



The Hon Brad Hazzard MP
Minister for Health
Minister for Medical Research

Mr David Blunt
Clerk of the Parliaments and Clerk of the Legislative Council
Office of the Legislative Council
Parliament House
Macquarie Street
SYDNEY NSW 2000

Dear Mr Blunt

**Portfolio Committee No. 2 (Health and Community Services) Report 49
Provision of drug rehabilitation services in regional, rural and remote New South
Wales**

Please accept the NSW Government's response to the Portfolio Committee No. 2 (Health and Community Services) Report 49 into the provision of drug rehabilitation services in regional, rural and remote New South Wales.

A copy of the response is enclosed.

Yours sincerely

Brad Hazzard MP

Encl.

17 JAN 2019

Received by me
on behalf of the
Clerk of the Parliaments
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B. Duffy

NSW Government Response

Inquiry into the provision of drug rehabilitation services in regional, rural and remote New South Wales

INTRODUCTION

The harms associated with drug and alcohol use arise from and impact on the socioeconomic, community, family and individual environments. Drug and alcohol misuse contributes significantly to emergency department presentations, hospitalisations, early mortality and morbidity and has a considerable impact on crime, contributes to road accidents, violence, family breakdown and social dysfunction. The consequences of substance use occur across the lifespan, having direct impacts on people with alcohol and other drug issues and affecting carers, families and community members.

The NSW Government is committed to reducing drug and alcohol related harms for individuals, their families and friends and the community. The NSW approach is in the context of Australia's long-standing commitment to harm minimisation. This recognises that drug use occurs across a continuum, from occasional to heavy use, and that a range of harms are associated with different types and patterns of drug use. Therefore, the response to these harms requires a flexible, tailored approach. The three pillars of harm minimisation are demand reduction, supply reduction and harm reduction. At the population level, strategies to minimise alcohol and other drug harms should be coordinated and balanced across these three pillars.

The health challenges faced by people who live in rural and remote NSW are significantly different from those living in major cities. While there have been improvements in health care delivery, people living in rural and remote communities in NSW experience a range of poorer health outcomes than those living in metropolitan communities. Factors, including geographic isolation, socioeconomic disadvantage, drought and a greater exposure to risk of injury, impact on these outcomes.

The configuration of health services in rural and remote NSW communities may be very different to major cities. Some larger rural communities may be able to support more local, specialised healthcare services. But increasing remoteness and diminishing population size and density can constrain service model options and these issues need to be considered in the delivery of alcohol and other drug services.

In 2018-19 the NSW Government has allocated \$225 million to AOD-related health services, which includes \$12 million enhancement from the \$75 million Drug Package announced in 2016. The NSW Government is committed to ensuring that there is range of accessible drug and alcohol treatment services available in the community and that these services meet the needs of individuals. This includes establishing clear referral pathways to specialist services from hospitals and primary health services.

The NSW Premier the Hon Gladys Berejiklian MP and Minister for Health the Hon Brad Hazzard MP announced on 12 November 2018 a Special Commission of Inquiry into ice (crystal methamphetamine). The Special Commission of Inquiry will inquire into, and report on:

- The nature, prevalence and impact of ice in NSW;
- The adequacy of existing measures to tackle ice in NSW; and
- Options to strengthen NSW's response to ice, including law enforcement, education and treatment / rehabilitation responses.

The Special Commission of Inquiry is expected to report in 2019.

NSW Government thanks the committee for its detailed examination of drug rehabilitation in regional, rural and remote NSW. The specific recommendations of the committee are addressed in the following section.

RESPONSE TO RECOMMENDATIONS

RECOMMENDATION 1

That the NSW Ministry of Health implement, as a matter of urgency, a population-based planning tool, such as the Drug and Alcohol Service Planning model, to ascertain what rehabilitation services and how many beds are required throughout New South Wales, and in which regions.

SUPPORTED

Service planning is important to ensure that any enhancements to services are provided where they are required. Population-based planning tools, such as the Drug and Alcohol Service Planning model, provide high level and indicative information and can be used to support decision making. Other factors such as population demographics, changing patterns of drug use, new treatment evidence, funding from different levels of government, local service needs and health system innovation should also be considered.

RECOMMENDATION 2

That the NSW Government significantly increase funding to drug and alcohol-related health services, and use the data gathered through the population-based planning tool as outlined in recommendation 1, to:

- *tender for the establishment of more residential rehabilitation services throughout regional New South Wales, including facilities for women and children, Aboriginal people, and young people including those aged 13 to 16*
- *tender for the establishment of more detoxification services throughout regional New South Wales, including facilities for Aboriginal people and young people;*
- *investigate the benefits of establishing multi-purpose facilities in regional areas that provide detoxification, residential rehabilitation and outpatient services*
- *fund local social services and Aboriginal Medical Services in regional, rural and remote New South Wales to assist in transporting patients to and from drug and alcohol treatments*
- *provide incentives for qualified drug and alcohol professionals to relocate to regional areas and to upskill workers based in regional areas*

SUPPORTED IN PRINCIPLE

Australian studies have found that there is significant unmet need in the drug and alcohol treatment sector. The role of withdrawal management and residential rehabilitation in drug and alcohol treatment is acknowledged. Community-based treatment services such as day programs, drug and alcohol counselling, pharmacotherapies and case management are also important and should be the predominant service type.

The NSW Government supports in principle an examination of the advantages of co-locating AOD services within one location and will examine the feasibility of extending this to other geographic areas.

The NSW Government invests \$25.5 million annually for 41 Aboriginal Community Controlled Health Services (ACCHS) and related organisations to deliver culturally safe and tailored health services across 44 sites. This funding contributes to activities that support healthy lifestyles, prevention and management of chronic disease, and drug and alcohol prevention and treatment. These services can determine priorities for expenditure, including patient transport, based on community needs.

Clients of alcohol and drug services may be eligible for the Isolated Patients Travel and Accommodation Assistance Scheme (IPTAAS) if they are travelling to attend a medical specialist service that is not available locally. The medical specialist visited must be registered on the Health Insurance Commission Medicare Provider File to be recognised as a specialist. An Aboriginal Health Organisation may also receive IPTAAS payments if the organisation provides an eligible patient transport.

NSW Health will review and assess opportunities that may exist within and outside of current industrial award structures.

- *work with universities, in collaboration with the Royal Australasian College of Physicians and the Royal Australian and New Zealand College of Psychiatrists, on initiatives to develop more specialists in the drug and alcohol field*
- *investigate the efficacy of subsidising beds in regionally-based private, for-profit residential rehabilitation facilities to ensure more people from regional areas can access rehabilitation.*

SUPPORTED

NSW Health will continue to develop more specialists in the Addiction Medicine and psychiatry (including addiction) in association with the relevant Colleges, noting that Universities are not responsible for postgraduate medical training.

The NSW Government supports improved access to residential rehabilitation and other drug and alcohol treatment. NSW Health will investigate a range of strategies to increase access.

RECOMMENDATION 3

That the NSW Ministry of Health, as a matter of urgency, establish a central register for New South Wales of all available beds and facilities for drug and alcohol rehabilitation, which: includes real-time data concerning wait lists and wait times; encompasses private health and medical services; is publicly available as a resource for service providers, legal professionals and the community.

SUPPORTED IN PRINCIPLE

NSW Health has recently improved the availability of public information about treatment services on the NSW Health website and is also planning better ways to support individuals and their families to access appropriate services. This will include a centralised phone line that actively helps people to find the right treatment option based on need. Real time data on service availability is influenced by continually changing factors such as client acuity. A more active approach can also ensure other support when a residential place is not immediately available.

RECOMMENDATION 4

That the NSW Government conduct a review of the Drug Court and the Magistrates Early Referral Into Treatment program, including the feasibility of establishing them in additional regional areas.

SUPPORTED

The NSW Government recognises the role of court diversion programs in reducing drug and alcohol harms. The Magistrates Early Referral Into Treatment (MERIT) program has been evaluated and found to be effective with reported reduction in recidivism and increased health and wellbeing outcomes for people who complete the program. The NSW Drug Court was evaluated by NSW Bureau of Crime Statistics and Research (BOCSAR) in 2002 and re-evaluated in 2008. BOCSAR also published research on the effectiveness of intensive judicial supervision in the NSW Drug Court in 2011. The NSW Government will consider opportunities to expand the Drug Court and MERIT program to other locations, including regional areas.

RECOMMENDATION 5

That the NSW Government pilot a Drug Court in Dubbo in parallel with an increase in rehabilitation services for the area.

SUPPORTED IN PRINCIPLE

The NSW Government will consider expansion of the Drug Court to regional areas, including Dubbo.. Any expansion of the Drug Court would require a commensurate increase in treatment services. The response to recommendation 1 addresses service expansion planning.

RECOMMENDATION 6

That the NSW Government:

- a. commit to providing funding grants to non-government drug and alcohol-related service providers that run for a minimum of three years, with the option for a two year extension;*

SUPPORTED

In 2018/19 NSW Health moved to three year funding arrangements for non-government drug and alcohol services, subject to satisfactory performance.

- b. *advocate through the Council of Australian Governments for the Australian Government to commit to the same practice.***

SUPPORTED

NSW Government will work through the Ministerial Drug and Alcohol Forum and the COAG Health Council to advocate for the Australian Government to commit to longer term funding arrangements for non-government organisations.

RECOMMENDATION 7

That the NSW Government establish a standards framework for the private, for-profit residential rehabilitation industry.

SUPPORTED

In 2018, the Ministerial Drug and Alcohol Forum endorsed principles for a National Quality Framework for Drug and Alcohol Treatment Services. NSW Health will adopt the agreed national framework and ensure it is implemented in funded services and for-profit licenced facilities and will encourage uptake in other private services.

RECOMMENDATION 8

That the NSW Government ensure that public housing tenants who undertake residential drug rehabilitation or detoxification, not exceeding 12 months, do not lose their housing while undergoing treatment.

SUPPORTED IN PRINCIPLE

The NSW Government agrees in principle with the intent of the proposed approach. The Department of Family and Community Services (FACS) will continue to maintain in policy a 6 months absence from dwelling policy for tenants entering drug rehabilitation or detoxification services. However, FACS is open to discuss longer periods of approvals on a case by case basis where there is evidence that the client requires longer treatment. There are some inherent risks with an upfront 12 month approval which FACS needs to manage and ensure that public housing is available to those most in need. Approvals for absence from dwelling will be provided for an initial period of 6 months with a review mechanism in place.

RECOMMENDATION 9

That the NSW Government:

- a. *acknowledge the health, social and economic benefits of prevention of drug and alcohol abuse***

SUPPORTED

The NSW Government acknowledges the health, social and economic benefits of prevention of drug and alcohol use and invests in preventive activities to delay uptake, reduce problematic use and minimise harms. NSW Health delivers prevention, early intervention activities and treatment to minimise the impact of alcohol and other drugs on the community, and provides support for families and carers to help them manage the impact of substance use on the family.

b. investigate the efficacy of implementing a state-wide school nurse program which includes targeting young people with preventative action and support.

SUPPORTED

NSW Government is investigating model options for supporting school wellbeing initiatives for young people. NSW Health, the Department of Education and the Department of Premier and Cabinet are piloting a Wellbeing and Health In-reach Nurse Coordinator Model of care in Young, Cooma and Tumut. The evaluation outcomes will be used to inform future decision making.

Age appropriate drug education forms part of the mandatory Kindergarten to Year 6 and 7 to 10 Personal Development, Health and Physical Education syllabus. NSW Health also actively supports secondary schools to address the health and wellbeing needs of students through other local and state-wide service responses, for example through the School-Link Program.

RECOMMENDATION 10

That the NSW Ministry of Health report to the NSW Parliament annually on the progress of the implementation and outcomes of the Good Health – Great Jobs: Aboriginal Workforce Strategic Framework 2016-2020 in regards to the drug and alcohol rehabilitation sector.

SUPPORTED IN PRINCIPLE

All NSW Health organisations Aboriginal workforce data is captured centrally and reporting requirements are set out in the NSW Health Good Health – Great Jobs Aboriginal Workforce Strategic Framework 2016-2020. Aboriginal representation across all salary bands in NSW Health is reported to the Public Service Commission as part of the Public Service Commission's annual workforce profile exercise and is reported annually through the Commissioner's annual reporting obligations under Section 15 of the Government Sector Employment Act 2013. Further, the workforce priority to attract, recruit and retain Aboriginal staff is focussed on all staffing groups and is relevant to the drug and alcohol workforce.

RECOMMENDATION 11

That the NSW Government investigate the efficacy of establishing a scheme to establish a full time local Aboriginal trainee position alongside every skilled position recruited in areas with a significant Aboriginal population.

SUPPORTED IN PRINCIPLE

NSW Government will use a variety of strategies to continue to increase the Aboriginal health workforce, including through the Public Service Commission and the Commonwealth Government programs.

RECOMMENDATION 12

That the NSW Government:

- a. trial adult and youth Koori Courts in various regional New South Wales locations for a period of twelve months;*
- b. then conduct a comprehensive review to determine the appropriateness and need for further Koori Courts in other locations in regional New South Wales.*

NOTED

The NSW Government notes that it runs a Circle Sentencing Program which is an alternative sentencing court for adult Aboriginal offenders who plead guilty or are found guilty of a summary offence or an indictable offence dealt with summarily in the Local Court. Respected Aboriginal Community members, the local magistrate, support people and the victim sit in a circle to discuss the offender and to address their offending behaviour. The offender is sentenced by the respected community members with the full sentencing powers of the court and the magistrate ensures the sentence complies with the law. The program is active in Bourke, Dubbo, Kempsey, Mt Druitt, Nambucca Valley, Nowra, Lismore and Walgett.

On 31 May 2018, the NSW Government was pleased to announce that the 2018-19 Budget will include \$2.7 million over three years to fund the expansion of the Youth Koori Court from Parramatta Children's Court to the Surry Hills Children's Court. This will allow an additional 30 young people from the Sydney catchment to participate in the program each year. The NSW Government will consider further expansion of the Youth Koori Court following on from an evaluation of the Court.