



Australian College of Nurse Practitioners response to:

House Standing Committee on Health, Aged Care and Sport

Inquiry into the health impacts of alcohol and other drugs in Australia.

Contact:

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16th September 2024

Committee Secretariat
Parliament House
Canberra ACT 2600

By email: Health.Reps@aph.gov.au

Dear Committee Secretariat

Thank you for the opportunity to respond to the **Inquiry into the health impacts of alcohol and other drugs in Australia.**

The Australian College of Nurse Practitioners (ACNP) is the national peak organisation for Nurse Practitioners, advancing nursing practice and consumer access to health care. A key focus for the role and scope of practice development for Nurse Practitioners is on unmet needs within the community and increasing access to health care.

In this submission, the ACNP will address the terms of reference.

BACKGROUND

Nurse Practitioners work in diverse healthcare settings, including general practice, primary care clinics, urgent care clinics, acute and emergency services and community health centres^{1,2}. Research has shown that patients consistently report high levels of satisfaction with the care delivered by Nurse Practitioners³⁻⁷. This heightened satisfaction not only signifies a positive outcome, but also plays a pivotal role in enhancing patient adherence to treatment plans and ultimately contributes to improved health outcomes. Moreover, such positive impacts have the potential to reduce the overall cost of care. The demonstrated success of Nurse Practitioners in fostering patient satisfaction highlights their invaluable role in the Australian healthcare landscape, representing a significant step towards more effective and cost-efficient healthcare delivery.

Our responses to the terms of reference are as follows.

a) Assess whether current services across the alcohol and other drugs sector is delivering equity for all Australians, value for money, and the best outcomes for individuals, their families, and society.

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There are well-documented and chronic shortages of alcohol and other drugs health care providers in Australia and internationally, and a hesitancy among GPs to work in this area. Nurse Practitioners who work with patients experiencing alcohol and other drug problems can support and enhance existing patient care models in various settings. They can support the patient through withdrawal, prescribe pharmacotherapy and facilitate access to counselling services. The key learnings from a research study⁸ conducted by Monash University were:

- Nurse Practitioners increase access to treatment for consumers who live and/or work in regional or remote areas
- Nurse Practitioners bring unique and extensive professional experience and expertise to their management of patients
- Nurse Practitioners actively advocate against stigma and discrimination of clients experiencing alcohol and other drug problems
- More funded roles and recruitment of Nurse Practitioners working with patients experiencing alcohol and other drug problems is required
- Privately-practicing Nurse Practitioners reduce financial burdens on their clients through bulk billing, yet the financial remuneration via Medicare is insufficient

Unfortunately, patients of Nurse Practitioners have restricted access to the national Medicare Benefits Schedule (MBS) and the Pharmaceutical Benefits Scheme (PBS). This means that some medications, consultations or diagnostics requested by a Nurse Practitioner may require the patient to pay full costs. This is likely to impact mostly on those Nurse Practitioners working in drug and alcohol settings involved in the prescription of maintenance or anti-craving treatments in community settings⁹.

Nurse Practitioners can refer to medical specialists, but due to some limitations with MBS, their referrals can often be declined. Other services may also decline Nurse Practitioner referrals due to the lack of specific authorisation and recognition of the NP role. A significant limitation is the inability of Nurse Practitioners to refer patients for MBS funded Allied Health services, including Psychology and Social Work. These limitations and barriers most affect those in outlying areas with limited access to medical services, mental health services and/or addiction services.

The COVID-19 pandemic has resulted in a greater need for clinical care and intervention for people who use alcohol and other drugs and as a result, there is a greater demand for clinical staff competent in the comprehensive management of not only alcohol and other drugs use, including the ability to prescribe, but also the mental and physical health complications that result. We believe that the Nurse Practitioner in this field is the specialist nurse most ideally placed to provide comprehensive care to people who use alcohol and other drugs and therefore barriers need to be removed.

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b) Examine the effectiveness of current programs and initiatives across all jurisdictions to improve prevention and reduction of alcohol and other drug-related health, social and economic harms, including in relation to identified priority populations and ensuring equity of access for all Australians to relevant treatment and prevention services.

At the core of combatting the challenge of chronic diseases lies a paradigm shift—moving away from a condition-centric medical model towards a holistic, person-centered and preventive approach. The prevailing medical model's focus on treating alcoholism and other drug use not only restricts its efficacy and raises costs but also overlooks or inadequately embraces crucial opportunities for preventive care.

c) Examine how sectors beyond health, including for example education, employment, justice, social services and housing can contribute to prevention, early intervention, recovery and reduction of alcohol and other drug-related harms in Australia.

The National Drug Strategy 2017-2026 outlines the recognition of the social determinants of alcohol, tobacco and other drug problems and that the age and stage of life issues associated with substance use can result in different risks and harms requiring integrated, holistic and systems-based partnerships. One example of such partnership is primary health care, where Nurse Practitioners are well placed. A key priority action of the strategy is to enhance access to evidence-informed, effective and affordable treatment support. Nurse Practitioners want the barriers removed to be able to do this work more effectively.

d) Draw on domestic and international policy experiences and best practice, where appropriate.

At the international level, literature supports a lack of alcohol and drug content in the undergraduate nursing curriculum¹⁰. Medical and nursing staff receive a limited amount of drug and alcohol education as part of their preparation for practice and as a result, they can have negative attitudes and stereotyped perceptions of persons experiencing drug and alcohol problems and this may lead to minimal care being given to this population. The integration of a substance misuse component in the undergraduate and postgraduate curriculum is essential. Interdisciplinary and multidisciplinary education programs and mentorship are also key to developing a health workforce ready to provide contemporary best practice.

Thank you again for the opportunity to participate, the ACNP feels that these terms of reference articulate the scope of work for this important inquiry. We are happy to be contacted to participate further or provide clarification.

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Yours sincerely

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