Submission No 6

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

Organisation: We Help Ourselves (WHOS)

Date received: 6 December 2017

We Help Ourselves (WHOS®) Submission

NSW Legislative Council Health & Community Services Committee
Inquiry into the provision of drug rehabilitation services in regional, rural and remote NSW

Introduction:

To describe our journey at We Help Ourselves (WHOS) from our humble beginnings in 1972 to one of the largest providers of therapeutic community services for people with alcohol and other drug problems in Australia in a single letter would not be possible.

However, I would like to introduce the Committee to the remarkable story of treatment WHOS has provided in the alcohol and other drug sector in Australia for over 40 years.

We are an organization helping people help themselves, hence our name We Help Ourselves, within an evidence based and structured program.

In summary:

- We Help Ourselves (WHOS) is one of the largest drug and alcohol non-government treatment providers in Australia.
- We were the first ever therapeutic community for drug and alcohol dependent individuals to be established in Australia. It has been operating since 1972.
- People helped by WHOS have problems with 'ice', heroin, cannabis and a range of other drugs including alcohol. WHOS provides a wide range of services offering high quality care and highly effective residential and day program treatment for people who have high levels of dependence or complex needs, including mental health issues.
- We estimate that WHOS has helped over 40,000 men and women since 1972.
- WHOS is a true pioneer and a world leader in residential treatment. It is about self-help and mutual support to achieve powerful long-lasting personal change.
- Our model has been so successful that a range of overseas services are now collaborating with WHOS. Our work in the Region includes working with Indonesia with its treatment centres and on a diversion program, Vietnam, Japan (ongoing training for service providers), Macau (ongoing assistance to help the largest NGO service, providing residential services) and Thailand (ongoing training assistance for residential services).
- Clients participate in the actual day to day operation of the therapeutic community. They are therefore encouraged to take responsibility for themselves and understand the effects their behaviour has on the community around them and to achieving one of our key outcomes - resocialisation.
- Our programs are also very focused on finding ways of helping people when they leave the WHOS program. As a result, our programs include an after-care focus with supported transitional housing, pre-employment skills training, access to educational programs and

- Services and developing the skills they need to improve their reintegration back into the community.
- We also provide ancillary services that are focused on family support, CPR training and reducing HIV, hepatitis and other communicable diseases.
- Our recent evaluation revealed that in February 2016, client satisfaction for the treatment program was at over 85% including almost 90% satisfaction with the staff of WHOS.
- In the 2015/16 financial year approximately 1,000 people were admitted to WHOS services

The overall message from WHOS is that treatment works.

WHOS has a range of services, including drug free centres and day programs for men and women across NSW (including in the Hunter Region) and Queensland. We also operate the only service licensed to dispense pharmacotherapy treatment in residential services in Australia. These are separate centres for people needing to either be stabilised on opioid substitution treatment (OST) or slowly withdrawn from OST to abstinence.

The success of WHOS also highlights that it is providing significant value for money and savings especially when considering that for many of our clients the likely alternatives are regular contact with emergency hospital departments, police and prisons.

I would like to thank the Committee for the opportunity to provide a submission its Inquiry and would welcome the opportunity to meet with committee to discuss these issues in more depth. I would also like to extend an invitation to the Committee to visit one of our centres to privately meet with staff and residents at a time of your convenience

Yours sincerely

Mr Garth Popple
Executive Director
We Help Ourselves (WHOS)

Terms of Reference Comments:

1. The range and types of services including the number of treatment beds currently available;

WHOS is unable to provide confirmed advice on the total number of alcohol and other drug (AOD) residential rehabilitation beds available in NSW rural, regional and remote communities.

WHOS is able to advise that of its 166 AOD treatment beds available in NSW and Queensland, that currently 29 are available in regional NSW (Hunter) and 26 in regional Queensland (Nambour). However, WHOS is often approached by rural and regional communities to establish residential services, particularly in areas of high need, and we have not been able to establish any new services in these areas to date. The primary reason for this is simply a lack of identifiable ongoing (recurrent) funding being available for the purpose of either establishing new AOD residential treatment services or even expanding existing residential services.
It is important to note that while there has been an increase in the funding available AOD treatment services, this almost always excludes the establishment of new residential services or increasing the number of beds in existing services.

An example of this is the recent $300 million made available by the Federal Government for treatment in response to the Ice Taskforce Report. These funds were allocated to Primary Health Networks (PHN) for distribution, all of which then excluded new residential beds or services due to unsubstantiated PHN concerns that residential services were either too expensive to be considered or were not within scope. As a result, there were very few, if any, new residential beds funded and no new facilities funded despite the allocation of $300 million. Although it is important to acknowledge that a number of residential services, including WHOS, have received some of this funding to enhance ancillary services for current residents.

2. Specific details regarding rehabilitation services for those with amphetamine and methamphetamine ("ice") addictions;

The client data for WHOS has shown a significant increase in the number of residents nominating methamphetamines as their primary drug of concern.

Amphetamine – 37.12%

Heroin – 27.68%

Alcohol – 22.58 %

Cannabis – 6.32 %

Prescription Medication – 2.06 %

These increases are not unexpected given the increase in the number of people using crystal methamphetamine form of the drug and the subsequent more rapid progress to problematic behaviour for a cohort of this group. People with severe dependence issues and complex needs also have limited options for methamphetamine treatment. Indeed, residential services often present the best (and arguably, the only) option for people with high level problematic methamphetamine use.

It is unfortunate that despite much of the rhetoric and commentary being focussed on addressing severe methamphetamine dependence, the overwhelming proportion of new funding, such as that allocated in response to the Ice Taskforce Report by the Federal Government, has gone to services that are more appropriate for people with mild to medium dependence issues.

The failure to provide much needed resources for services that treat people with severe dependence and complex needs represents a real lost opportunity to improve community and family safety.

WHOS, and residential therapeutic community based services more generally, are able to demonstrate very good outcomes for people with severe level methamphetamine dependence – WHOS Program completion rate has increased from 42% in 2015/16 to 48% in 2016/17.

3. The qualification to receive funding as well as the funding arrangements for services be they public, not-for-profit, for profit or on any other basis;

As one of the few AOD treatment services in Australia to have hospital level accreditation – WHOS has been awarded Australian Council of Healthcare Standards accreditation – WHOS is concerned that all AOD treatment services are not required to demonstrate an appropriate level of accreditation prior to being able access public funds. The current system actually creates a financial disincentive to invest in policies and practices to establish and maintain high standards of care and competency compared to those AOD services that do not seek accreditation. Nonetheless WHOS remains committed to ensuring the highest standards and levels of care for all our residents and clients and will continue to meet these unfunded costs to ensure it continues to meet these standards.

4. Registration and accreditation process required for rehabilitation services to be established;

As described previously, WHOS is unaware of any compulsory registration or accreditation requirements for establishing and operation an AOD treatment service.

This is an area of real concern for WHOS given the vulnerable nature of people requiring treatment for an AOD problem. The high level of anxiety and concern in families and friends of people with an AOD problem also leaves them open to exploitation by unscrupulous providers, particularly in the for-profit sector.

5. The cost to patients/clients, including fee structures provided to families, for accessing rehabilitation services;

WHOS provides its services free of charge to all clients and residents. However, our clients in our residential services do provide a percentage of any social security payments they may receive to cover some costs incurred by WHOS in providing these services. Clients not in receipt of social security payments are nonetheless accepted without any payment being required. WHOS also provides family support services free of charge to families.

In short, the individual financial circumstances of any person assessed to suitable for WHOS services are simply not taken into account and play no part in our clinical decision on whether to accept ca client.

6. The waiting lists and waiting times for gaining entry into services;

The current average waiting time for WHOS residential services is difficult to determine given all the variables involved, however we do estimate it to be in the range of 1-2 months.

The current average waiting time for WHOS Hunter service is more specifically estimated to be over 40 days based on recent data collected.

7. Any pre-entry conditions for gaining access to rehabilitation services;

Pre-entry requirements for WHOS include meeting our Assessment and Admission Policy, with applicants applying to be admitted to WHOS as a client needing to meet the following admission criteria:

- Must be at least 18 years of age
- Must have a recent substance dependency requiring the level of therapeutic care provided at WHOS
- Not required to attend criminal court within 6 weeks of admission. This does not apply to Drug Court and/or Magistrates Early Referral Into Treatment (MERIT) clients
- Willing to sign consent to treatment at WHOS
- Have written confirmation from a service/ professional that they are not experiencing withdrawal symptoms or confirmation that they will require detoxification prior to admission
- For MTAR, RTOD and Newcastle Day Program applicants must be on OST
- Meet Centrelink requirements or meet contributions required by WHOS (suitable ID required)
- Do not meet any of the exclusion criteria

8. Investigate the evidence regarding the efficacy and impacts of mandatory detoxification programs for those who self-harm or are subject to an Apprehended Violence Order (AVO);

In principle, WHOS does not support compulsory treatment. This is based on both our understanding of the clinical evidence available but also our experience with residents coerced into treatment. WHOS understands the desire of families and other members in the community to mandate treatment in some cases, but it is our view that the provision of services that are developed and evolved with client input result in services that attract and retain people in treatment. WHOS is also concerned with ensuring a positive and supportive therapeutic environment for all its residents, and the inclusion of people compulsorily held in our services has the potential to undermine the environment for everyone. It should also be noted that the physical structures required to keep people in treatment against their will are not appropriate for the therapeutic environment at WHOS centres.

9. The gaps and shortages in the provision of services including geographical, resources and funding;

Identifying gaps in services will require regular mapping of services in NSW – this is not a role for WHOS. However, as stated earlier, WHOS does receive enquiries from communities around NSW (and beyond) requesting assistance in the establishment and delivery of residential AOD rehabilitation services needed.

10. Issues relating to the provision of appropriately qualified health professionals to fill positions in rehabilitation services;

Staffing in the not-for-profit sector in general is difficult the disparity in salaries, employment conditions and tenure, particularly when compared to the government and for-profit sectors. Being able to offer better remuneration and ongoing staff development opportunities is critical in attracting and retaining staff. Appropriate levels of funding, and annual increases in that funding, are a critical factor in WHOS being able to maintain appropriate levels of qualified staff.

It should be noted that funding arrangements with governments often fail to recognise the real cost of annual increases in salaries for services.

11. Evidence of rehabilitation services that have had both successful and unsuccessful outcomes, including what characteristics constitute a successful outcome and how reliable is the data collection and reporting mechanisms currently in place;

WHOS collects data to ensure its services achieve the best outcomes for its day program clients and its residents.

It is important to understand that success should not be measured as a binary equation of either using drugs being abstinent. While many clients and residents seek to achieve abstinence this can be

a long journey for some people, Gains in health, psycho-social functioning and other key wellbeing areas should also be considered as success or positive outcomes.

Some of WHOS outcomes we can report include:

- average client satisfaction 86%
- reduced severity of dependence by 52% (from 8.65 at intake to 4.12 at 90 days)
- reduces psychological distress by 33% (from 24.68 at intake to 16.62 at 90 days)
- improved quality of life by 26% (from 25.94 at intake to 32.78 at 90 days)

WHOS also regularly contributes data to: Online Database and Client Management System (internally), NADAbase (externally)

WHOS also provides regular service and financial reports to: NSW Ministry of Health (SLHD), Commonwealth Department of health, PHN Central and Eastern Sydney, PHN Cessnock, Magistrates Early Referral Into Treatment (MERIT), Queensland MERIT.

12. Current and potential threats to existing rehabilitation services;

A real threat to the future viability of residential rehabilitation services is the lack of understanding of the value services such as WHOS provide.

Please see below for further information in Term of Reference 14 response below.

13. Potential and innovative rehabilitation services and initiatives including naltrexone;

As demonstrated in this submission, WHOS is a leader in delivering innovation within the residential treatment sector.

A potential issue that needs to be addressed is the inability of the health and justice system to provide appropriate and safe places for people returning to the community with a range of complex needs.

This need was highlighted recently by Coronial Findings – see excerpt below:

STATE CORONER'S COURT
OF NEW SOUTH WALES

lnquest:	lnquest into the death of David Veech
Hearing dates:	26-29 September 2017, Goulburn Local Court
Date of findings:	9 November 2017
Place of findings:	NSW State Coroner's Court, Glebe
Findings of:	Magistrate Harriet Grahame, Deputy State Coroner
Catchwords:	CORONIAL LAW - Death in a residential facility, Fentanyl toxicity
File numbers:	2016187451

Recommendations pursuant to section 82 Coroners Act 2009 (NSW)

To Southern NSW Local Health District

I recommend that Southern NSW Local Health District liaise with the appropriate person at NSW Health, to provide a copy of my findings and to ask that urgent consideration be given to the need for

increased capacity for residential drug and alcohol rehabilitation beds in NSW. This is particularly places that are suitable for patients exiting the criminal justice system with a history of aggression, ambivalent response to treatment or known lack of insight, and for patients with a mental health diagnosis.

116. It is apparent that there remains an urgent need for governments to create more placements in residential rehabilitation centres throughout NSW that will take patients with mental health issues or who have a history of violence. While there is sometimes a view expressed within the sector that only motivated people will succeed, more research also needs to be done into ways of working with the ambivalent client. These issues are well known to any person working within the criminal justice system. On a daily basis our courts are informed about the lack of availability for structured residential care.

117. There have been frequent calls to expand residential rehabilitation services in NSW and yet the problem remains. Part of the reason David ended up at Tarlo IRS was because, despite Chris Brown's extensive efforts, nothing else could be found. I urge the NSW Department of Health to address this long standing gap within our health system as a matter of urgency. I was informed during closing submissions that this is an issue that NSW Health has previously considered. NSW Health was not represented at this inquest and has therefore not had notice of any proposed recommendations. Nevertheless, the issue is too important to disregard. I therefore intend to recommend that Southern NSW Local Health District liaise with the appropriate person at NSW Health, in order to provide a copy of my findings and to ask that urgent consideration be given to the need for increased capacity for residential drug and alcohol rehabilitation beds in NSW. This is particularly for places that are suitable for patients exiting the criminal justice system with a history of aggression, ambivalent response to treatment or known lack of insight, and for patients with a mental health diagnosis.

It is also important to understand the cyclical nature of drug use, in regard to types of drugs used, and although there is currently a deserved focus on 'ice' use, the evidence from the USA reminds us of the need to understand that heroin and other opiate use continues and has the potential to increase again in use and harms.

14. Any other related matters.

There are a sufficient number of research reports both from Australia and internationally to provide an informed estimation on the savings that treatment in residential centres, such as those provided by WHOS, can provide to the community.

In particular, there are some key drug and alcohol cost-benefit studies that calculate the costs to society as a result of each person's drug misuse and the accrued benefits from entering treatment including therapeutic communities.

In regard to the cost-benefit studies, the calculations included:

- Criminal activity
- Expenditure on drug use
- Cost of court attendances
- Cost of legal representation
- Productivity losses
- Costs of treatment
- The number of both drug free and crime free days as a result of treatment

Based on the Australasian Therapeutic Communities Association (ATCA) data which estimates that each untreated person left in the community actually costs the community $397 per day - WHOS has estimated the following cost-benefits for its services:

- Each WHOS bed is utilized on average for 70 days – 5 residents per year
- Cost per bed is $173 per day
- This equates to $12,110 per episode of care (cost of one resident for 70 days)

WHOS treats approximately 800 per people per year in its therapeutic communities which based on the ATCA data of $397 per day saves the community $116m in costs if all these people remain drug free and crime free for the whole year.

Costs per day per untreated person in the community	$397
Total costs per day for 800 clients in the community	$317,600
Annual total costs for 800 clients in the community	$115,924,000
The total annual WHOS budget	$10,000,000
Estimated annual saving to the community	**$105,924,000**
Estimated daily saving to the community	**$290,203**

Studies on the Estimated Alcohol and other Drug Costs to the Community

The costs associated with alcohol and other drug related crime was estimated to be $80.7 billion dollars in the US in 1992 (Harwood, Foundation & Livermore, 1998).

Another study (Mark, Woody, Biday & Kleber, 2001) estimated the total economic cost of heroin was in the region of $25.86 billion in 1996 with over half (52.6%) of these costs attributable to losses in productivity. Crime accounted for around a quarter (23.9%) of these costs, with the remainder accounted for through health, social care and treatment.

In Australia, for 1998-99, Collins and Lapsley (2002) estimated the total cost of drugs, alcohol and tobacco at $34.43 billion with illicit drugs accounting for some $6.08 billion (17.6%) of those costs. In 2008, it was estimated that the revised costs for 2004-05 had risen to $55.2 billion, with illicit drugs responsible for $8.2 billion (14.6%) of this total (Collins & Lapsley, 2008).

Residential treatment studies

International studies have shown residential treatment:

- Reduces the costs of criminal behaviour in comparison with other modalities;
- Provides the most cost-effective treatment option;
- Improves a range of psycho-social outcomes;
- Reduces criminal activity by 66% from pre-treatment levels;
- Reduces the use of alcohol and other drugs by 40% after treatment;
- Reduces hospitalisations by 33%;
- Provides significant improvements in a range of health indicators;
- Provides increased employment potential and opportunities after treatment.

In 1995 an extensive study was undertaken of long-term residential rehabilitation outcomes by Ernst and Young in Australia. The authors noted:

The review team concluded that the provision of long term residential treatment for drug use problems, and for whom other treatment options are not effective or appropriate, has significant benefits for the community as a whole and for these individuals. (Ernst & Young, 1996)