Queensland Mental Health Commission

Communique
Alcohol and other drugs roundtable 12 May 2015

Queensland has committed to implementing actions to prevent and reduce the adverse impacts of drugs and alcohol on the health and wellbeing of Queenslanders through the *Queensland Mental Health, Drug and Alcohol Strategic Plan 2014–2019.* The Queensland Mental Health Commission is leading this work and is developing an Alcohol and Other Drug Action Plan in partnership with government, non-government agencies, people who experience problems related to alcohol and drug use as well as their families and support persons.

To identify priorities the Commission hosted an Alcohol and Other Drug roundtable in Brisbane on 12 May 2015. Outcomes from the roundtable will be used to inform a statewide whole-of-government Alcohol and Other Drug Action Plan due for release by the Commission in late 2015. This communique outlines some of the key issues identified at the roundtable.

The roundtable was facilitated by Professor Mel Miller (Siggins Miller consultants), supported by Professor Michael Farrell (Director, National Drug and Alcohol Research Centre). Stakeholders and key experts representing State Government agencies, non-government and private sectors attended the roundtable from a range of service areas including treatment, child protection, housing and criminal justice. Participants were also drawn from a diverse range of backgrounds including those who provide services to Aboriginal and Torres Strait Islanders peoples and people from culturally and linguistically diverse backgrounds.

Roundtable discussions were guided by Siggins Miller's, *Discussion paper to inform the development of a statewide Alcohol and Other Drug Action Plan*. The paper sets out the current alcohol and drug policy context, harm, supply and demand reduction strategies, drug prevalence, harms and treatments and Queensland's drug service system.

What we heard

Professor Miller and Professor Farrell opened the roundtable with a plenary session that provided an overview of the discussion paper, including statistics relating to substance use and prevalence in Queensland, and current key policy influences. Professor Miller's presentation is available here.

Professor Farrell noted that social attitudes towards drug use have changed over the last few decades however drug policy tends to not receive much attention unless there is a perceived crisis. He also noted that:

- Queensland's forthcoming Alcohol and Other Drug Action Plan has the potential to influence Queensland implementation of priorities under the next National Drug Strategy (currently under revision).
- It is important to maintain a focus on demand reduction and harm reduction (alongside supply reduction) and to consider investment into areas where underinvestment exists.
- An important dialogue around the concept of 'recovery' has occurred in the treatment sector. There is recognition that there needs to be a mix of pharmacotherapy and psycho-social supports for individuals.

- Responses to problem substance use should be implemented broadly, not just in the alcohol and other drug sector, with professional groups identifying opportunities within their role and scope, for example the provision of referrals or early interventions.
- Social equity remains an issue. Significant progress has been made in some areas such as smoking rates but not across all population groups. Aboriginal and Torres Strait Islander people have seen less change in smoking rates and illicit drug use.
- Effective strategies to reduce demand and harms need to be responsive to gender and age. He recommended that services alter their service delivery to be responsive to individual need.

Professor Farrell highlighted that one of the challenges faced in policy development is that firm evidence will not exist on all issues (for example the extent of the use of crystal methamphetamine or 'ice') however it is important to make recommendations on the best available evidence and the collective experience of professionals, people who use drugs, their families and support persons.

Participant views

Following the plenary session, the roundtable participants were invited to discuss overarching issues that should inform the Action Plan. They identified the following:

- A principle underpinning drug and alcohol policy, programs and service delivery should be to 'Do no further harm'.
- Alcohol remains the primary drug of concern, with problem use being wide-spread among Queenslanders causing significant harms to individuals and communities.
- Progress has been made in reducing the riskiest level of alcohol consumption amongst young people and smoking rates across the community. However some population groups, including Aboriginal and Torres Strait Islander peoples, people with serious mental illnesses and people living in rural and remote communities, still experience high rates of risky use and harms associated with alcohol and drug use.
- Social disadvantage and trauma can be determinants of problematic alcohol and drug use.
- The unique needs of culturally and linguistically diverse groups, including refugees and asylum seekers, require consideration.
- Ensure that training and continuing professional development as well as specialist/generalist drug and alcohol capacity is maintained in primary, secondary and tertiary parts of system.
- Focus on individual, family, carer and community level perspectives and actions.

Pillars for reform

Roundtable participants were asked to identify issues for consideration and priorities for action under the four pillars for reform as set out in the *Queensland Mental Health and Drug Strategic Plan 2014–2019*:

- **Better services** for those who need them, when and where they are required
- **Better awareness, prevention and early intervention initiatives** to maintain wellbeing, prevent onset and minimise the severity and duration of problems

- **Better engagement and collaboration** to improve responsiveness to individual and community needs
- **Better transparency and accountability** so the system works as intended and in the most effective and efficient way possible

A snapshot of the issues identified by roundtable participants is outlined below. The list is not exhaustive or in an order of priorities but is intended to provide a flavour of the issues explored and suggested areas for attention. The full report of the Roundtable, prepared by Siggins Miller, is available here. Some of the issues may relate to more than one pillar and are listed under the pillar of 'best fit'.

Better services:

- A flexible and responsive service system is needed to provide individualised care that considers individual need according to levels and type of drug and alcohol use.
- Services should work as a functioning integrated system where people are able to get the right service no matter where they come into contact the system (i.e. no wrong door and a client needs focused model).
- Improved integration to provide coordinated services for people living with mental illness.
- The criminal justice system is a key entry point for people to access alcohol and drug treatment services (through court diversion programs). Appropriate court referrals and other entry points to treatment need to be strengthened including through social support services such as housing and child safety.
- Child protection issues and domestic violence interact with problem alcohol and drug use however the respective systems do not work closely together. It is important that a holistic approach is adopted in service delivery.
- Not all alcohol and drug use requires treatment.
- Services need to be tailored and have greater cultural capability to ensure they effectively meet the needs of both Aboriginal and Torres Strait Islander peoples, people from culturally and linguistically diverse backgrounds and other vulnerable groups.
- Develop care facilitator/coordinator/patient navigator roles to promote Aboriginal and Torres Strait Islander family and community empowerment and a holistic approach to health care.
- Services would be improved by the development of region-wide client pathways, within evidence-based models of care, that ensure care is provided as close to home as possible. This needs to be supported by appropriate ICT and care team structures.
- Adopt and promote innovative technology for service delivery. Develop telehealth services that allow specialist advice and support from major regional centres to rural service providers (e.g. convening virtual multidisciplinary care team meetings).
- Raise awareness of (and capacity for) self-care in the community by use of eHealth, web programs and apps on mobile devices and computers.
- Design and implement workforce development and training programs for generalist and specialist workers whose clients are experiencing problem alcohol and drug use.

Better awareness, prevention and early intervention initiatives

- Participants strongly supported the need to strengthen the focus on awareness, early intervention and prevention.

- A multi-strategic and integrated approach across sectors is needed. This should include whole of community awareness-raising activities that emphasise factual information about alcohol and drug use and harms, support stigma reduction, and how effective treatment can be; targeted marketing activity to encourage behaviour change; appropriate policy and legislation; access to screening, assessment, brief intervention; delivery of programs and services; sector development, research and evaluation.
- Stigma was seen as a major issue which can affect an individual's self-esteem and self-efficacy, the likelihood of accessing treatment and the likelihood of recovery. People living with a mental health issue and a substance use problem are vulnerable to experiencing 'double stigma'.
- Build on and maintain efforts to support an inclusive and equitable society as this may reduce the risk of trauma, especially for children and vulnerable groups, and its consequences for the mental health of individuals.
- Awareness, prevention and early intervention strategies need to be informed by evidence rather than by a reactive and potentially media driven crisis approach to prevention (for example the current campaign around ice). They should be sustainable, encourage innovation and include whole-of-population initiatives as well as those targeted to groups with greater or specific needs.
- There are opportunities outside the traditional alcohol and drug sector to increase awareness, prevention and early intervention such as in education settings, communities and workplaces.
- A life course approach that recognises differing needs of people at critical periods of development and transition across the lifespan would be beneficial. This approach should include a focus on health pregnancy and helping parents to create supportive family environments.

Better engagement and collaboration

- Engagement and collaboration needs to occur both with individuals experiencing problem substance use, their families and communities (across a range of ages, cultures and settings), and between service providers.
- Interagency collaboration is seen as critical to supporting clients, their families and support persons. Best practice collaborative management approaches need to be identified and promoted. This would include: clearly defined roles and responsibilities of agencies and local, state and federal government; and collaboration/integration between generalist and specialists across sectors that have clients in common.
- The barriers to engagement and collaboration need to be addressed and include lack of a common outcome, issues around privacy and funding structures.
- Leadership from key decision makers is critical to enable participation in interagency collaboration and information sharing activities. This already happens in multidisciplinary services for other conditions.
- Co-morbidity of substance use disorders and other mental illnesses is a significant issue requiring collaborative service responses. Clinical services may better integrate alcohol and other drug and mental health services under the proposed Mental Health, Drug and Alcohol Services Plan in the *Queensland Mental Health, Drug and Alcohol Strategic Plan 2014–2019.*

- Flexibility and continuity of relationships between services and clients through the system are important (maintaining the relationships). Many are complex clients/patients — mobile, involved with multiple agencies, some may not be ready to change etc.
- Workplace responses vary with some adopting a supportive approach with employees to maintain employment and others taking a more risk management approach (citing occupational workplace health and safety concerns to remove an employee).
- Continue to provide and further develop information for communities about what they can expect from the alcohol and drug service system in Queensland.

Better transparency and accountability

- There is a need to adopt a consistent approach to data collection within drug and alcohol services throughout Queensland with a commensurate increase in staff capacity to collect routine data.
- Integrate data collected across the various systems to report against the indicator set (for example corrections, prisons, treatment system etc.) to deliver a baseline for monitoring and reporting to the community about how the situation changes.
- Data needs to focus on client outcomes and pathways through the service system to ensure that the system is working e.g. not just episodes of care. Currently there are many data sets but poor linkages between them. Improved use of data would provide a better evidence base.
- Need mechanisms to get broad 'user' voice input but must preserve safety and anonymity of individuals.
- No system for monitoring non-fatal overdoses in all the ways it can be discovered. Need this to monitor harm as it may serve as an early warning system. Also need to monitor poly drug/co-drug use.
- Different parts of the system must be able to talk to each other on an ongoing basis understanding what responses, at a minimum, one part of the system can reasonably expect from responses in another part of the system.
- Need a way of measuring/monitoring the effectiveness of all parts of the system to inform design and system expectations. Explore unintended consequences and learn from what is happening to tweak system strategy and intervention design (continuous improvement).
- Supply reduction is over invested when compared with demand reduction and harm reduction. A balanced investment is required across services so that more focus and resources are placed in prevention and early intervention.
- Build ongoing research and evaluation into all work that is done to ensure continuous improvement and to provide a basis for assessing when they are not effective. This would support funding allocations including disinvestment in activities that are not achieving desired outcomes.

Next steps

A position paper and draft Action Plan, informed by the roundtable discussions, will be prepared by Siggins Miller on behalf of the Commission and will be publicly released later in 2015.

To finalise the Action Plan, the Commission will further consult with government agencies, non-government organisations, and specific groups such as Aboriginal and Torres Strait Islander

peoples, people who use drugs, clients of services including treatment services, their families and support persons.

The Alcohol and Other Drug Action Plan is due for release by the Commission in late 2015.

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