

Submission
No 17

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

Organisation: The Salvation Army

Date received: 8 December 2017



THE SALVATION ARMY

Submission to the NSW Legislative Council
inquiry into the provision of drug rehabilitation services in
regional, rural and remote New South Wales

8 December 2017

Prepared by The Salvation Army Social Program Department
Recovery Services and Research Teams

The Salvation Army's Alcohol and Other Drugs Services

The Salvation Army Australia is one of the largest providers of social services, having operated in Australia for over 130 years. The Salvation Army has an extensive history of working with the most marginalised and disadvantaged people in our communities.

Each year the organisation assists over one million people through the provision of over 1,000 social programs and activities utilising a network of social support services, community centres and churches across the country.

The Salvation Army has a long history of working with people whose lives have been affected by their harmful use of, or addiction to, alcohol and other drugs. This work began in Australia when The Salvation Army opened a rehabilitation farm at Collaroy in NSW. By 1960 properties in the inner Sydney area were purchased to expand this work to meet an increasing need in the community. By the mid-1960s farms at Chittaway Point and Morisset was purchased.

In 1974 William Booth House opened in Surry Hills and by the 1970's Bramwell Booth House, Herbert Booth House and Catherine Booth House were also opened in inner city Sydney. Additional services were opened at St Peters, Newcastle and Canberra.

Through its Recovery Services, The Salvation Army is the one of the largest non-government providers of AOD treatment, withdrawal management, day programs and outclient services to the people of New South Wales.

Today our New South Wales (NSW) services are:

- William Booth House (WBH) located in Surry Hills. WBH provides inpatient withdrawal management (20 places), residential treatment (84 places), outclient support, aftercare and pre-treatment support.
- Dooralong Transformation Centre (DTC) which is located on the Central Coast of NSW. DTC provides residential treatment for men women (40 beds) and for men (100 beds). DTC also provides a dual diagnosis service for people with complex mental health conditions and co-occurring AOD issues.
- Pathways Maroubra, an outclient service, which provides day programs, assessment and referral, pre and post treatment support.
- Pathways Penrith, an outclient service, which provides case management for people on opioid substitution treatments, day programs, assessment and referral, pre and post treatment support.
- Pathways Shoalhaven, an outclient service, which provides day programs, assessment and referral, pre and post treatment support.
- Pathways Dubbo, an outclient service, providing assessment and referral, support to families and users and resources to the local community.

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RESPONSE TO THE TERMS OF REFERENCE

The Salvation Army has responded to each Term of Reference (ToR) individually

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

The Salvation Army (TSA) provides inpatient withdrawal management, residential treatment, day programs, outclient services and aftercare programs.

TSA provides its full range services to people from all over NSW. In the main, for those in regional, rural and remote areas, this requires them to travel to access services.

TSA provides its residential treatment services under the Therapeutic Communities model of treatment, as this provides the most effective form of AOD treatment for people with AOD multiple and complex treatment needs.

The service types provided by the wider NGO AOD sector includes; prevention, education, inpatient withdrawal management, residential treatment, opioid substitution programs, day treatment programs, outclient services and aftercare programs.

With regard to residential treatment services in regional, rural and remote NSW there are a limited number of the above named service types available targeting identified at risk groups such as women, women with dependent children, Aboriginal and Torres Strait Islander people and youth. In addition there are services for general population adult men and women.

It is difficult to estimate the number of residential treatment beds available in regional, rural and remote NSW as the funding sources that support these services (private, non-government and state and commonwealth government) tend to operate independently of each other, therefore there is no “central registry” for the number of beds available.

The NSW Ministry of Health and / or the NSW peak body for the NGO AOD sector Network of Alcohol and Drug Agencies (NADA) would be better placed to provide this information to the committee.

From our experience people in regional, rural and remote NSW are not serviced as well in relation to residential treatment beds or outclient and day programs as those who live in the large urban and metropolitan areas on NSW.

This creates a situation where people in regional, rural and remote NSW have to travel well outside their local area to access treatment.

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ToR 2 Specific details regarding treatment services for those with amphetamine and methamphetamine (“ice”) addictions

The 2016 National Drug Strategy Household Survey published by the Australian Institute of Health and Welfare in 2017 shows:

- Over 130,000 Australians received AOD treatment in 2015-16. The principal drugs that led clients to seek treatment were alcohol (32%), amphetamines (23%), cannabis (23%) and heroin (6%).
- 1 in 16 (6.3%) Australians aged 14 and over have used meth/amphetamines
- 1 in 70 (1.4%) have used meth/amphetamines in the previous 12 months.

Just over half (52%) of closed episodes with amphetamines as the principal drug of concern lasted less than 1 month, with 23% ending within one day - mostly for assessment only.

AOD services provided by TSA in NSW during the same data period (1 July 2015 to 30 June 2016) show that of 2,138 clients 908 reported amphetamine and / or methamphetamine as the primary drug of concern; this represents 42% of all episodes.

Of the 2,138 clients provided with an AOD service by TSA 816 were from regional, rural and remote NSW. This represents 38% of all NSW TSA clients.

During the period 1 January 2017 to 30 November 2017 TSA AOD services recorded 2,150 AOD episodes with amphetamine and / or methamphetamine being nominated as the primary drug of concern in 848 episodes, this represents 39% of all episodes.

Of the 2,150 episodes 784 were from regional, rural and remote NSW. This represents 36% of all NSW TSA clients.

People with amphetamine and methamphetamine addictions require a much more tailored and robust approach than those with other addictions, for example, withdrawal management of people with amphetamine and methamphetamine use can be complicated by significant mood and mental health challenges.

In response to this we have had to amend our withdrawal management approach to people with amphetamine and / or methamphetamine use by lengthening the stay in detox to between 10 and 14 days, this is around twice the length of stay for other drugs.

Not only does amphetamine and methamphetamine use account for a significant number of people accessing NGO AOD services, it also causes resource implications for service providers in that amphetamine and methamphetamine users present with multiple and complex needs over and above the actual amphetamine and methamphetamine use.

Treatment considerations such as mental health support, mood stabilising, life style changes and reconnecting with family are all impacted by the effects of amphetamine and methamphetamine use on the person.

ToR 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

TSA has a long history of providing AOD services to the people of NSW, during this time we have demonstrated our ability and capacity to provide effective, high quality and sustainable services.

TSA is the recipient of funding from state, territory and commonwealth governments. We have met and in many cases exceeded our funding agreement performance benchmarks.

TSA also receives public donations through the Red Shield Appeal and a significant proportion of these donations are invested in the operations of our AOD services in NSW.

In addition, the properties on which these Services operate are owned and maintained by The Salvation Army at a cost to The Salvation Army, and also represent an investment in NSW communities, and in the lives of people struggling with addiction.

TSA AOD services have been continually externally accredited since 2000. This involves independent certifiers reviewing and measuring the quality of the organisation and its service delivery, governance, risk management and clinical governance against a set of standards.

With regard to “the qualification to receive funding” – the **NSW Non-Government Organisation Alcohol and Other Drugs Treatment Service Specifications (2017)** state -

Consistent with the key treatment principles, NSW NGO AOD treatment services are required to meet standards of care through accreditation. Accreditation has two aspects, organisation accreditation and worker accreditation. In addition, there is professional registration of NGO workers.

Accreditation is based on recognition from an independent third-party that a service or program meets the requirements of defined criteria or standards. Accreditation provides quality and performance assurance for owners, managers, staff, funding bodies and consumers.

Therefore all government funded NGO AOD treatment service providers are required to be accredited via an external accreditation provider.

Additionally **qualifications to receive funding** are also contained within government tender specifications, below, in part, are examples of recent NSW Ministry of Health requirements as detailed in tender opportunities:

Submissions will need to effectively demonstrate (rather than simply describe) their relevant expertise and experience with detailed examples particularly with regard to:

- *Administering and managing community based drug and alcohol treatment services*
- *Managing integrated service delivery and in particular, managing relationships and developing partnerships with other health and non-health service providers to ensure clients receive holistic care*
- *Working with partner organisations through existing structures and processes used to ensure collaborative care planning and management*

Proposed Models will need to ensure they meet minimum standards of essential services that residential treatment services need to provide including:

- *A clearly articulated and evidence based treatment approach*
- *Clearly identified and published aims and objectives*
- *Have significant experience in successfully establishing and maintaining effective service delivery partnerships including with Government and non-government organisations*
- *Strong corporate and clinical governance to support the effective implementation of the model of care and address service issues effectively as they arise.*

ELIGIBILITY TO APPLY

This is a tender process for non-government organisations registered to provide services in NSW.

Non-government organisations registered to provide services in NSW who meet the following criteria are eligible to apply:

- *Associations incorporated under NSW or ACT Association or Incorporation Acts*
- *Aboriginal corporations registered under the Corporations (Aboriginal and Torres Strait Islander) Act 2006*
- *Organisations established through specific Commonwealth or State/Territory legislation*
- *Company incorporated under the Corporations Act 2001 (Commonwealth of Australia).*

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As detailed above, and unlike those private providers that operate on a fee for service basis, NGO AOD service providers have had to continually demonstrate their “qualification to receive funding” through a variety of mechanisms.

ToR 4 Registration and accreditation process required for treatment services to be established

There are no registration and accreditation processes required for AOD treatment services to be established.

As detailed above NGO AOD service providers, such as TSA, have to meet specific requirements such as accreditation, tender and funding agreements standards and are subject to regular and ongoing reporting requirements.

TSA residential services are members of the Australasian Therapeutic Communities Association (ATCA) and as such subscribe to the ATCA Standard, which is JASANZ registered.

ToR 5 The cost to patients/clients, including fee structures provided to families, for accessing treatment services

TSA does not provide its AOD services on a fee for service basis.

Within our residential services clients contribute 80% of their Centrelink benefit as their contribution to the cost of providing the service to them. If a client cannot meet the contribution percentage TSA will consider adjusting or waiving the contribution so that the inability to make the contribution does not become a barrier to accessing treatment. TSA Day program and Outclient services are free of charge.

There are some instances in the private sector where private health insurance will cover costs; however the number of episodes and types of treatments permitted vary from insurer to insurer. Additionally there may be a “gap” payment that the client or their family have to pay.

Fee for service private providers, which operate in an unregulated market, are able to determine their own charges, this can run to tens of thousands of dollars per treatment episode. There is strong anecdotal evidence of families borrowing from financial institutions, using credit cards or extending mortgages to cover the cost of treatment for their family member.

ToR 6 The waiting lists and waiting times for gaining entry into services

TSA AOD services have waiting list that last for between two and six weeks.

Waiting lists are the result of demand for services, and in particular residential treatment services, exceeding the supply of treatment places available and the fact that there are not enough resources to meet demand.

The lack of availability of residential treatment places has come about as a result of the inadequacy of the funding allocated for residential treatment and the increased use of methamphetamine in Australian communities.

The increase in demand for residential treatment is not surprising given the rapid progression to severe problems associated with methamphetamine use.

Therapeutic Communities and other types of residential treatment remain the best option for people requiring high level of intensive support to overcome the problems associated with methamphetamine use.

There has been no additional funding available since 2000 to support existing services that are underfunded on historical funding models that were developed in the mid-1980s.

The last major injection of funding into the sector came in 2000 and was the result of the 1999 NSW Government Drug Summit. Since this funding came into the sector any new funding has come with new services to be developed and delivered. What has resulted from this is a sector that is inadequately funded to meet increased demand and to also meet cost escalation.

The part of the sector that is groaning under the weight of increased and therefore unmet demand – residential treatment – has not received any additional funding to meet the increased cost of business, yet is experiencing the biggest growth in demand.

There is a further drain placed on already stretched resources as residential treatment providers divert resources to support people on waiting lists. In addition to identified vulnerable people and groups other considerations for the management of people on wait lists include people with mental health conditions, those experiencing or at risk of homelessness or those engaged with the criminal justice system.

Where a client requires withdrawal management prior to admission to a residential treatment services a further wait period is usually experienced, as detox beds are not always available on demand.

TSA AOD services utilise an active management of wait list approach in an attempt to reduce harm, keep people engaged, supported and “treatment ready”.

The wait list situation is compounded for those in regional, rural and remote areas of NSW by the distance needed to travel to access treatment, cost of transport (including money for petrol and other travel costs) and the lack of availability of public transport.

Additionally the lack of treatment options for people in regional, rural and remote areas of NSW makes waiting lists a more complex and significant issue as there are far fewer options for referral to other support services whilst on a waiting list in regional, rural and remote NSW.

It is the lack of resources (funding) that exacerbates this situation in regional, rural and remote NSW.

ToR 7 Any pre-entry conditions for gaining access to treatment services

TSA’s approach to pre-entry is to work with potential clients and referral sources to remove barriers and provide ease of access to our services.

The suitability of our residential, outclient and day program services to meet a person’s needs is based on an AOD and mental health assessment process. This is conducted by telephone and admission is usually determined as a result of this interview.

This assessment interview is screening for a history of AOD use, co-occurring mental health conditions, additional needs such as legal matters, physical health conditions and family factors. Motivation for change is also assessed during the interview.

For those identified as requiring detoxification we are able to refer to our own service WBH in Surry Hills or refer to a detox service in the person’s local area – if available and if the person agrees. If this is not suitable then the person may need to travel outside their area to access a detox service. The need for detox prior to entry to residential treatment can create a delay in the person accessing residential treatment as most detox services also have waiting lists. Our services work closely with detox services to coordinate admission as soon as the detox has been completed.

There are also some administrative pre-entry conditions for residential treatment and withdrawal management services that must be met by both the client and the service provider such as adequate identity documentation, Medicare card, eligibility for Centrelink benefits and any legal documentation pertaining to the family or criminal law dealings the client may have whilst in treatment.

ToR 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);

TSA is not in a position to respond to this item.

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

TSA is aware that in comparison to metropolitan, urban and large coastal regional cities people in regional, rural and remote areas of NSW do not have the same level of access to the whole range of AOD services noted above.

The market forces that drive AOD use (supply and demand) also drive the demand for AOD services. The current increase in the use of ice in NSW, and in particular in regional, rural and remote areas of NSW, has caused a marked and sustained increase in demand for AOD services. This has placed additional pressure on (as mentioned above) an already under resourced sector that is struggling to meet demand.

The lack of availability of residential treatment places is further compounded by the fact that there has been no increase in funding to those service providers whose residential services are struggling to meet demand; this has resulted in waiting lists of between two to six weeks and at times longer.

As mentioned above, that part of the sector that is not able to meet demand for services – residential treatment – has not had additional funding from government to assist in trying to meet the need, demand for residential treatment far exceeds supply. What is not needed is another competitive tender “opportunity”.

What is needed are enhancements to funding (without the need for a competitive tender process) to those residential providers that can bring more residential treatment places on line immediately.

The Australian Capital Territory (ACT) Health Department recently provided grant enhancements to residential treatment providers to help meet the increase in demand and to better manage wait lists in the ACT.

The evidence of the lack of services for people in regional, rural and remote NSW is the waiting lists for access to services, the lack of services in regional, rural and remote areas of NSW and the inability of people from regional, rural and remote NSW to access services without significant cost and disruption to their own and their family's lives.

ToR 10 Issues relating to the provision of appropriately qualified health professionals to fill positions in treatment services

TSA, as with the majority of government and NGO AOD services, is experiencing some challenges in recruiting appropriately qualified health professionals to fill positions in our treatment services, particularly those based in regional and rural areas.

However our recruitment processes ensure that only those applicants that are appropriately qualified for a particular position as considered for that position.

With regard to our services that are located in metropolitan, urban and coastal regional areas recruitment is not as difficult.

However recruitment of Registered Nurses to work in our inpatient withdrawal management service and our complex mental health and co-occurring AOD use service can be difficult. TSA as with other areas of the health care system that employ Registered Nurses is impacted by the shortfall in Registered Nurse applicants.

Another factor that severely impacts recruitment and retention of all staff types is the uncertainty around funding and the short funding terms, two examples of this are:

- NSW Ministry of Health funding has been extended by 12 months twice in the past two years whilst the NGO funding program was under review, before providing three agreements in 2017.
- Commonwealth Department of Health has also twice extended grants for 12 months while reviewing its grant program, before providing a two year extension in 2017.

The result of this is NGO AOD providers only being able to offer employment contracts for 12 months, thereby providing no employment security. Additionally notification of the extension of grants comes very late in the grant cycle and staff, without any guarantee of ongoing employment seek more secure employment elsewhere to ensure their future and that of their family.

The funding levels for NGO AOD services also cause an issue when recruiting in competition with government services. The remuneration on offer to staff of government services is superior to that a NGO AOD service can provide.

ToR 11 Evidence of treatment 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

TSA provides a high quality and evidence based range of services and supports for people with AOD use issues. We are committed to continually reviewing our services to improve the outcomes for individuals, families and communities.

TSA services utilise a range of evidenced based approaches including case management, one-on-one support, cognitive behavioural therapy, 12 step recovery, and motivational enhancement strategies.

An essential part of our work is the collection and analysis of service outcome data, which is also used for both individual client case planning and service development. To facilitate this TSA has engaged the University of Wollongong as independent evaluators to analyse the data and to follow up clients post treatment.

The information obtained from routine outcome data is used to evaluate the effectiveness of existing treatment protocols, make informed clinical decisions regarding treatment plans and service development, and to evaluate clients' response to these developments.

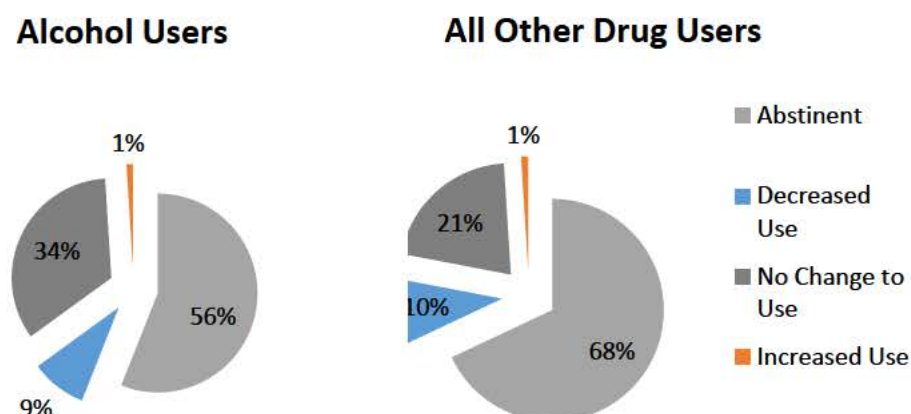
TSA's work with the University of Wollongong in the collection, analysis and reporting of client progress data has led to 25 peer reviewed journal articles, the implementation of evaluation and outcome findings into our service delivery.

TSA uses contemporary measures to gauge client progress:

- Addiction Severity Index (ASI), one of the most widely used and researched methods for assessing Alcohol and Drug problem severity
- Depression, Anxiety and Stress Scale (DASS-21)
- Mental Health Continuum short form (MHC-SF)
- World Health Organisation Quality of Life short form (WHOQOL-8)
- Client Satisfaction Survey 8 (CSQ8)

Some clients also post-discharge outcome measures via telephone interviews, conducted by independent researchers from the University of Wollongong.

Below is an example of outcomes that have been achieved by TSA AOD services for the period 2014 – 2017:



With regard to what constitutes a successful outcome, this can vary depending on the person's situation. At times a successful outcome is the result of an incremental accumulation of multiple treatment episode or interventions.

The World Health Organisation characterises addiction as being “a chronic relapsing condition”, with this in mind it can be expected that there will need to be a number of treatment episodes for some people before lasting change is achieved.

Retention in treatment, not only for residential treatment services but also for day programs and outclient services, is a key factor in achieving successful outcomes. Pressures from family, employers and feelings of separation for the person from their family and friends can be difficult for people to bear and can drive their decision to exit services prematurely.

This is exacerbated for people from regional, rural and remote NSW who have to travel out of their local area to access services.

ToR 12 Current and potential threats to existing treatment services

The current and potential threats to existing treatment services (and in particular residential providers) in NSW relate to service sustainability, increasingly complex and multiple needs clients, cost escalation, demand increase and staffing challenges.

At the centre of these threats is the lack of additional funding for existing services to be able to meet the level of demand and to be able to continue to provide high quality services to clients with multiple and complex needs without the growth money necessary to fund service developments.

Cost escalation is a major threat, the cost of living is increasing in Australian communities, and AOD treatment communities are no different.

Staffing costs, rates, utilities, food, water supply, property improvements and maintenance, land care, vehicle and fuel costs, compliance and accreditation costs are all on the rise – against a backdrop of stagnant funding amounts. It should be noted that new funding brings with it new services to provide and does not help with the offset of cost escalation in relation to providing existing “beds”.

As mentioned previously, the 1999 NSW Drug Summit was the last time that any additional NSW or commonwealth government funding was made available to expand the number of NGO AOD residential treatment places.

There has also been a greater focus by funding bodies on NGO AOD services providing a through care model of treatment for all treatment service providers including pre and post treatment support for clients.

This has largely been funded by the diversion of funds from one aspect of a service to this aspect. Whilst TSA agrees with this and has pre and post treatment support as part of its model this has not supported by additional funding.

The diversion of resources from the front line service delivery to compliance and office administration functions to meet accreditation and grant management requirements has also increased.

Another threat is the recruiting, employing and retaining a job satisfied and energised staff is another key threat. It is difficult to keep staff motivated when their workload continues to increase without the additional staff needed to cope with the increase. Staff experience fatigue in the workplace from continually having to “plug the gap”. The lack of availability of qualified applicants is greater in regional, rural and remote NSW.

There is a gap in treatment services in regional, rural and remote NSW. The NSW government should give consideration to the establishment of new residential and outclient treatment service sites in regional, rural and remote NSW.

ToR 13 Potential and innovative treatment services and initiatives including naltrexone

TSA's position is that our treatment services are in fact innovative, at both the organisational level and at the case work level. We take a flexible, inclusive approach to service provision. We focus on how we can assist, not why we can't.

We work hard to ensure that people are better positioned in life as a result of being in contact with our services.

Our approach to our residential treatment is to work with client to build their own capacity to manage their own lives in a positive and productive way. To do this we take a person led, strengths based approach, based on a learning and life skills development model.

Our focus is on community connections and working with clients to build their own range of community based support services and social and recreational networks, as these are what will sustain the person when they return to their own environment.

TSA treatment services are evidence based, externally and independently evaluated to identify outcomes and service developments.

With regard to the use of Naltrexone TSA's position on this is that it may have a place in the continuum of treatment approaches, although it is not a treatment in and of itself and should be supported by additional treatment options.

However the evidence at this point in time is insufficient. People considering Naltrexone as a treatment option should discuss this with their general practitioner or with an Addiction Medicine Specialist.

Additionally rigorous clinical trials should be undertaken prior to Naltrexone being included in the range pharmacotherapies available for addiction treatment.

ToR 14 Any other related matters.

As mentioned throughout this submission adequate and sustainable funding remains the greatest challenge ensuring that AOD services are responsive to client need, this is particularly relevant for services for people from regional, rural and remote NSW, as well as those from larger metropolitan and urban areas.

It should be noted that TSA provides a significant quantum of services to people from regional, rural and remote NSW in their existing services.

Closing comments

The Salvation Army thanks the Portfolio Committee No. 2 for the opportunity to provide this submission to the inquiry into the provision of drug treatment services in regional, rural and remote New South Wales.

Should the committee have any further questions or would like any of our responses to the Terms of Reference clarified please contact me as per the details below.

Yours sincerely

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