Queensland Mental Health Commission

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Strategic Planning Issues Papers

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- **Topic**
  Alcohol and Drug Sector Perspectives

- **Current Situation**

Alcohol and drug policy in Australia for at least the last 30 years has been built upon the foundation of the harm minimisation approach. This approach is articulated through the National Drug Strategy 2010 – 2015, which includes the three pillars of supply reduction (efforts to reduce the availability of alcohol and other drugs), demand reduction (efforts to reduce people seeking to use drugs through prevention, early intervention and treatment measures) and harm reduction (measures to minimise the ongoing harms that a person may experience as a consequence of alcohol and other drugs use). The National Drug Strategy 2010 – 2015 is administered through the Intergovernmental Committee on Drugs (IGCD) and is the key policy document which informs jurisdictional strategies and facilitates a national approach to dealing with drug and alcohol issues. Currently every jurisdiction has its own whole-of-government strategy or plan, with the exception of Queensland. The last Queensland Drug Action Plan expired at the end of 2012.

Historically Queensland Government specialised alcohol and other drug services were allocated funding to be used directly for alcohol and drug services. In the 2011-12 Budget the allocation for alcohol and drug treatment in the Queensland Health budget was approximately $100 million, of which around $76 million was expended on Government operated services (including the inpatient Hospital Alcohol and Drug Service at RBWH, as well as outpatient counselling services across the state), with the remaining $24 million allocated to the non-government treatment sector (including the provision of residential and non-residential treatment and prevention services). Support for services in the government sector was provided by the Alcohol and Other Drugs Treatment Strategy Unit (ATOD-SU) in corporate office, which also managed liaison between the government and non-government sectors. The reorganisation of funding arrangements that accompanied the change to the Hospital and Health Services (HHS) structure, has meant that this specified funding is now incorporated in the bulk funding provided to each HHSs. The 2012 – 2013 service agreements for each HHS included specific requirements for the quantity and type of services that need to be provided, however the most recent service contracts merely contain a generic requirement that alcohol and drug services be provided.

Management of funding for non-government organisations has so far been retained by the Department of Health (Qld), though service agreements include a clause which would allow the Department to transition management to a HHS. Any transfer process would need to take into account the state-wide intake of some services (eg the Hospital Alcohol and Drug Service at the RBWH and residential services like Therapeutic Communities operating in the non-government sector) Non-Government alcohol and drug service agreements were reviewed in June 2102, with a number of contracts (primarily prevention and health promotion) discontinued and the remaining contracts extended for one year to 30 June 2013 with the application of a 5% efficiency dividend and cpi indexation of 3.75%. These services were offered a new a six month service agreement for the period July-December 2013, and have recently been advised these arrangements will now extend to 30 June 2014. Also impacting service delivery is the cessation by the Department of Justice and Attorney General of the Queensland Drug Court Program as well as the Queensland Indigenous Alcohol Diversion Program, which has the potential to weaken the link between the criminal justice and treatment systems.

The treatment of individuals with alcohol and other drug issues in Queensland occurs predominantly in specialised alcohol and drug treatment services (either government or non-government), with the primary care sector providing some assistance for consumers such as smoking cessation and brief intervention or information and education for alcohol and other drug use.

All specialist services (excluding those provided in a hospital setting and opiate replacement therapy services) contribute to the Alcohol and Other Drug Treatment Services National Minimum Data Set (AODTS-NMDS), compiled by the Australian Institute of Health and Welfare. The most recent collection identified that there were 25,284 closed episodes of care in Queensland during the financial year 2011-12 (down from 26,541 in 2010-2011). Of these 73% were provided by Queensland Government operated services (up from 68.6% 2010-2011). The types of substances for which individuals most frequently sought assistance has remained relatively stable in recent times, with alcohol most frequently cited as the principal drug of concern (43% in 11-12, up from 38% in 10-11), followed by cannabis (29%, unchanged from 10-11) and amphetamines (11% up from 8% in 10-11). The main treatment type for consumers during the period was counselling, which accounted for 35% of episodes of care, up from 28% in 10-11. The median time a consumer spent in treatment was 23 days which is comparable to the national average.

- **Models and Precedents for Innovation and A Better Way Forward**

Reform processes for alcohol and other drugs treatment services are underway in almost every Australian state. In identifying precedents for innovation and a better way forward, it is useful to note:

- The mix and resourcing levels for government and non-government services varies widely across Australia, from mostly government provided (Qld, NSW) to mostly non-government provided (WA, ACT) and exclusively non-government provided (VIC);
- A population based model for identifying the number and types of services to be provided (the DA-CCP) has been developed on behalf of the IGCD and is currently being considered for acceptance through COAG structures; and
- Consumer and carer participation models and levels of engagement in decision making processes vary widely across the AOD sector and are markedly different to those utilised by the mental health sector.

With the above points in mind, Rosenberg and Rosen's (2012) domains of improvement for mental health commissions could be applied as follows:

Better Resources

The Australian Government recently commissioned the Drug Policy Modelling Program (DPMP) at the University of NSW to conduct a review of the alcohol and other drug prevention and treatment sector across the country with a view to identifying what services are currently available, how they are funded and where the Commonwealth could direct their contribution for maximum effect. There are some indications that the AOD sector has been historically underfunded (the DA-CCP was commissioned to determine the ideal, population based model). However, in these fiscally restrained times, it may be that better allocation of current resources could be achieved to maximise the amount of service delivered through reconsideration of the proportion of services delivered by the government and non-government sectors, as well as the types of services offered. For instance, in WA government services are primarily concerned with inpatient detoxification and opiate replacement therapy, with residential and community based treatment services delivered almost exclusively by non-government services.

Improvements could also be achieved through reforming the procurement process to support stability in the sector, such as the process reform currently underway in WA, which seeks to identify organisational capability to deliver specialist services (such as residential services) and then undertaking a closed tender

process for these services, with open tender processes applied for more general counselling services. It is important to also note here the value of rigorous and streamlined contract management and reporting processes, with a view to avoiding unnecessarily onerous requirements.

Better Services

Since 2007, the federal government has provided a limited amount of funding to a small number of Qld non-government AOD services to build their capacity to work with clients with co-occurring mental health and substance misuse issues. QNADA has also been funded over the same period, initially to support networking and resource development amongst the funded organisations. In July 2012, this funding was renewed with the focus shifting to supporting capacity building across the sector (rather than just for ISI funded organisations). Improved shared care arrangements between the mental health and AOD sectors (both government and non-government) will improve service provision to this group of clients.

Better services could also be achieved through improving access to training and professional development for the AOD workforce.

An area of focus which has the potential to support better services could be benchmarking service performance across a range of settings and domains (client satisfaction, retention rates, etc), which would support understanding around what high quality service delivery looks like across the range of AOD treatment and prevention settings.

Better Accountability and Transparency

Current data collection for AOD service provision focuses on the amount of service delivered, as well as the type of service delivered and basic data relating to principal drug of concern and length of engagement.

In addition, around half of organisations providing AOD services in the non-government sector are accredited through a third party certification process (such as ISO 9001:2008, the Quality Improvement Council Standards and Accreditation Program and the Australian Council on Healthcare Standards EQuIP program). With some support, the remainder of the non-government and government sectors could also become accredited. The Australian Government recently engaged Turning Point Alcohol and Drug Centre to develop a Quality Framework for organisations they fund to provide AOD services, which is due to report in June 2014.

The have also been some moves recently to measure the impact of services provided through the application of outcome measures, such as the Australian Treatment Outcome Profile (ATOP), Outcome Rating Scale/ Session Rating Scale (ORS/SRS) and Outcome Star.

Better Engagement

Clients of AOD Services often have interactions with other parts of the community services system. Improving or creating referral pathways between organisations (eg detox, rehab, aftercare) as well as with other related sectors (family, employment, housing) would improve engagement with clients, as well as the wider health and community services system.

- **Implications for the Reform and Change Agenda in Queensland**

A whole-of-government plan for Alcohol and Drug strategy for Queensland would promote integrated responses to the multiple issues caused by alcohol and drugs (health, criminal justice, housing, child protection, etc) to be dealt with collaboratively and minimise the risk of departments working in isolation.

The reform and change agenda in Queensland will need to be complimentary to and cognisant of the numerous pieces of work underway at the commonwealth level, including the drug and alcohol prevention and treatment review, the development of a Quality Framework and the development of an AOD workforce development strategy.

A well planned and implemented purchasing plan for alcohol and drug services in Queensland, which includes both government and non-government services and covers the whole spectrum of services from prevention and early intervention to residential rehabilitation and inpatient alcohol and drug detoxification services and a better balance of Government and Non-Government services, could serve to greatly increase the access to services for all Queenslanders and the improvement of treatment pathways. The contracting of services should also be for a length of time that allows for certainty for services to plan and develop connections with other treatment services.