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

Organisation: Laughing Mind

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CleanM8

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Thank you for the opportunity to address the NSW Parliamentary Committee for the provision of drug rehabilitation services in regional, rural and remote New South Wales[1]. The places you have been visiting and consulting with are communities have been formative in my life, growing up in small country towns - I welcome the committees interest in them. I count myself as incredibly fortunate to have lived and worked in Bourke, Broken Hill and smaller towns in the central west, where centres like Dubbo, Mudgee and Wellington were our key services hubs - it has provided a lived experience and perspective into service availability and the challenges of continuity.

As Founder and Director of Laughing Mind, I've been using my skills as an Occupational Therapist since 1996 across a broad range of career experiences, many of which have involved developing or consulting on large scale service delivery and digital health platforms, through time with the Commonwealth Rehabilitation Service, private sector consulting to the Office of Aboriginal and Torres Strait Islander Health (OATSIH), AIHW, Medicare Locals/PHNs and other agencies. I'm acutely aware from these experiences of the cultural gaps that can occur and the value communities place on culturally sensitive practices, embedded local solutions and the need for practical measures that help. As an OT, our work is deeply informed by the neuroscience of habit development and the role of neuro-plasticity in learning, developing + strengthening new adaptive habits.

Since 2016, I've been exploring how Clinicians are supported in their own work to address population health needs in substance recovery and the pathways in and out of that journey. This has involved talking with a range of clinicians, lived experience advocates who've experienced incarceration and addiction, rehabilitation centres and carers. During that time, I've also been exploring the potential role that digital platforms can play in addressing some elements of the services shortfall, across 3 key stages: pre-rehab, rehab and post rehab, as part of a commercial exploration, called CleanM8. This exploration has so far led to a patent lodgement earlier this year, platform concept design and competing in the 2018 Regional Australia Institutes "Light Bulb Moments" challenge, for which my company was confirmed from among 160 entrants as the 2018 winner for its relevance to regional Australia in June 2018[2]. It has been a self-funded venture to date, rate limited by that constraint.

CleanM8 is a supply side exploration of the viability of combining new and established forms of technology - Artificial Intelligence, Machine Learning, Chatbots and SMS - applied to the problems of substance recovery, using personalised messaging, support and clinically guided therapeutic programs. I'm also addressing demand side constraints through a Research PhD with the University of Newcastle's School of Medicine and Public Health, as part of their Centre for Brain and Mental Health Research, to explore AOD agency + clinician readiness/ barriers to the use of targeted, consumer focussed digital tools in their work.

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[1] https://www.parliament.nsw.gov.au/committees/inquiries/Pages/inquiry-details.aspx?pk=2466#tab-termsofreference

[2] https://www.cleanm8.com/brightidea2018-winner.html

Our teams focus is to bring systems and resources that can scale to meet the size of the problem. We're not alone in this endeavour. Within the USA, Pear Therapeutics are the first FDA approved[3] and physician prescribed "digital therapeutic" for substance use disorder - a digital health tool made available by prescription.

We're interested in what can be done from that first 'motivated moment' for a person, supporting them through preparing for clinical support and beyond, seeing what supports are effective in relapse risk prevention and how Clinicians, Carers can beneficially impact their recovery journey.

I've been reading through the submissions and transcripts provided to date in the committees work and offer several relevant observations:

- Service provider availability is getting steadily worse - we've seen this in work by the Regional Australia Institute[4] and think we need to look beyond traditional workforce development + retention approaches;
- Digital tools are evolving quickly in providing personalised, targeted care as a clinical support, but need careful, ethical + evidence driven co-design with stakeholders[5];
- Trust in the digital realm is hard won, easily lost and needs relentless focus, but can deliver scale. Residential rehabs can only be sustained in centres with enough network density of people + capital - smaller centres need different thinking and approaches if they are to receive a support service;
- Momentum is building in exploring models of virtual care[6], where clinicians are invited into the consumer tool experiences[7], rather than vice versa - such models can conceivably augment local rehab services to provide hub+ spoke outreach to smaller centres;
- Digital platforms can partly address the conundrums of travel, anonymity in community and the need for algorithmically tailored responses to attributes like age, gender, location, substance + culture, but with the trade-off of lower service fidelity compared to a face to face or residential experience.

We welcome the opportunity for follow on discussions and collaborations.

Yours sincerely,

Brian Hill
Director - Laughing Mind P/L

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[3] https://peartherapeutics.com/pear-therapeutics-receives-expedited-access-pathway-designation-fda-reset-o-prescription-digital-therapeutic-treat-opioid-use-disorder/

[4] http://www.regionalaustralia.org.au/home/2017/12/alliance-welcomes-release-pillars-communities-report/

[5] http://mental.jmir.org/2018/2/e32/

[6] https://www.nature.com/articles/s41746-018-0028-2

[7] https://www.nejm.org/doi/full/10.1056/NEJMp1800874