

Submission
No 22

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

Organisation: NSW Nurses and Midwives' Association

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NSW Legislative Council

Inquiry into the provision of drug rehabilitation services in regional rural and remote NSW

2017

Submission by the New South Wales Nurses and Midwives' Association

The New South Wales Nurses and Midwives Association (NSWNMA) is the registered union for all nurses and midwives in New South Wales. The membership of the NSWNMA comprises all those who perform nursing and midwifery work. This includes Assistant in nursing (who are unregulated), Enrolled Nurses, Registered Nurses and Midwives at all levels including management and education.

The NSWNMA has approximately 62,500 members and is affiliated to Unions NSW and the Australian Council of Trade Unions (ACTU). Eligible members of the NSWNMA are also deemed to be members of the New South Wales Branch of the Australian Nursing and Midwifery Federation.

Our role is to protect and advance the interests of nurses and midwives and the nursing and midwifery professions. We are also committed to improving standards of patient care and the quality of services in health and age care services.

We welcome the opportunity to make a submission to the NSW Legislative Council 'Inquiry into the provision of drug rehabilitation services in regional rural and remote NSW'.

This submission is authorised by the Elected Officers of the New South Wales Nurses and Midwives' Association.

BRETT HOLMES

General Secretary

NSW Nurses and Midwives' Association

50 O'Dea Avenue

Waterloo NSW 2017

(02) 8595 1234 (METRO) 1300 367 962 (RURAL) gensec@nswnma.asn.au

Introduction

The NSW Nurses and Midwives' Association (NSWNMA) welcomes the inquiry into the provision of drug rehabilitation services in regional, rural and remote NSW. Patient safety and staff safety is a priority of the NSWNMA and our members. We are also advocates of evidence based clinical practice that provides best care for the community. The Australian Government Department of Health, Drug Trends and Statistics, 2016 National Drug Strategy Household Survey stated that 3.1 million Australians reported using illicit drugs. This is an enormous number which requires comparable financial and human resources to cope in this sector.

No one can deny that there is a definite need for more drug and alcohol treatment beds across NSW. It is our opinion that the government should have jurisdiction over the protection and safety of clients across all health service provision in this sector. We are aware that a number of non-government organisations (NGOs) are entering this sector, but they should be under close scrutiny from the NSW Ministry of Health. Many communities are experiencing an increase in the use of 'ice', but any funding for countering this increase in use should be in addition too, and not at the expense of the long-standing problems that smoking, alcohol consumption and prescription drug misuse continues to create in our communities. The NSWNMA is of the opinion that any review of service provision must include a workforce strategy. If the planning does not include appropriate staffing levels, then it will not achieve the full benefits of any proposed changes

General Comments

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

The ABC 4corners program 'Rehab Inc.' (September 2016) reported that there are around 1500 publicly funded drug and alcohol rehabilitation beds across Australia and agencies are reportedly dealing with more than 32,000 requests for treatment for 'ice' addiction each year. These trends clearly indicate that the drug and alcohol treatment bed numbers are vastly inadequate for current demand and an increase in the number of drug and alcohol treatment beds is urgently needed. All clients should be able to access drug and alcohol treatment services when required in a timely manner and be reassured that the service they are accessing is of a high standard.

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

'The 2016 National Drug Strategy Household Survey (AIHW, 2017b) reported that methamphetamines (including the drug ice) were the drugs causing most concern to communities. There was also a perception among respondents that it caused the most drug deaths (when excluding alcohol and tobacco). While prescription drugs actually cause the highest numbers of drug induced deaths, there has been a rapid increase in the number of methamphetamine deaths, with the death rate in 2016 four times that in 1999 (1.6 deaths compared to 0.4 deaths per 100,00 persons respectively).'

(Australian Bureau of Statistics, 3303.0 - Causes of Death, Australia, 2016, Drug Induced Deaths in Australia: A changing story.

<http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/3303.0~2016~Main%20Features~Drug%20Induced%20Deaths%20in%20Australia~6>

Many communities across NSW are expressing concern in regard to the increasing use of 'ice'. Therefore the NSWNMA believes that any future planning of drug and alcohol services should include planning for the increasing use of this cheap and

easily available substance that appears to have no geographical restrictions to users obtaining the drug.

We must ensure that drug and alcohol services across NSW are able to cater for the broader dependency problems faced by the community, this includes alcohol, smoking, as well as prescription drug misuse.

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

It is the NSWNMA's belief that any health service that receives government funding must be fully transparent and accountable for the service they provide to their clients and comply with all reporting and auditing requirements of the Ministry of Health. Those accessing government funded drug and alcohol services must be assured that any health service they access, meets a minimum standard and has been independently reviewed with proven results.

Registration and accreditation process required for rehabilitation services to be established

Due to the lack of government funded drug and alcohol treatment beds, non-government funded providers are offering drug and alcohol rehabilitation services. This model of service provision needs urgent review to ensure the protection and safety of clients. Any health service provision, whether government funded or not, should be officially sanctioned by the Ministry of Health, with a guarantee that the highest standard of care is consistently maintained by these health service providers across NSW.

The NSWNMA's view is that all drug and alcohol treatment facilities (government funded, and non-government funded) need to be government registered and accredited, to ensure the highest standard of care. This should also include the

requirement that all drug and alcohol treatment services must be staffed by appropriately qualified and regulated clinical staff.

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

Cost to clients entering rehab on a pension can be approximately 80% of their pension. Our members report this proportion of their pension can be a prohibitive to some clients who have other ongoing expenses such as rent. Clients who own their own homes have found they cannot afford the ongoing expenses of home ownership as well as the cost of rehabilitation services. This needs addressing as cost should never be a barrier to accessing any health intervention, including drug and alcohol treatment.

The cost of private rehabilitation services has been quoted as high as \$30,000. To those in need of urgent intervention when public/government funded services are not available or there are excessive waiting lists, people are tempted to use these exorbitantly priced facilities. Consequently they often incur huge debts to add to their recovery burden. Regulating this sector and expanding the number of government funded beds would go a long way to ensuring that services are easily accessible, widely available and staffed by appropriately qualified and regulated professionals. Cost of transport for those accessing services at long distances, such as rural and remote areas, needs addressing as this can also be a barrier to access for some clients.

The waiting lists and waiting times for gaining entry into services

Following successful completion of an inpatient detox, clients may have to access other rehabilitation services as part of the next stage of treatment. This puts the client at a disadvantage and of possible relapse while waiting for a bed. The opportunity provided through the detox treatment can be lost due to failure to provide a seamless transition from one service to another at this critical time. This can be

addressed by expanding the number of government funded rehabilitation beds across NSW.

Involuntary Drug and Alcohol Treatment (IDAT) Beds

The IDAT Program is being delivered out of two sites in NSW, Bloomfield Hospital Orange and Royal North Shore Hospital North Sydney. There will be 8-12 beds available for involuntary patients across both treatment centres. The treatment centres are equipped to deal with acute withdrawal symptoms and their Hospital location means intensive medical care is immediately accessible.

(NSW Health, <http://www.health.nsw.gov.au/aod/programs/Pages/idat-gi.aspx>)

IDAT beds provide a unique service in drug and alcohol treatment care. More IDAT beds need to be available across NSW. This would improve access for those who urgently need access to this type of service, helping clients remain closer to their home and supports, while having intensive medical care immediately accessible.

Any pre-entry conditions for gaining access to rehabilitation services

Those clients who have successfully completed their inpatient detox treatment and are seeking a rehabilitation treatment bed are required to keep in constant contact with the rehabilitation service staff every few days to ensure they don't lose the bed when it becomes available. As a result a number of clients transitioning from detox to rehabilitation do lose their beds due to their fragile state. If appropriate numbers of beds were made available, then this would not need to occur. A bed should be made available to all clients once they have successfully completed their inpatient detox, to ensure a smooth transition to rehabilitation services.

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

As mentioned earlier, the NSWNMA believes all drug and alcohol treatment services must be staffed by appropriately qualified and regulated professionals. Alcohol and benzodiazepine withdrawal is life threatening. It is essential that anyone undergoing withdrawal from these substances is medically supervised and managed by qualified staff. This will ensure the safe management and care of the client while undergoing drug and alcohol detoxification treatments. Clinical nursing staff working in drug and alcohol treatment services need to have access to education and mentoring. This can be achieved with the employment of more drug and alcohol Clinical Nurse Educators (CNEs) to educate staff and to be available across all shifts in all drug and alcohol treatment services.

Any other related matters

We would like to ensure that the minimum standards for all drug and alcohol treatment services includes safe nursing staff numbers with appropriate staff rostering and skill mix. The numbers of nursing staff on duty needs to be appropriate for the number of patients and their acuity to ensure patient safety is not compromised. The government urgently needs to adopt nurse-to-patient ratios and ensure appropriate skill mix in all drug and alcohol services. If the government truly wants to commit to a better drug and alcohol service provision, it must commit to enforceable staffing requirements. This will ensure appropriate staffing levels for patient numbers maximising client and staff safety through the extension of legally enforceable and minimum nurse to patient ratios. Our claim for staffing in Drug and Alcohol Inpatient (discrete standalone units) and Drug and Alcohol Outpatients is attached (appendix 1).

Conclusion

The priority areas that we would like to see actioned are:

- Adoption of nurse-to-patient ratios to provide appropriate staffing levels for patient numbers to ensure client and staff safety in all drug and alcohol services.
- The employment of more Clinical Nurse Educators in all drug and alcohol treatment services to educate and support nurses working in this specialty, thus helping to improve the safety and clinical outcomes for clients.
- Increase government funding for more hospital based drug and alcohol beds and community based services across the state. This will go a long way to help improve access for clients needing drug and alcohol interventions and reduce the exposure of clients and staff to risks associated with managing in under resourced services.

Appendices

Appendix 1: NSW Nurses and Midwives' Association,

Ratios: A claim to put patient safety first.