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**RACP Submission on Consultation Draft of
the Reform Agenda for Alcohol and Drug
Services in Tasmania**

October 2018

The Royal Australasian College of Physicians (RACP; the College) welcomes the opportunity to present a submission to the Tasmanian Department of Health on the Consultation Draft of the Reform Agenda for Alcohol and Drug Services in Tasmania (the Consultation Draft). Our physicians working in addiction clinics, emergency departments, orthopaedic wards, rehabilitation centres, liver clinics and cancer wards know first-hand the harm alcohol can cause. Therefore, the formulation of a focused, effective and properly supported alcohol and drug services sector is of great importance to the members of the RACP.

General comments on the Consultation Draft

Alcohol-related harms create enormous social and economic costs to Australian society, with estimates putting the figure at between \$15 billion and \$36 billion annually.¹ This is a cost of between \$604 and \$1450 per person per year. Data from 2014-15 showed that in Tasmania 72,700 people (18.6% of persons aged 18 years and over) exceeded the lifetime risk guidelines of no more than two standard drinks on any day, and 178,700 Tasmanians (45.7%) exceeded single-occasion risk guidelines.² In addition to shouldering the significant burden of disease caused by alcohol misuse, Tasmania has recently gone from below to above the national average³ in illicit drug use and has Australia's second highest death rate due to prescription and illicit drugs after Western Australia.⁴

Given these challenges, the RACP welcomes the Consultation Draft's strategic commitment to the delivery of alcohol and other drug (AOD) services in Tasmania through the integrated model of care and with a sustained and systematic focus on prevention. The College supports the Consultation Draft's emphasis on the client/consumer journey through the system and the importance of whole-of-population health promotion, prevention and early intervention as core components of AOD treatment which is consistent with the College's priority of promoting better integrated care.⁵ In particular, the College notes the Reform Agenda's overall goal of providing Tasmanians with an integrated, well-coordinated AOD sector and recognises its attendant objectives to:

- Deliver a seamless and integrated AOD service system along a continuum that provides a stepped care approach from promotion and prevention through to relapse prevention
- Provide a range of support and treatment options for client/consumers and carers
- Better integrate all treatment service system components to achieve better outcomes for all client/consumers
- Reduce duplication
- Better integrate AOD government and non-government treatment services and
- Better integrate AOD services with non-AOD services.

The College also welcomes the nine directions set out by the Reform Agenda to achieve the above objectives, each supported by a suite of key actions. The directions are:

¹ The Royal Australasian College of Physicians. Alcohol Policy, p 11. Available at: <https://www.racp.edu.au/docs/default-source/advocacy-library/pa-racp-ranzcp-alcohol-policy.pdf?sfvrsn=6>

² ABS 4364.0.55.001 - National Health Survey: First Results, 2014-15, released 23/03/2016, <http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/4364.0.55.001~2014-15~Main%20Features~Tasmania~10007#2>

³ The National Drug Strategy Household Survey 2016, p89-92, <https://www.aihw.gov.au/getmedia/15db8c15-7062-4cde-bfa4-3c2079f30af3/21028.pdf.aspx?inline=true>

⁴ 3303.0 – Causes of Death (ABS, 2016), <http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/3303.0~2016~Main%20Features~Drug%20Induced%20Deaths%20in%20Australia~6>

⁵ RACP 2018, Integrated Care: Physicians supporting better patient outcomes, Discussion paper, <https://www.racp.edu.au/docs/default-source/advocacy-library/integrated-care-physicians-supporting-better-patient-outcomes-discussion-paper.pdf>

- An integrated service system
- Developing service specifications and program guidelines
- Client/consumer centred approach across the service system
- Improving quality and safety
- Responding to specific population groups
- Maintaining a focus on promotion, prevention and early intervention
- Supporting and developing the workforce
- Redacting stigma and discrimination and
- Implementation and monitoring.

The RACP offers the following comments as general areas for improvement in the Consultation Draft:

- Consider revising down the timeframe for implementation of the Reform Agenda set out in the Consultation Draft from 10 years to something more immediately meaningful. A 10-year timeframe may be too long considering that even the Commonwealth's National Alcohol Strategy has a timeframe of less than 10 years. The College suggests a 5-year plan is more appropriate to ensure government and the sector remain focused in what needs to be achieved and to ensure momentum is maintained.
- The Consultation Draft's emphasis on achieving better integrated care is laudable. However, this discussion paper does not discuss specific strategies to address many of the identified gaps and challenges within the AOD sector in Tasmania which are needed as a first step towards integrated care. While it is often possible to make improvements in the way existing services are delivered, key elements of this reform agenda will require significant investments to build the necessary AOD sector capacity and capability. This is likely to include attention to workforce development, recruitment of a suitably skilled and resourced workforce to deliver on expanded and more accessible high-quality services and other approaches identified in the report as well as project management and good governance.
- The Consultation Draft makes repeated reference to but does not elaborate on what is meant by health promotion and prevention. While this review is focussed on clinical services rather than health promotion and prevention measures, insofar as these matters are discussed, it will be important that such strategies and approaches are based on contemporary evidence on what works in this regard, noting by way of example the important structural reforms outlined by the WHO in its Global Strategy to Reduce the Harmful Use of Alcohol (2010)⁶ and in a recent more publication, Trouble Brewing: Making the Case for Alcohol Policy.⁷ Education and social marketing strategies are mentioned and while these approaches can help improve health literacy, the evidence is clear that it is public regulation and market intervention that play a more important role in the prevention agenda (e.g. Moodie et al, 2013).⁸

Increased investment in AOD treatment services is needed

To support the dual strategic direction for integrated care and prevention set out in the Reform Agenda for the Tasmanian AOD sector, more resources need to be committed as a matter of priority by the Tasmanian Government. The RACP has consistently supported increased investment in evidence-based AOD treatment services. One estimate is that for every \$1 invested in drug and alcohol treatment, society gains \$7.⁹ Thus investing in AOD treatment services yields high returns. Treatment has been shown to reduce drug use and crime, while improving health, psychological wellbeing, and social participation.

As the consultation paper for the Reform Agenda for the Tasmanian AOD sector acknowledges, this ambitious agenda is at this time neither costed nor supported by a commitment of additional resources. This is a critical problem, as AOD services in Tasmania are chronically underfunded and consistently overstretched, with patients waiting 6-12 weeks for a place in the public sector AOD services.¹⁰

⁶ Global strategy to reduce the harmful use of alcohol. 2010, World Health Organization.

⁷ Perl R, Brotzman L. Trouble Brewing: Making the Case for Alcohol Policy. New York, NY; 2018

⁸ Moodie, R., Stuckler, D., Monteiro, C., Sheron, N., Neal, B., Thamarangsi, T., Lincoln, P., Casswell, S. on behalf of The Lancet NCD Action Group, Profits and pandemics: prevention of harmful effects of tobacco, alcohol, and ultra-processed food and drink industries. Lancet 2013; 381: 670–79.

⁹ Ettner, S., Huang, D., Evans, E., et al. (2006). Benefit-cost in the California treatment outcome project: does substance abuse treatment "pay for itself"? Health Services Research, 41(1), 192-213

¹⁰ RACP – Tasmanian Election Statement 2018.

In line with its 2018 pre-election submission to the incoming Tasmanian government,¹¹ the College calls for several actions that will have the greatest impact on supporting the objectives of the Reform Agenda:

- Increase funding for AOD treatment services, including supporting appropriate workforce development, to address the unmet need.
- Increase investment in prevention services to reduce the incidence of illicit drug use and alcohol use disorders and
- Invest in and support initiatives to reduce the inappropriate and harmful use of prescription drugs.

The Tasmanian AOD sector should also be involved in the development of the Commonwealth government's National Alcohol Strategy 2018-26 noting its significant relevance to public and population health in Tasmania and work to identify and progress those items in the Strategy that are within the Tasmanian Government's responsibilities.

Specific comments on the Consultation Draft:

In addition to the general comments we have provided we have the following specific comments we wish to provide on the consultation draft:

- In response to Question 1 on the objectives, we believe that the following additional objective should be considered: *"Increase awareness and education on available services"*. We note that the addition of this objective would remedy one of the key challenges identified in a 2017 Siggins Miller review of the Tasmanian AOD sector ("a lack of consistent information on how to identify and access appropriate services").¹²
- In response to Question 2 on the principles, the principle of *"Reflect(ing) that clients/consumers are part of the service system and may cycle through various programs and services"* (p. 9) should be clarified. It seems to be related to *"Reflect(ing) the complex, relapsing nature of substance use"*; if so, its intent should be made more explicit.
- Also in response to Question 2 *"Committed to investigating, management and referral, where required, for the medical complications of substance use"* should be considered as another principle to be included in the Reform Agenda.
- In response to Question 6, we propose that the reform directions of *'Maintaining a focus on promotion, prevention and early intervention'* and *"Supporting and developing the workforce"* should include actions around developing an awareness of new illicit drugs and the health issues that stem from these (e.g. nitrous oxide, pregabalin).
- In response to Question 10, we would consider the following to be key actions which could be prioritised:
 - Reducing stigma (action 8.1). People will be more inclined to seek help if the stigma associated with substance dependence is reduced.
 - Targeting the youth sector (5.1). This can have important flow-on effects for future burden of disease associated with alcohol and other drug abuse and also indirectly assist in reducing stigma.
 - Defining roles and scope of services (1.1)
 - Increased advocacy for people with AOD issues (3.2). Again, this measure can help reduce stigma which is key to capturing a larger section of the population that needs treatment.
 - Support to improve GP capability for assessment and brief intervention (6.3). GPs needs to be made more aware of the services that are currently available and trained to identify patients with substance abuse problems who need help but are not forthright about their problems.

The College looks forward to further discussion of the Reform Agenda for Alcohol and Drug Services in Tasmania.

¹¹ RACP – Tasmanian Election Statement 2018.

¹² Siggins Miller 2017, *A single Tasmanian alcohol and other drugs (AOD) service system framework*.