Submission No 32

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

Organisation: Royal Australian and New Zealand College of Psychiatrists

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The Royal Australian & New Zealand College of Psychiatrists

Your Health in Mind

NSW Legislative Council

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

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maximise opportunities for recovery

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About the Royal Australian and New Zealand College of Psychiatrists

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) is a membership organisation that trains doctors to be medical specialists in the field of psychiatry, supports and enhances clinical practice, advocates for people affected by mental illness and advises governments on mental health care. The RANZCP is the peak mental health organisation representing psychiatrists bi-nationally in Australia and New Zealand and has strong ties with health associations internationally, especially in the Asia-Pacific region.

As mental health specialists, psychiatrists are well positioned to provide constructive input into improving the delivery of mental health services. This includes identifying gaps and solutions to improve service delivery for consumers, building a more effective and efficient system and attracting and retaining mental health professionals.

The RANZCP has almost 6000 members bi-nationally, including more than 4000 qualified psychiatrists and around 1400 members who are training to be psychiatrists. The RANZCP NSW Branch (NSW Branch) represents more than 1100 Fellows and 400 trainees.

General comments

The RANZCP recognises that AOD (alcohol and other drugs) use causes significant mortality and morbidity in our society, with associated impairment and other adverse psychosocial consequences for individuals as well as their families and communities. A very significant gap continues to exist between clinical need and the provision of evidence-based AOD services not only in rural, regional and remote communities, the subject of this inquiry, but across all demographic and geographic settings.

The NSW Branch believes that equitable access to evidence-based AOD rehabilitation services is highly variable across most parts of NSW. It is concerning that the scope of this inquiry is limited to rural, regional and remote, when the problems relate equally to metropolitan areas. In this submission we raise a series of issues, on the assumption they are applicable across the state.

We welcome the recent release of the *National Drug Strategy 2017–2026* and note that it identifies *enhancing access to evidence-informed, effective and affordable treatment and support services* as a priority action. We refer also to the expectation that each jurisdiction will develop their own action plan to detail local strategies and priorities to be progressed across the lifespan of the strategy.

The NSW Branch commends the NSW Parliament Portfolio Committee No. 2 for initiating this inquiry as we believe that for the aims of the national strategy to be fulfilled, there is a need for improved state and national coordination of planning, accreditation and funding models for rehabilitation services: to identify access gaps, ensure quality service delivery, facilitate a culture of research and quality improvement and also to plan for future needs. The degree of difficulty in addressing the breadth of questions in the Terms of Reference (TOR) reflects the current lack of coordination in NSW as there is no central body from which to source the information.

Developing a holistic, nationally coordinated and evidence-based response to AOD use and recovery should be considered an important investment, with significant return to consumers and the health budget. Improving access to rehabilitation services is a crucial element of this approach.

Comments in response to the Terms of Reference

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

For patients with primary, secondary or co-existing (co-morbid) substance use disorders, the NSW Branch supports the following comprehensive medical care, supported by adequately resourced services and qualified clinical staff.

a. A specialist assessment and management plan provided by a general psychiatrist and/or if appropriate/possible (depending on the complexity/severity/type of addictions, etc.) an addiction psychiatrist.
b. If possible and appropriate, an ongoing management or review by the specialist for:
    - coordination/leadership of the multidisciplinary team (if present)
    - AOD-specific pharmacotherapy
    - specific AOD-relevant skills-based/insight-oriented/supportive psychotherapy
    - assertive management of any comorbid/other mental disorders that may be:
        - risk factors contributing to the development of the substance use disorder (such that treating the substance use disorder without addressing the underlying disorder leading to self-medication will be usually unsuccessful)
        - *or* may be secondary
        - *or* may be co-existing and complicating the diagnosis and management (often leading to inadequate or incorrect management due to misdiagnosis by less specialised clinicians or non-clinicians).

Treatment beds

The NSW Branch believes that detoxification (detox) in itself has little merit as a long-term treatment, being mostly about reducing immediate harms/complications from substance withdrawals. In NSW there are very few designated detox units in the public system, in either rural or metropolitan areas. Most have been closed down, resulting in detox management mainly on medical wards. This means that often, there is no counselling or evidence-informed psychotherapy and little follow-up available. When it is available, it is normally through a subsequent referral. We understand that follow-up on this type of referral is rare.

Private hospital admissions are generally for 21–28 days and are funded primarily from private health fund membership by a patient and/or their family. The NSW Branch considers this to be a short-stay ‘acute treatment’ episode, whereas health funds may classify such an admission as ‘rehabilitation’. Health funds pay less per day to private hospitals for AOD treatment than for general admissions such as for a treatment episode of a mood disorder or eating disorder. At present, health funds do not cover any costs related to NGO rehabilitation services. In most cases, clients generally pay for NGO rehabilitation by signing over 85% of their welfare benefits (whatever benefits they happen to be receiving) for the duration of their stay.

Desperate patients and their families sometimes choose to pay the entire cost of an admission if they do not have a private health insurance policy or if their insurance product does not cover psychiatric admission or requires a large gap payment, due to exclusions of the particular insurance product.

If patients have private health cover and do not qualify for welfare benefits – if, for example, they have a working spouse – they face disadvantage that could be considered a form of discrimination as the only way to then secure access is to arrange for direct payment, which most patients cannot afford.

Residential rehabilitation services

The NSW Branch believes residential rehabilitation services to be a very disparate group. At present, there appears to be no cohesive or consistent approach to the provision of rehabilitation services – for example, some are based on CBT/relapse prevention provided over several weeks, while others are based on a 'therapeutic community' model providing peer support, mentorship, role-modelling and routines that remove usual triggers (such as stressors and environments) and propagators or enablers (such as access to drug suppliers) rather than skills-based psychotherapy. Others insist on adherence to the 12-step (AA or NA) approach that, whilst being a type of intervention that has been shown to be beneficial, may exclude other interventions that have high levels of evidence such as specialist mental health services. As a rule, community mental health (public sector) services do not work in collaboration with residential rehabilitation services.

There are some exceptions, such as a medical model where a visiting GP provides primary care to some residential rehabilitation services or a visiting psychiatrist provides one-off assessments covered fully or partially by Medicare.

The NSW Branch knows of less than 30 residential rehabilitation beds across the entire state, that allow patients to be residents whilst receiving opiate substitution therapy.[1]

Most NGO residential rehabilitation services are located outside Sydney in order to distance residents from their usual enablers. This can present challenges for clients returning to Sydney at the conclusion of treatment because they are often not linked to supports in the area where they came from or take up residence.

It is important to note that residential rehabilitation is not the only treatment intervention option. The NSW Branch also advocates for non-residential day programs and access to good outpatient treatment courses that can be flexible over the length of time to meet the disparate needs of those with substance use disorders.

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

The majority of amphetamine-type stimulant (ATS) treatment is currently brief detoxification undertaken in the few public detoxification units in NSW, or else in an *ad hoc* way in emergency departments or mental health units if the person has co-existing mental health symptoms. Brief detoxification is not considered to be an effective treatment for ATS as there is no evidence for detoxification as a sole therapy for good long-term outcomes.

There is currently very little available for those who want to voluntarily admit for support through the withdrawal period, if there are not significant concomitant mental health problems to warrant mental health unit admission. Most private psychiatric hospitals refuse to admit intravenous ice users.

The NSW Branch is not aware of any residential rehabilitation services in NSW for ATS use disorders. St Vincent's Hospital in Sydney offers a public program which is mainly counselling based and

[1] Opiate substitution therapy has a significant evidence base for reducing mortality and morbidity. When delivered only as an outpatient service it tends not to be incorporated with psychosocial intervention, which was the original intention for recovery focused care.

exclusively for outpatients with some option to try prescribed medication after a number of weeks for selected patients. We are not aware of other services of this type in metropolitan areas, and certainly not in rural or remote areas.

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

The NSW Branch understands that private hospitals as well as public hospitals are required to meet accreditation standards according to health service accreditation frameworks as part of ongoing funding arrangements. We understand these are fairly high level.

The NSW Branch is not aware of any consistent formal requirements to receive funding for NGO rehabilitation services, even though we do acknowledge the recently released NSW Ministry of Health *Non-government organisation alcohol and other drugs treatment service specifications* (2017). We believe that many of these services do not necessarily have professionally trained, certificate or higher qualified staff. The NSW Ministry of Health specifications document states that proof of certification/qualifications is required for staff so this issue may be addressed by this requirement. However the specifications do not insist on ratios of certain levels of training or staff mix of AOD/mental health nursing, allied health, addiction psychiatry or addiction medicine specialists etc.

We understand that NGOs seeking to establish an AOD rehabilitation service are required to go through a tender process. The processes through which these tenders are developed, approved and managed are unclear. The end result unfortunately appears to be a 'hodgepodge' of poorly coordinated, inadequately defined approaches.

Much of the NGO rehabilitation sector is under the auspices of charities. Many services are underpinned by religious organisations. Religious ideologies have been known to influence the kind of treatment that can be accessed and even denied.

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

The NSW Branch contends that adequate organisational and workforce structures such as addressing and managing governance, operations and resourcing issues need to be in place for AOD rehabilitation to ensure access to evidence-based treatments, conducted by competent staff in safe service settings – both private and public. To support this, we believe an appropriate state-wide health regulatory body should oversee accreditation and service quality.

We note that the recently released NSW Ministry of Health document, *Non-government organisation alcohol and other drugs treatment service specifications* (2017) states that NSW NGO AOD treatment services are required to meet standards of care through accreditation. We understand that a number of organisational accreditation systems are available such as the Australian Council on Healthcare Evaluation and Quality Improvement Program and the Quality Improvement Council Health and Community Services Standards. The NGO is able to choose the most appropriate organisational accreditation scheme. The accreditation system under the specifications has two parts: organisation accreditation and worker accreditation (including professional registration for NGO workers). The NSW Branch believes that the implementation of these regulatory requirements accompanied by sufficient management/oversight frameworks, is crucial to ensure consistent, evidence-based drug rehabilitation services.

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

Patients are generally able to manage the costs of rehabilitation if they have access to benefits but experience challenges if they have been recently employed, have a working spouse, are supported by family (as is the case for many young people) and/or are means tested as ineligible resulting in having to find the money out-of-pocket.

Private health insurance covers hospitals for brief acute admissions (up to 28 days) and attendance at group programs (generally weekly day admissions).

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

Waiting lists vary from several days at non-peak times in private hospitals to more than 6 months at some NGO rehabilitation services. There are very long waiting lists to get in to residential rehabilitation if a person is on an opioid treatment program as there are so few beds across the state.

There are limited detox/rehabilitation options for women with children. The NSW Branch understands that services able to cater for this group have long waiting lists.

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

Pre-entry conditions to rehabilitation services always require that the person has already detoxed – whether in a detox unit, general hospital bed, or has negative urine tests to prove home detox. There is generally a requirement to prove a period of abstinence – at least a couple of weeks which can be very difficult as relapse in the early period of recovery is common. This is made even more difficult as in most cases, none of the other factors that perpetuate the person's addiction have been addressed as the person is attempting to be abstinent.

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

The NSW Branch would welcome research, assessment and analysis of the efficacy and impacts of any mandatory detoxification programs. This would include consideration of the benefits and risks of any such programs, for people with substance use disorders associated with repeated substantial self-harm or domestic violence including being subject to an Apprehended Violence Order (AVO) as a result of behaviours caused by substance misuse.

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

As indicated above, the NSW Branch believes that an analysis of access gaps, minimum standards for quality evidence-based AOD rehabilitation services, quality improvement, research and future planning, needs to be identified and undertaken in NSW.

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

As indicated above, the NSW Branch believes that AOD rehabilitation services need to have professionally trained, certificate or higher qualified staff. There needs to be proof of certification/qualifications for all clinical staff. The specifications should insist on ratios of certain levels of training or staff mix of AOD/mental health nursing, allied health, addiction psychiatry or addiction medicine specialists.

11. Evidence of rehabilitation services that have 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

AOD rehabilitation services should subscribe to accreditation systems such as the Australian Council on Healthcare Evaluation and Quality Improvement Program and the Quality Improvement Council Health and Community Services Standards. The NSW Branch believes that the implementation of these regulatory requirements accompanied by sufficient management/oversight frameworks, is crucial to ensure consistent, evidence-based drug rehabilitation services.

The NSW Branch believes that further and continued research into the outcomes of public, private and NGO-provided services for AOD patients needs to be actively supported. This would include measures of improved quality of life and functional improvement as well as drug use cessation and harm reduction. This area of research needs to be adequately funded to allow the continued provision of evidence-based high quality care.

12. Current and potential threats to existing rehabilitation services

Negative consumer experiences resulting from substandard AOD rehabilitation facilities risk damaging hope, further help-seeking and the potential of recovery for consumers who might achieve good outcomes from the opportunity afforded by quality, cost-effective mental health care for their substance use mental disorders.

13. Potential and innovative rehabilitation services and initiatives including naltrexone

Psychiatrists are best placed to advise governments and health department administrators and clinical leaders about potential and innovative rehabilitation services and initiatives including naltrexone for NSW. The NSW Branch is currently progressing a subspecialty gap analysis in NSW and addiction psychiatry is one of the priority areas being examined. We would be pleased to provide more detailed feedback about this issue once our project has been undertaken and a report completed.

14. Any other related matters

Rehabilitation services for Aboriginal and Torres Strait Islander people

We note that the Terms of Reference do not include AOD rehabilitation issues for Aboriginal and Torres Strait Islander peoples. Compared to other Australians, Aboriginal and Torres Strait Islander peoples

suffer more harm from alcohol, tobacco and other drug use. It is critical to ensure that any efforts to reduce the disproportionate harms experienced by Aboriginal and Torres Strait Islander peoples are culturally responsive and appropriately reflect the broader social, cultural and emotional wellbeing needs of Aboriginal and Torres Strait Islander peoples.

Rehabilitation services for people with issues regarding abuse of prescription medicines

In NSW, there is currently no specific service setting for people with issues around prescription medications. This cohort is growing in number and demonstrates reluctance to consider detox or rehab options due to the nature of their problems and stigma attached to substance use.

The need for a broad review of the AOD sector

The NSW Branch supports a broad review preceding reform of the AOD sector, with a focus on promoting models of care that reflect the treatment needs of this population.

Reference

NSW Ministry of Health (2017) *Non-government organisation alcohol and other drugs treatment service specifications*. Sydney, Australia: NSW Ministry of Health.