Submission No 11

INQUIRY INTO DRUG AND ALCOHOL TREATMENT

Organisation: The Lyndon Community

Date received: 27/02/2013

Inquiry into drug and alcohol treatment

Response to the call for submissions in relation to point 2 and point 4 of the terms of reference;

2. The level and adequacy of funding for drug and/or alcohol treatment services in NSW and;

4. The adequacy of integrated services to treat co-morbid conditions for those with drug and/or alcohol addiction, including mental health, chronic pain and other health problems

The following information has been prepared by Ed Zarnow, Chief Executive Officer, Dr Julaine Allan, Deputy CEO and Dr Rod Macqueen, Addictions Medicine Specialist of The Lyndon Community to inform the NSW Parliamentary Inquiry into drug and alcohol treatment about the current landscape in rural drug and alcohol service delivery.

Key points

- Demand for treatment services is increasing
- Growth in service delivery has not been matched by growth in funding and investment in infrastructure
- New services are required for people with cognitive impairment including adults with Fetal Alcohol Spectrum Disorder and;
- flexible community-based rehabilitation options including day rehabilitation with a training and employment component and family inclusive practice are needed in rural NSW.

The Lyndon Community (TLC) is a non-government organisation providing treatment and support to individuals and their families with a drug and/or alcohol addiction. TLC is one of the largest NGO providers of drug and alcohol (D&A) treatment in NSW. Based in Orange, TLC provides residential and non-residential programs in western NSW and Bega on the NSW south coast.

TLC is a not-for-profit organisation which has supported people in need of treatment for substance abuse for over 30 years. Accredited through the Australasian Council of Healthcare Standards, TLC services include withdrawal treatment, rehabilitation, SMART recovery groups, education programs, women's groups, mental health and drug use groups, family support and kids programs, and counselling. TLC is also a leader in drug and alcohol treatment research and has formed close partnerships with peak bodies, other health service providers and universities. Last year TLC provided 1,600 treatment episodes. TLC also helps train psychology, social work and medical students from the Universities of Sydney and Newcastle, Charles Sturt University and the UNSW, has a fulltime staff Addiction Physician, and a fulltime rural GP Registrar training post.

Demand for treatment programs matches growing use of licit and illicit drugs. Statistically significant increases in recent use were observed for females and individuals in the 30-39 and 50-59 age groups. NSW was the only state to record a statistically significant increase in illicit drug use. People living in rural/remote communities with D&A addictions face a number of social, geographical and economic barriers which limit their ability to both seek and obtain treatment and specialist care. Patterns of substance use vary across rural and remote areas and the difficulty in achieving and maintaining anonymity in small rural communities has its own challenges.

TLC's service delivery profile indicates the areas of demand and unmet need for treatment services in rural NSW, specifically for community-based and residential alcohol treatment and for accessible services for Indigenous Australians. Growth in service delivery has not been matched by growth in funding and investment in infrastructure.

TLC service profile 2009 to 2012

Program	2009/10	2010/11	2011/12	Growth to 2011/12
Assessments	1,131	1,276	1,266	12%
Withdrawal episodes (LWU)	603	685	673	12%
Residential Rehabiltation (LTC)	111	113	109	-2%
Outreach (LOS)	1,478	1,415	2,266	53%

Each service reflects a growth over the two year period to 2011/12, with the exception of the LTC, which is a longer term rehabiltation facility with relatively static bed numbers. Similarly, the LWU is limited by static funding, fixed bed numbers and ageing infrastructure, and therefore growth is limited, or quality of care will suffer.

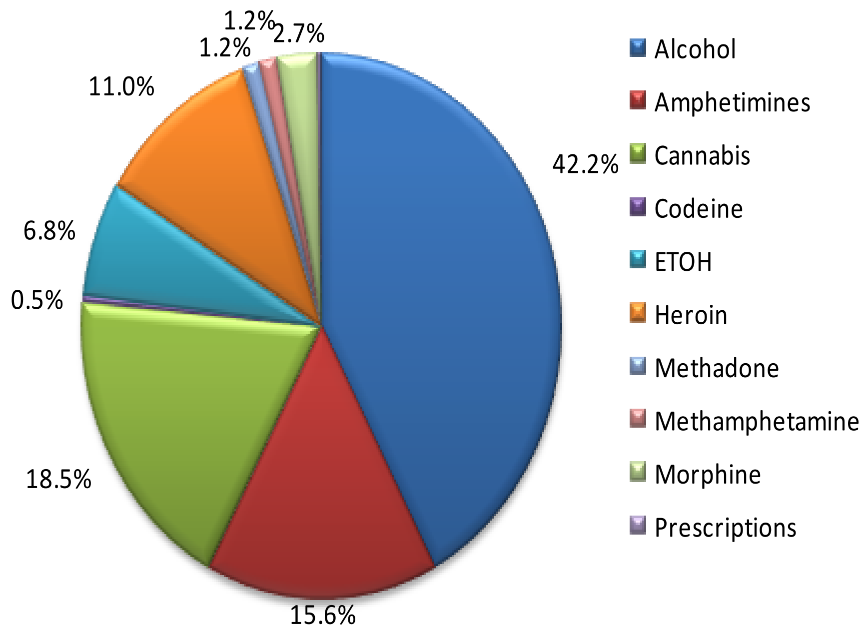
The overall growth in service delivery is consistent with the observed trends in substance abuse throughout Australia. The most significant result was in the Outreach service. This is indicative of the growing pattern of demand for community-based substance abuse treatment and counselling.

Alcohol continues to be the substance for which the majority of people seek treatment . A sample of the 2008/09 assessment data identified the primary drug of concern for TLC clients as: alcohol 42.2 percent, marijuana 18.5 percent, amphetamines 15.6 percent and heroin 11.0 percent[1]. While alcohol, cannabis and the opiate class of drugs are the most common drugs of concern, abuse of

[1] TLC LWU Admissions Data Nov 2008 - Jun 2009 – accessed 31 July 2012

prescription drugs is increasingly reported by clients seeking treatment[2]. The overall results are depicted graphically below.

Figure 1 - TLC assessments sample: primary drug of concern



The proportion of Indigenous clients seeking support from TLC is significantly higher than the proportion of Indigenous persons throughout the NSW population. In2009/10, 1,131 clients were approved for admission to the LWU and of those assessed[3], 27 percent were identified as being of Indigenous background. This level is relatively consistent in 2010/11. In comparison, Indigenous Australian individuals represented 2.4 percent of the NSW population in the 2011 Census.

NSW Supply and Demand

NGOs are the primary provider of residential withdrawal and rehabilitation services in NSW, particularly in rural areas. The MoH NGO program comprises approximately 89 NGOs, with about 9 providing withdrawal programs for clients aged over 18 years, and 24 providing residential rehabilitation/therapeutic programs. There are also several OATSIH and privately funded rehabilitation and detoxification services throughout NSW.

The map in Fig.2 depicts the locations of the known NGO treatment centres in rural NSW (excluding Sydney's metropolitan area), providing residential D&A services. Assessed against the demand for the D&A services and the client referral locations depicted in Fig.3, there is a shortfall in the supply of accessible residential withdrawal and rehabilitation services in rural NSW, particularly servicing the central and far west of the state.

[2] Allan J. Advanced Rural Skills Training: The Value of an Addiction Medicine Rotation, Australian Family Physician, Vol 40, No 11, November 2011

[3] TLC Admissions Data – accessed 10 August 2012

Figure 2 – NGO residential D&A programs (excluding Sydney)

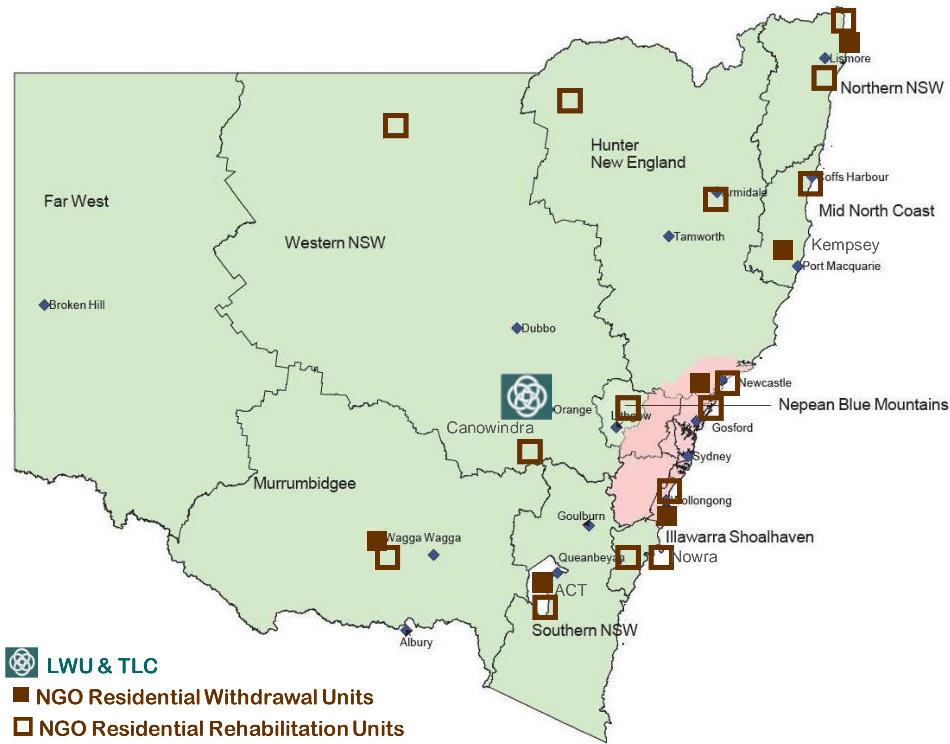
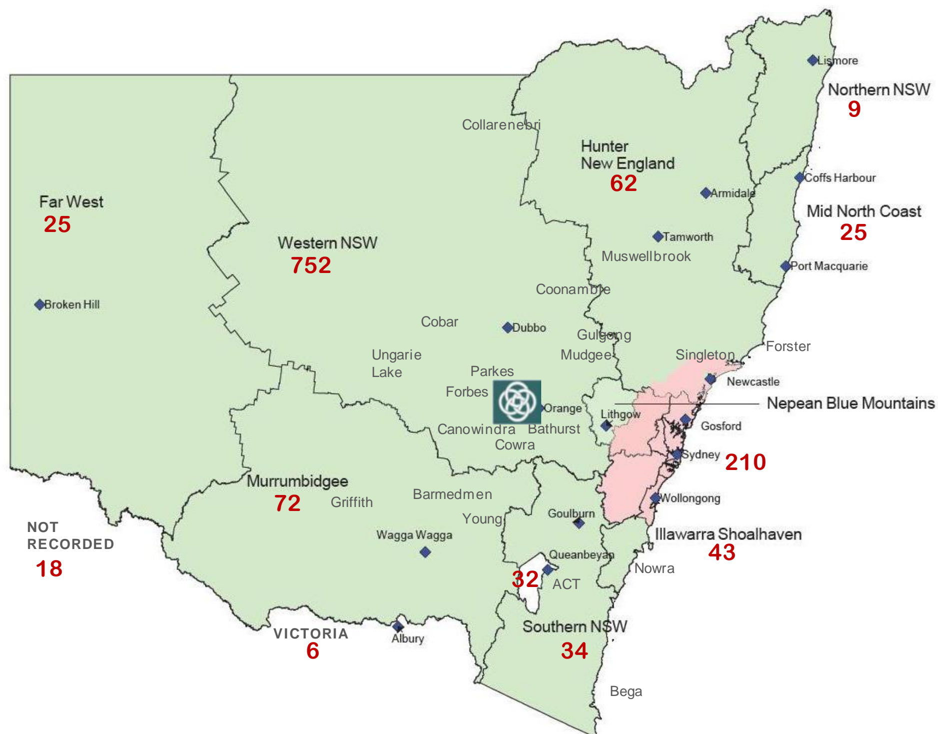


Figure 3 – TLC client location of usual residence 2010 (by LHD) map



Funding of TLC withdrawal and outreach services is primarily managed by the Commonwealth with TLC residential rehabilitation funded solely by the NSW Ministry of Health (MoH). Currently the cost of a residential rehabilitation bed at TLC is approximately $105 per bed per day. The MoH currently funds $69 per day towards this cost with the balance of $36 per day coming from clients. The rate of funding from the MoH has been fairly consistent over the past 7 years with only moderate indexation to subsidies over this period.

The cost of a LTC withdrawal unit bed day is in 2012/13 is $304 per day. Commonwealth funding covers approximately $297 per day of this cost with the balance from Medicare and client fees income. Indexation over the past 3 years has averaged out at 2.5% with wages increasing over 3% over the same period. This shortfall is putting significant strain on the organisation to maintain current service levels and in dealing with the increase in demand being experienced.

D&A services are also expected to deliver increasingly professional and evidence based services which comes at an additional cost. Processes such as achieving accreditation, up skilling staff and use of allied health professionals in the delivery of D&A services are not currently funded.

Recently TLC has become more aware of and is seeking to address the particular needs of people with cognitive impairment who need substance misuse treatment. Cognitive impairment is an umbrella term used here to refer to the impacts of acquired or traumatic brain injury, intellectual disability or Foetal Alcohol Spectrum Disorder (FASD). While each of these conditions can vary in severity and impact, they have similar broad effects on cognition. A high prevalence of substance use problems has been identified in cognitively impaired people.

In 2012 TLC undertook a study to identify the prevalence of treatment participants with cognitive impairment and to develop strategies to address their specific needs. A significant number of people (40% of those screened) attending in-patient drug and alcohol treatment have some form of cognitive impairment affecting their ability to participate in treatment. Eighty two per cent of Indigenous study participants were identified as having some degree of cognitive impairment.

During this study it was identified that there are no treatment programs specifically designed for people with cognition problems; and that many people fall through the gaps of substance treatment and aging and disability services and often end up in jail. A study of adults with Foetal Alcohol Syndrome or FASD found a life span prevalence of 50% for confinement (in detention, jail, prison or psychiatric or alcohol/drug inpatient treatment) and 35% for alcohol and drug problems. People with cognitive impairment require specialised and intensive long-term substance treatment which is currently unavailable in NSW.

Comorbid mental health problems are also common in our clients – analysis of admission data reveals that fully 65% of those admitted to the LWU had been engaged at some level with treatment services for a mental health issue. Whilst some of this resolves with detox and stabilisation, new issues also appear, such as the sequelae of childhood abuse and neglect. This is consistent with both Australian (eg, the ATOS study) and overseas data. Our core funding has never recognised the complexity of the people seen, who will in most cases if not well managed go on to enter the hospital, inpatient mental health, or prison systems (sometimes all 3) at considerable expense to the state and to the detriment of their health.

The Lyndon Community experiences increasing demand for our holistic continuum of quality drug and alcohol treatment services. Enhanced funding for current programs and support of new and intensive programs including recognition of the resourcing requirements to deliver such programs is much needed in rural NSW.