THE PROVISION OF DRUG REHABILITATION SERVICES IN REGIONAL, RURAL AND REMOTE NEW SOUTH WALES

Hearing on 12 March 2018 - NSW Health Response to Questions

[The Hon. COURTNEY HOUSSOS] —

QUESTION 1

We have received a lot of submissions and evidence today to show that the recent Drug Package announced by the Government did not provide any additional residential beds and did not particularly provide for Aboriginal people, which were two of the key areas of unmet demand received by this Committee. What is your response to that?

Dr CHANT: The drug and alcohol package that was announced had a focus on young people, mothers and also particularly vulnerable groups. We are happy to provide the details of the funding, where that funding went to, and the stage of rollout of those various programs.

ANSWER

In 2016, the NSW Drug Package committed an additional $75 million over four years to support more young people, more families and more people into treatment. Aboriginal people are a priority population for all Drug Package programs and services. More detail is provided in the response to Question on Notice 2.

$24.5 million has been invested to help more families:

- $15 million has been provided to eight local health districts (LHDs) to develop and expand Substance Use in Pregnancy and Parenting services. These services provide specialist medical and nursing care in pregnancy and post-delivery, including ongoing support for up to three years.
- $8 million has been allocated to Non Government Organisation (NGO) services in Orange, Malabar and Wyong to increase residential rehabilitation and ongoing care for women with dependent children.
- Of the $1.5 million that was dedicated to increase support for families, increased funding has been provided to the Family Drug Support service and work is underway to boost support for families and carers across five local health districts and the Sydney Children's Hospital Network. Work is also underway to provide more information for families on de-escalation strategies, parenting programs and understanding relapse.

$26.5 million has been invested in establishing more treatment services

- $14.5 million has been provided to seven local health districts and one specialty health network to develop Assertive Community Management programs for people with severe substance dependence and highly complex needs.
- $12 million has been committed to three NGOs to provide a state-wide Alcohol and Other Drugs Continuing Coordinated Care program that will support more people to stay in drug and alcohol treatment. The Network of Alcohol and other Drug Agencies (NADA) has been funded to provide program coordination.

$24 million has been committed to help more young people

- $16 million has been committed to NGO and LHD services to create new youth AOD detox and treatment services across the state. A Youth Addiction Fellowship has been funded to build the statewide capacity of the NSW child and adolescent specialist workforce.

- Of the $8 million dedicated to the AOD Evaluation and Early Intervention Innovation Grant Scheme $2.9 million has been awarded to date to nine organisations. A third call for expressions of interest will occur later this year.

[The Hon. Dr PETER PHELPS] —

QUESTION 2

Hold on—can I just follow that up? If there is already overcapacity or excessive demand in the existing structure for residential beds, what you are essentially saying is you have done an $8 million substitution of women going into the beds, but there is no additional capacity for beds, so all you are doing is moving men out.

Dr CHANT: No, that is not correct. We can provide a breakdown of the additional money that has gone to each of the services, which will have translated into additional beds.

ANSWER

The Drug Package targeted funding of $8 million to increase residential rehabilitation for women with dependent children. The $8 million was invested as follows:

- $4.4 million for the establishment of a new service in Orange - Lyndon Women and Children Residential Rehabilitation Service. The service has a focus on Aboriginal women and women with children. It provides a ten bed service and can accommodate up to 15 dependent children.
- $1.3 million was provided to expand an existing service in Wyong – Kamira Women and Children Residential Rehabilitation Service which was used to open an additional 4 adult beds.
- $1.8 million was provided to an existing service in Little Bay - Jarrah House. The funding provided strengthens the detox and treatment services provided by the residential service.

[The Hon. COURTNEY HOUSSOS] —

QUESTION 3

The other evidence we received this morning was that the Federal Government announced a $300 million national ice package but again this did not go into residential beds. Apparently this was because it was diverted to the primary health networks [PHNs] instead of into the local health districts [LHDs]. Do you have any comments to make as to the coordination of that money?

Dr CHANT: In my opening statement I indicated the fact that it is a complex service system for drug and alcohol. As would the community, we share the view that we need to make sure we work cooperatively with all of the service partners or all the funding partners to design a service system for the best outcomes for the patient. I would be very open to working collaboratively with the Commonwealth on planning. We have mechanisms to engage with the primary healthcare networks and we are encouraging our local health districts to work with their primary healthcare networks in mapping areas where there may be gaps in services and opportunities to work collaboratively.

a) The Hon. COURTNEY HOUSSOS: What are those mechanisms for the two to interact?

Dr CHANT: A number of our local health districts would have regular engagement with the primary healthcare networks. Often there is cross-representation on various committees—they would interact. I can give you some written examples of how that might work in various local health districts.

ANSWER

The Commonwealth $300 million Ice Package funding aimed to improve access to treatment, especially for rural, regional, remote and Indigenous communities, and ensure the workforce is

supported to deliver effective and flexible treatment approaches. Of this amount, $241.5 million was allocated Australia-wide to the delivery of further treatment services. Commissioning of these services was undertaken by Primary Health Networks at the regional level.

NSW Health has a number of statewide mechanisms in place to build a partnership approach with Primary Health Networks (PHNs).

- The NSW Health-PHN Statewide Committee, with representation from LHD CEs, PHN CEOs and Ministry Executives, provides a platform to work collaboratively to implement healthcare reforms in NSW.
- There is cross representation on the NSW Health Drug and Alcohol Program Council and the NSW/ACT Primary Health Network Drug and Alcohol Network.
- NSW Health has hosted forums to support statewide coordination of the PHN commissioning process. The Agency of Clinical Innovation hosted a Primary Health Network Drug and Alcohol Workshop in August 2016 to provide support for the PHN commissioning process. In September 2017, the NSW Health Drug and Alcohol Program Council and NSW/ACT Primary Health Network Drug and Alcohol Network met and agreed on areas of joint work.

Local health districts have participated in the PHN needs assessment planning process and have shared local service data. LHDs have ongoing relationships with the PHNs, with two examples outlined below.

South Western Sydney Local Health District (SWSLHD) participates in the South Western Sydney PHN working party to provide guidance and advice in relation to drug health issues. SWSLHD contributed to the SWS PHN Drug and Alcohol Needs Assessment 2016 and supported the commissioning of drug treatment services in 2017. This has led to the development of a Framework to support GP management of substance use issues and a pilot GP Drug and Alcohol Advice and Support Service.

Mid North Coast Local Health District was awarded funding to provide a withdrawal management service. As a result, they have a formal ongoing relationship with their local PHN.

[The Hon. COURTNEY HOUSSOS] —

QUESTION 4

The problem is that there was $300 million. It was a large amount of money that was designed to be addressing what was seen to be a severe ice problem—people severely affected by ice—and yet this did not actually address it. We have heard in the written submissions and the verbal evidence today that that money did not go into residential beds; it did not go into supporting the severe cases; it may have provided some outpatient services; it may have helped some people with mild to moderate addictions to ice; but it did not help the people on the very severe end and it did not provide new residential beds, which is the most appropriate setting to be supporting these people.

Dr CHANT: We can provide advice on what commitment we have provided to grow residential rehab. I suppose it is important at this point to also highlight, as I think you have in your question, that there are a variety of services mixes that are suited. Occasionally patients will need the residential rehab component but the evidence base supports a broad range of other initiatives as well. Certainly some of the most severe may benefit from residential rehab. I would be happy, out of session, to find what I can find out about the Commonwealth investment, but there certainly has been strong engagement locally to understand what the opportunities for that investment are and work collaboratively.

ANSWER

The response to Question on Notice 3 provides information on mechanisms used to support the Commonwealth’s allocation of funding to NSW and the partnership approach between LHDs and

PHNs. This partnership approach aims to facilitate evidence-based decision making about how funding is invested.

[The Hon. Dr PETER PHELPS] —

QUESTION 5

Today the Committee received evidence that Juvenile Justice runs two facilities without any input from Health. It strikes me as strange that what should be a Health issue is in fact being cross-subsidised by Justice.

Dr CHANT: I am aware of the test services from the submission, and I am happy to follow up concerning those services.

ANSWER

Juvenile Justice has contracted a non-government provider, Mission Australia, to provide residential rehabilitation services at Coffs Harbour and Dubbo. These services are provided for Juvenile Justice clients only. It is appropriate for agencies to purchase drug and alcohol treatment services to address the need for specific client groups, such as people exiting correctional facilities, and young people in contact with the criminal justice system.

The two services provide a stable and secure environment where young people receive drug and alcohol treatment and are assisted to address anti-social and risk taking behaviours and strengthen interpersonal skills. The services target:

- young people 13 to 18 years old who have a history of significant AOD use that contributes to their offending behaviour
- young people who have a dual diagnosis
- young people on methadone, buprenorphine and/or other medically supervised medications.

Each service has eight beds and caters for males and females. It is a 12 week residential program with a maximum stay of four months, followed by 12 weeks aftercare support.

These services collaborate with local health districts in a number of ways. In Coffs Harbour, for example, this includes regular visits to the facility by the LHD Aboriginal Health Officer and consultation and advice on clinical matters such as withdrawal management or dietary supplementation. LHDs can refer into the service and in Dubbo the LHD is represented on the admissions panel.

[Dr MEHREEN FARUQI] —

QUESTION 6

Dr Phelps has asked some of my questions so I will move on. I want to dwell a little on the harm minimisation approach. You said that NSW Health's approach is about harm minimisation. I just wonder whether NSW Health has looked at, or assessed, approaches such as pill testing or decriminalisation of personal use as harm minimisation approaches. What has been the outcome of that investigation, if there has been one?

Dr CHANT: From time to time we obviously keep abreast of the international evidence in relation to pill testing. At this point in time I would have to refer to the latest briefing I have on it. It is probably better to provide that to you. From my recollection—this is a very dangerous thing to do—I am not sure that there was clear-cut evidence for the effectiveness of it. Clearly, evidence is generated all the time and we keep a very open mind and look out for emerging evidence.

ANSWER

There is no conclusive evidence which demonstrates that pill testing reduces illicit drug use or drug overdoses at festivals or other events. A systematic review of effectiveness in reducing harm suggests that while drug testing shows potential as a harm reduction intervention, more research is required.

[Dr MEHREEN FARUQI] —

QUESTION 7

Dr MEHREEN FARUQI: Do you know how many private rehabilitation or detox operators there are in New South Wales?

Dr CHANT: We could attempt to answer that question if the Committee would find that useful.

a) Dr MEHREEN FARUQI: Yes, sure. I am just concerned that there does not seem to be any accreditation requirement for service providers for rehabilitation and detox, other than the ones who receive government funding. How does NSW Health know that what it is doing is best practice if you do not even know how many there are, for instance?

   Professor BATEY: It is a very important question, but I am not in a position to answer all of it. Certainly a lot of the public service is linked to the private detox units because they are available and they provide services, and one is aware of the qualifications of those who are running these services. There is not one in New South Wales in which you would say that there are no professionally trained people there. It is an area where I think there could be more work done. We need to find the data.

   Dr MEHREEN FARUQI: If you could take that on notice that would be really great.

   Dr CHANT: Certainly.

ANSWER

In NSW, alcohol and other drug (AOD) rehabilitation services are provided by public, non-government and private agencies. Private agencies may further be categorised as private health facilities (hospitals and day procedure centres), private opioid treatment program (OTP) clinics, and privately-run rehabilitation/wellbeing centres.

- There are 25 private health facilities providing mental health class services. Twelve are stand alone private psychiatric/mental health hospitals providing dedicated inpatient AOD programs, including withdrawal management (detox) and rehabilitation. Private health facilities (hospitals and day procedure centres) are regulated under the *Private Health Facilities Act 2007* and associated Regulation. Private health facilities must meet all general licencing standards and specific licencing standards for each class of facility.

- There are 12 NSW Health licensed private OTP clinics that provide community based pharmacotherapy and associated rehabilitation services. Private OTP clinics are regulated under the *Poisons and Therapeutic Goods Act 1966* and associated Regulation. Private OTP clinic licences stipulate certain conditions, including organisational accreditation requirements. Private OTP clinics are required to comply with relevant NSW Health guidelines as part of their licencing conditions. Compliance with licencing conditions is monitored by NSW Health.

- In addition to the private health facilities and OTP clinics described above, NSW Health is aware of five privately-run residential rehabilitation/wellbeing centres that offer a range of wellbeing and alternative therapies (such as meditation, massage, nutrition), as well as a range of mental health and AOD interventions (such as counselling and withdrawal management).

a) NSW Health does not have oversight of privately-run residential rehabilitation/wellbeing centres that are not private health facilities. However, quality safeguards for patients are in place through the *Public Health Act 2010* and associated Regulation, the *Health Care Complaints Act 1993*, and the National Registration and Accreditation Scheme for registered practitioners. These safeguards address the code of conduct expected of all health service providers in NSW, the mandatory registration of regulated professions, health care related complaints, and the advertisement or promotion of health services. Additionally if health service providers are providing care in the private sector and are claiming services under Medicare, they are covered by the relevant Commonwealth legislation and regulation.

[The Hon. Dr PETER PHELPS] —

QUESTION 8

It is true to say that that is the first year and that for 2014-15, 2013-14, 2012-13, 2011-12, 2010-11 and 2009-10, there has been a consistent upward trend for methamphetamine use in this State. This was simply the first year. It may be a long-term decline or it may be a blip in the trend upwards.

Dr CHANT: That is right, and we are always very cautious about that. However, as I said, we routinely look at all of the data sources and pull together a report. I am happy to make this available to the Committee. We simply need to incorporate a few comments from the group to finalise this report. We will make it available to the Committee, and we will put it on our website.

ANSWER

There has been a statistically significant decrease in overall methamphetamine use in NSW since 2010, with a more rapid decline from 1.4 per cent of the population in 2013 to 0.7 per cent in 2016.

Among people reporting recent use of methamphetamine, an increasing proportion were frequent users, an increasing proportion was injected, and the crystal form (ice) was most commonly used.

[The Hon. COURTNEY HOUSSOS:] —

QUESTION 9

You indicated that the Hunter New England Local Health District has more than 10 per cent of its staff identifying as Aboriginal. You can answer this question on notice. What programs and other things are in place for that to be such a high number?

Dr CHANT: We will answer that on notice.

ANSWER

To clarify, Hunter New England Local Health District (HNELHD) Drug and Alcohol Clinical Services has approximately 10 per cent staff identifying as Aboriginal, not HNELHD. This positive outcome was achieved as a result of the District implementing employment, education, support and monitoring strategies. Some examples include:

- Employing an Aboriginal drug and alcohol manager to provide cultural support to health staff.

- Considering whether any new positions should be Aboriginal specific positions.
- Encouraging staff to identify as Aboriginal.
- Having Aboriginal staff employed in different roles across the Local Health District, for example, in management, administration, clinical leadership, Aboriginal Health, psychology, nursing and medical roles.
- Encouraging Aboriginal staff to gain qualifications, at certificate, diploma, degree or higher degrees.
- Supporting three Drug and Alcohol Aboriginal staff forums each year to facilitate learning, cultural support and planning.
- Reporting to the HNELHD Executive Director, Rural and Regional Health Services, on the proportion of drug and alcohol patients who are Aboriginal on a monthly basis. This consistently sits above 22 per cent.

Hunter New England LHD will provide advice and guidance on how to build Aboriginal staffing capacity to other LHDs via the NSW Health Drug and Alcohol Program Council.

[The Hon. COURTNEY HOUSSOS:] —

QUESTION 10

The Royal Australasian College of Physicians said that they do not want to see the merging of mental health and alcohol and drug services as has happened but that the two can play an important role in supporting each other. Have you done any mapping of mental health nurses and where they are attached to local courts? Is that your responsibility?

Dr CHANT: As I said, we would be happy to take that on notice. Clearly, we are interested in the outcomes of the patients. Whilst administrative accountability from drug and alcohol has been split within the Ministry, we understand and recognise that there needs to be close collaboration and the models of care often need to have both participating. We also think that many psychiatrists are dual trained or have had drug and alcohol training, so we think that it is very important for us to consider that. We are happy to take that on notice.

ANSWER

Mental Health Nurses are based at courts to assist the Magistrate and court stakeholders with diversion of mentally ill, mentally disordered and cognitively impaired people from the Court into community based treatment. The Justice Health & Forensic Mental Health Network has Mental Health Nurses based at the following local courts in NSW: Bankstown, Blacktown, Burwood, Campbelltown, Central Sydney, Coffs Harbour, Downing Centre, Dubbo, Gosford, Kempsey, Lismore, Liverpool, Milton, Nowra, Parramatta, Penrith, Port Macquarie, Sutherland, Tamworth, Wagga, Wollongong and Wyong.

[The Hon. Dr PETER PHELPS] —

QUESTION 11

We heard earlier evidence from Legal Aid about the price of methamphetamine. Basically, you can get two hits of meth for the cost of a slab. Have you done any research as to product substitution by people who have moved away from alcohol because of dissuasively high taxes that have

increased the cost of alcohol? Or has there been a consistency of alcohol abuse through this period? Are you aware of any research in that regard?

Dr CHANT: We monitor alcohol use and I am happy again to provide the updated data for 2017 on what our Population Health Survey is saying about that. We also manage alcohol admission. I am not familiar with any research but we are happy to reach out to our academic partners.

ANSWER

In 2017, alcohol consumption by adults (16 years and over) posing a long term risk to health was 31.1 per cent and alcohol consumption at levels posing immediate risk to health was 26.1 per cent.

On the issue of alcohol pricing and substitution, there is extensive evidence that an increase in alcohol price is consistently associated with a decrease in its consumption. Reference: Burton et al, Public Health England (2017). A rapid evidence review of the effectiveness and cost-effectiveness of alcohol control policies: an English perspective. *The Lancet* 2017; 389: 1558–80.

There is a small amount of research exploring the substitution of alcohol with other drugs, although the link between changes in the price of alcohol and other substance use has not been directly made. Reference: Miller PG (2013). Alcohol Price Considerations on Alcohol and Illicit Drug Use in University Students*. J Alcoholism Drug Depend* 1:109.

[The Hon. Dr PETER PHELPS] —

QUESTION 12

We heard earlier evidence from Legal Aid about the price of methamphetamine. Basically, you can get two hits of meth for the cost of a slab. Have you done any research as to product substitution by people who have moved away from alcohol because of dissuasively high taxes that have increased the cost of alcohol? Or has there been a consistency of alcohol abuse through this period? Are you aware of any research in that regard?

Dr CHANT: We monitor alcohol use and I am happy again to provide the updated data for 2017 on what our Population Health Survey is saying about that. We also manage alcohol admission. I am not familiar with any research but we are happy to reach out to our academic partners.

The Hon. Dr PETER PHELPS: My concern is that an unintended consequence of increasing the tax on alcohol as a dissuasive measure against its use has been product substitution into alternative areas of readily available drugs, in which case methamphetamine, being the most readily available, has taken up the slack.

Dr CRETIKOS: I think the national survey that has the New South Wales component which shows the significant reduction from 2010 to 2013 to 2016 in general community use of methamphetamine would probably argue that a switch from alcohol to methamphetamine is not a broad community impact.

Mr MADEDDU: Alcohol rates have remained stable roughly during that time.

a) Dr CRETIKOS: We can provide the updated data.

ANSWER

Please also refer to the alcohol consumption data provided in response to Question on Notice 11.

Recent (previous 12 months) use of methamphetamine for non-medical purposes, people aged 14 years or older, 2010 to 2016 (per cent) by sex, NSW

National survey data from the Australian Institute of Health and Welfare show that the rate of methamphetamine use in NSW has declined significantly between 2010 and 2016. In 2016 NSW had the lowest rate of methamphetamine use of any jurisdiction, and half the national average rate of 1.4 per cent.

SUPPLEMENTARY QUESTIONS

QUESTION 1

Please provide a list of all funding packages that NSW Health provides for drug rehabilitation and detoxification services, including length of the package in years?

ANSWER

In 2016, the NSW Drug Package committed an additional $75 million over four years to support more young people, more families and more people into treatment. Please refer to the response to Question on Notice 1 for more detail.

In 2015 the NSW Government committed to address the problem of crystalline methamphetamine use in NSW through a comprehensive package of initiatives that included additional stimulant treatment services ($7 million); enhancing the role of non-government drug and alcohol services in rural communities ($4 million); delivering community education; increased number of roadside drug tests; mandatory recording of pseudoephedrine products in pharmacies and strengthened penalties for dealers and traffickers.

QUESTION 2

Does NSW Health have any funding packages for drug rehabilitation and detoxification services that are open to Aboriginal organisations only? If yes, please provide a list.

ANSWER

The Ministry of Health through the NGO Ministerial Grants Program directly funds Aboriginal Community Controlled Health Services (ACCHS) to deliver Drug and Alcohol programs and services. Of the services receiving these grants in 2017/18, five currently operate residential facilities. Local health districts and the Justice Health and Forensic Mental Health Network may also support these services though local partnership arrangements. The ACCHS funded by NSW Health for drug and alcohol services are:

Residential

- Oolong House (Nowra)
- Ngaimpie Aboriginal Corporation ‘The Glen’ (Wyong)
- Orana Haven (Brewarrina)
- Weigelli Centre (Cowra)
- Namatjira Haven Ltd. (Alstonville)

Non Residential

- Albury Wodonga Aboriginal Health Service
- Aboriginal Medical Service Co-operative Ltd. (Redfern)
- Awabakal Ltd. (Newcastle)
- Biripi Aboriginal Corporation Medical Centre (Taree)
- Bourke Aboriginal Health Service Ltd
- Durri Aboriginal Corporation Medical Service (Kempsey)
- Illawarra Aboriginal Medical Service (Wollongong)
- Riverina Medical and Dental Aboriginal Corporation (Wagga Wagga)
- South Coast Aboriginal Medical Service (Nowra)

- Tharawal Aboriginal Medical Service (Campbelltown)
- Walgett Aboriginal Medical Service
- Wellington Aboriginal Health Service
- Greater West Aboriginal Health Service (Mt Druitt)

For most of these facilities the NSW Heath funding complements the Drug and Alcohol funding provided by the Department of Prime Minister and Cabinet, Primary Health Networks and the Commonwealth Department of Health.

In addition NSW Health provides core funding for ACCHS across the state.

QUESTION 3

One submission, Submission 7: Community Life Batemans Bay Inc, claims that on page 4 “Brad Hazzard committed $25,000 to support Community Life Batemans Bay Inc but no funds have been forthcoming”. Please provide an update on this.

ANSWER

Community Life Batemans Bay is receiving $50,000 funding to support their AOD activity.

QUESTION 4

Many submissions raised concerns about funding in particular that short funding cycles meant they were unable to retain staff and that recurrent funding wasn’t even indexed by CPI. Is this true?

a) What are the barriers to longer contracts with NSW Health to provide these services?

ANSWER

NSW Health applies CPI to ongoing drug and alcohol funding agreements.

NSW Health is working towards establishing three year funding arrangements for most AOD non-government organisation contracts from 2018/19.

QUESTION 5

Submission 30 from the Central West Cooperative Legal Service Delivery references a submission made to the Member for Dubbo about opening a new residential facility at Dubbo. Please provide an update on this.

ANSWER

NSW Health has not received a submission from the Central West Cooperative Legal Service.

QUESTION 6

Mission Australia’s submission (Sub 15) notes that “rural and regional rehabilitation services have been forced to close due to funding changes. At the end of this year, Bega Region will lose funding for the Wandarma Drug and Alcohol Service”. This leaves Bega with one drug and alcohol service I understand. What can you tell us about why this is shutting down?

ANSWER

Wandarma Drug and Alcohol Service was funded through the Department of Prime Minister and Cabinet Indigenous Advancement Fund. The Commonwealth is best placed to comment on the funding arrangements for this service.

QUESTION 7

How many private rehab or detox operators are there in NSW?

ANSWER

Please refer to the response to Question on Notice 7.

QUESTION 8

Is it correct to say that there is no accreditation requirement to provide drug and alcohol services in NSW and it is only a requirement if you are receiving Government funding?

a) Are there any other examples of areas of health where private organisations provide health services to with no oversight at all?

b) If someone had complaints about a private service, what would be the correct avenue and procedure?

ANSWER

Privately-run drug and alcohol rehabilitation services providing clinical interventions can be accredited against the same service standards as non-government services, however this is not mandated within NSW or nationally. The Ministerial Drug and Alcohol Forum approved in principle in November 2017 the development of a National Quality Framework for Drug and Alcohol Treatment Services.

Any person can make a complaint about a health service in NSW, including private providers, to the NSW Health Care Complaints Commission (HCCC). Complaints can be made about registered practitioners, health service organisations, and health practitioners who do not require registration to practice in NSW. Complaints must be lodged in writing and sent to the HCCC vial mail, email or fax. The HCCC will assess complaints within 60 days and make determinations on further actions.

QUESTION 9

The Aboriginal Legal Service has raised in their submission on page 8 that prisoners on remand are often not eligible for drug and alcohol services. Can you advise whether this is the case, and why?

ANSWER

In the NSW correctional system, the Justice Health and Forensic Mental Health Network (JH&FMHN) primarily provides medically based drug and alcohol services. Psychologically based drug and alcohol programs are provided by Corrective Service NSW (CSNSW) and questions around eligibility for these programs should be directed to CSNSW.

JH&FMHN provides services from entry into custody until release and post release for patients on specialty programs. All inmates who enter custody undergo a comprehensive nursing assessment, which includes an assessment of their drug and alcohol use, intoxication, risk of withdrawal and other assistance required. Patients who are intoxicated or who have an actual or potential substance related withdrawal are managed as indicated, regardless of their legal status, that is, remand or sentenced.

JH&FMHN continues and initiates pharmacotherapy where appropriate for patients with substance dependence and provides specialty programs, for example the Drug Court Program and Substance Use and Parenting in Pregnancy.

In correctional centres where the security and health services are provided by a private operator, drug and alcohol services are provided by the private operator.

QUESTION 10

How many NSW Health drug and alcohol positions are there in NSW?

a) How many are outside of Sydney, Newcastle and Wollongong?

b) How many of these positions are vacant?

c) How many workers are people who identify themselves as Aboriginal?

ANSWER

Alcohol and Other Drug treatment is delivered in a variety of settings across NSW Health including for example in Mental Health services, Emergency Departments, Aboriginal Health and Community Health Services.

NSW Health is able to account for Full Time Equivalency (FTE) that have been allocated to Drug and Alcohol Services. NSW Health is unable to account for vacant positions but can identify those that are currently being recruited to.

In total there are 1174 drug and alcohol FTE across NSW Health of which 544 are in non-metropolitan locations. 66 positions work within the Justice Health & Forensic Mental Health Network that has state-wide coverage.

We are unable to provide a number of positions that identify as Aboriginal at this time.

QUESTION 11

Lives Lived Well – Lyndon state that a study in 2012 found that there are 9 drug and alcohol workers for every 100,000 people in Western NSW with half of these positions unfilled. Is that still the case?

ANSWER

Western NSW Local Health District has maintained their D&A Clinician profile, with few vacancies, and a number of NGOs are now providing D&A related services across the District.

QUESTION 12

Submission 12 from the Broken Hill Working Group (Item 7) raises the issue of people losing public housing if they go into residential programs as well as women having to leave children with foster carers, which can then risk having their children being taken away from them. Is NSW Health aware of this issue?

a) What action, if any, has NSW Health taken on this issue?

ANSWER

Residential treatment may not be the most appropriate mode of treatment for all people. Suitability is dependent on a person's health and social and circumstances. Two significant new programs have been funded in NSW that aim to increase access to drug and alcohol treatment in the community, particularly for people with complex and severe substance use issues. These programs recognise that access to housing is a significant determinant of good health and aim to maintain people in housing or enable access to housing where possible.

- $14.5 million has been provided to seven local health districts and one specialty health network to develop Assertive Community Management programs for people with severe substance dependence and highly complex needs. The outcomes of the ACM program are to stabilise and reduce drug and alcohol use; reduce preventable hospital presentations for substance use issues; improve access to longer-term treatment and support for clients; improve general health and social functioning.
- $12 million has been committed for non-government services to deliver a statewide program to keep people in drug and alcohol treatment in the community. The Alcohol and Other Drugs Continuing Coordinated Care program is designed to provide enhanced care coordination and

wraparound services for high needs clients who face barriers in accessing or remaining connected to services because of their substance use disorder.

Regarding efforts to support mothers and their dependent children:

- Enhancing services that support the provision of pre and postnatal care, parenting skills and support by providing longer term approaches such as Substance Use in Pregnancy Services which have the specific aim of improving the health and social outcomes for women who experience substance use issues and their children. Follow up care will be provided for up to two years post-delivery with a focus on the developmental wellbeing of the child as well.
- The Ministry of Health currently funds six NGO residential rehabilitations services in NSW that accommodate women with dependent children. These services specifically address the needs of pregnant women and women who have just given birth, who have drug or alcohol dependence and other psychological concerns, and provide assistance with housing and financial stress.

QUESTION 13

Regarding the issue of prescription drug addiction, your submission notes that benzodiazepines are the most common cause of drug induced deaths. Submission No. 32 from the Royal Australian and New Zealand College of Psychiatrists notes that there are less than 30 residential rehabilitation beds across the entire state, that allow patients to be residents whilst receiving opiate substitution therapy?

a) What programs are in place to deal with addiction, drug rehab and detox from prescription drugs?

ANSWER

Local health districts and specialty health networks deliver a range of treatment services that may be appropriate where concerns have been raised regarding an individual's use of prescription drugs including:

- withdrawal management (detoxification): inpatient and outpatient
- hospital drug and alcohol consultation liaison
- outpatient and community based counselling and case management
- substance specific services including opioid substitution treatment and stimulant treatment programs.

There are approximately 70 beds in seven non-government residential rehabilitation services available to clients on Opioid Substitution Therapy in NSW. NSW Health funds a contribution to the running of these beds. Availability of services to clients on Opioid Substitution Therapy is dependent on client need and a comprehensive assessment undertaken by each service.

QUESTION 14

Involuntary Drug and Alcohol Treatment (IDAT) has come up in this inquiry. I am quite interested to understand the existing IDAT process. Please explain what Involuntary Drug and Alcohol Treatment (IDAT) is, when it might be used and what the outcomes of it usually are?

ANSWER

The Involuntary Drug and Alcohol Treatment (IDAT) program is a structured treatment program that provides medically supervised withdrawal and supportive intervention for patients in both inpatient and community settings provided for under the *Drug and Alcohol Treatment Act 2007*. Patients with severe substance dependence that are found to be eligible are issued with a Dependency Certificate and undergo a treatment program that consists of:

- an involuntary inpatient residential treatment component, initially for up to 28 days

- a voluntary community based component for up to six months.

The inpatient residential treatment component is offered at two locations; Bloomfield Hospital Orange (eight beds) and Royal North Shore Hospital, St Leonards (four beds).

The objectives of the IDAT program are to:

- provide a short term intervention to remove the patient from immediate danger
- allow the patient an opportunity to withdraw from alcohol and other drugs
- allow opportunities for the patient to stabilise and rebuild physical and mental health
- enable the patient to address physical, mental and neurological issues that contribute to, are the result of, or occur concurrent to chronic substance use
- plan and set up continued voluntary support in the longer term to assist the patient to move towards stabilisation and/or abstinence.

Clinical and social outcomes for the IDAT program include:

- safe completion of the medically supervised withdrawal
- reversal of neuroadaptation with associated reduction in the intensity of craving
- improved general health through the provision of a safe environment, nutrition, rest and physical comfort and through facilitated access to medical care
- improved mental health through enforced abstinence, provision of drug and alcohol services, initiation to appropriate mental health care and the provision of interpersonal support
- restoration of the capacity to make informed decisions about substance use and personal welfare
- reduced risk of relapse through engagement in relapse prevention strategies
- improved social functioning through better management of housing and welfare needs and through enhancing social and support networks.

QUESTION 15

The issue of drug detoxification and prisons has come up in a few submissions – can you explain how that operates and what involvement NSW Health would routinely have in that process?

ANSWER

In NSW correctional centres where the health care is provided by NSW Health through JH&FMHN, all patients have a comprehensive nursing assessment which includes their drug and alcohol use. Patients identified to be drug and/or alcohol dependent at any stage within the custodial environment, are monitored for withdrawal symptoms. Those patients exhibiting signs of withdrawal are medically managed.

JH&FMHN has a team of specialist drug and alcohol medical and nursing staff providing brief interventions and pharmacotherapy. Health staff are involved in specialty drug and alcohol programs and provide health services to CSNSW drug and alcohol programs (Compulsory Drug Treatment Program, Intensive Drug and Alcohol Treatment Program). JH&FMHN is guided by Ministry of Health clinical guidelines, policies and procedures which have also been adapted to the unique correctional setting.