that the provision of affordable transport and accommodation are appropriate responses when quality health services are not able to be provided locally.

However, in the case of ATOD services there are neither the number of services available to meet demand, nor are they located in the appropriate geographic locations. The Review report recommends increasing access to inpatient withdrawal management services for clients based in the North West, including consideration of transportation and clinical assessment issues, and increasing the availability of residential rehabilitation beds for clients based in the North West.

The determination of the quantum of services required within Tasmania has been the subject of many reviews over recent years and despite an increase in investment in 2008-09 through the *Future Services Directions Plan*, there continues to be unmet demand across Tasmania. This is evidenced by the ongoing lack of meaningful improvement in the health outcomes of Tasmanians as a result of harmful alcohol, tobacco or drug use.

A methodology to quantify ATOD service requirements based on population, has been developed for the Intergovernmental Committee on Drugs (IGCD). The modelling tool known as the Drug and Alcohol Clinical Care and Prevention model (DA-CCP) has been available to be utilised in Tasmania for some time, however at this stage the modelling has not been applied. Using existing modelling tools would be an obvious first task in determining the appropriate level of services to be provided across Tasmania.

It should be a priority under this review to deploy the Drug and Alcohol Clinical Care and Prevention modelling tool to identify the population needs for ATOD services in Tasmania.

Corporate and Clinical Governance

Robust and inclusive corporate and clinical governance arrangements will be essential to the effective operation of Tasmania's single health system.

The Green Paper has not provided explicit detail in relation to governance arrangements for the single health system. Despite this it is our expectation that considerably more information will be made available in upcoming documents, or the white paper, regarding the inclusion of AOD specialists in governance arrangements, and community and consumer input to consultation mechanisms.



Strong leadership will be required to effectively manage this transition and maintain a focus on the principles of the single health system as articulated in the Green Paper.

Workforce Development and Sustainability

The alcohol and drug sector is a specialist sector. The workforce requires specific AOD qualifications and skill sets in order to provide appropriate interventions.

Over the past few years Tasmania has seen a gradual increase in the qualification level of the AOD workforce with many workers continuing to engage in ongoing professional development. A survey of the Tasmanian AOD workforce conducted by the ATDC in 2014 found that over 95% of the workforce had qualifications of Certificate IV or higher, and with more than half of the workforce holding a degree qualification or above.

The AOD sector fosters inter-professional working relationships, and their staff are experienced at working in collaboration and in partnership. The AOD workforce have capacity and skills that are adaptable to a range of community based models of care such as provision of outreach counselling or health education and assessment of AOD use. This is a model of service delivery consistent with an early intervention approach.

The Social Determinants of Health

Whilst the focus of the Tasmanian Government's Green Paper is essentially on sustainable clinical health services it would be remiss to not mention the impact that non-clinical elements have on health and well-being outcomes.

The social determinants of health (SDoH) are the conditions in which people are born, grow, live, work, play and age. The SDoH are sometimes referred to as 'the causes of the causes' because they are the underlying reasons why people experience poor health.

The health outcomes of people who use alcohol, tobacco and other drugs are always compounded by other social determinants in their lives. What this means for the alcohol, tobacco and other drug sector is that the people who are most severely affected by the harmful use of alcohol, tobacco and other drugs are also those who are most likely to concurrently experience other severe forms of social disadvantage.

Our health system generally focuses on treating the sick instead of preventing illness. Health is not just about the services provided within the health portfolio. It is essential that we adopt a health promotion, prevention and early intervention (PPEI) approach to ensure equity of access to health.

Stigma and Discrimination

People who use alcohol, tobacco and other drugs routinely experience stigma and discrimination as a result of their drug use. The use of alcohol, tobacco and other drugs can compound experiences of stigma and discrimination in a number of areas, including:

- health (living with a blood-borne virus (BBV), co-occurring diagnoses such as mental illness)
- social issues (education, literacy, housing, family relationships)
- economic circumstances (employment, financial status)
- justice (the impact of past or continuing involvement with police and justice systems).

People who inject drugs often report experiencing discrimination from health and medical service providers as well as staff at community pharmacies.

It is fundamental that the development of Tasmania's new health system is built upon principles such as equity and fairness and treating everyone with dignity and respect regardless of their circumstances.

Appendix 1

Membership of the Alcohol, Tobacco and other Drugs Council of Tasmania (2014-2015)

SPECIALIST ATOD ORGANISATIONS – DHHS AND THO FUNDED	
Alcohol, Tobacco and other Drugs Council	Statewide
Anglicare Tasmania	Statewide
Advocacy Tasmania	Statewide
Drug Education Network	Statewide
QUIT Tasmania	Statewide
Salvation Army Bridge Program	Statewide
Youth, Family and Community Connections	North Western
Circular Head Aboriginal Corporation	North Western
Launceston City Mission	North and North Western
Holyoake	Southern
The Link Youth Health Service	Southern
Pathways Tasmania	Southern

Unfunded Consumer Organisation

Tasmanian Users Health and Support League Statewide

ATOD RELATED ORGANISATIONS	
Brain Injury Association of Tasmania	Statewide
Tasmanian Council on AIDS, Hepatitis and Related Diseases	Statewide
Mental Health Carers Tasmania	Statewide
Family Drug Support	Statewide
OZHELP Foundation	Statewide
Rural Alive and Well Inc.	Statewide
WISE Employment	Statewide
Tasmanian Aboriginal Centre Inc	Statewide
Red Cross Tasmania	Statewide
Colony 47	Statewide
Relationships Australia Tasmania Inc.	Statewide
Mission Australia	Statewide
Karinya Young Women's Service	Northern
Wyndarra Centre	North Western
Headspace/Cornerstone Youth Services	Northern and North Western
The Hobart Clinic	Southern
Glenorchy City Council	Southern
Bethlehem House Tasmania Inc.	Southern
Hobart City Council	Southern

The Alcohol and Drug Service, THO-S is an associate member of the ATDC