



The Victorian Healthcare Association Ltd.

**The Victorian Healthcare
Association Submission to the House
of Representatives Standing
Committee on Family &
Community Affairs**

**PARLIAMENTARY INQUIRY
INTO SUBSTANCE ABUSE**

8 June 2000

The Victorian Healthcare Association represents the interests of all public hospitals and Community Health Centres across the State of Victoria. Our members deliver a broad range of health and welfare services to clients including those who abuse both licit and illicit drugs, and their families.

The cost of substance abuse is high and was estimated to be \$1,015.5 million in 1992. A problem of such magnitude requires a coordinated approach that takes into account all factors impacting on an individual's wellbeing.

The Social Model of Health provides a useful framework¹, within which to develop a coordinated strategy, to address the determinants of drug use and misuse. The Social Model of Health acknowledges that the determinants of health status are not solely individual but are influenced by social and environmental factors. Strategies to improve the health outcomes of the community must address the underlying factors in the socio-economic system. These strategies most often require a "whole of government approach" and for the health sector to work closely in partnership with other sectors to address the underlying factors.

A mix of short, medium and long term strategies is needed to minimise the social and economic costs of substance abuse. Examples of key strategies include: improving access to drug withdrawal and rehabilitation services; the establishment of a drugs research unit to provide leadership in identifying best practice; the development of holistic models of care and preventative strategies that results in the reduction of substance abuse.

COSTS OF SUBSTANCE ABUSE

Collins, D.J. and Lapsley, H.M. (1996)² estimated the total health care costs of alcohol abuse to be \$145.3 million in 1992 (1996 prices).³ The social costs associated with alcohol (in 1992) borne by individuals was \$31.2 million and the costs borne by Federal and other governments was \$114.2 million.

They estimate the total health care costs of tobacco abuse to be \$832.5 million in 1992 (1996 prices), and the social costs associated with tobacco (in 1992) borne by individuals to be \$185.9 million, with the costs borne by Federal and other governments at \$646.7 million.

The total health care costs of abuse of illicit drugs was estimated to be \$42.7 million in 1992 (1996 prices), whilst the social costs associated with illicit drugs (in 1992) borne by individuals was \$9.7 million and the costs borne by Federal and other governments was \$33.0 million.

¹ A copy of the VHA Backgrounder entitled *The Social Model of Health* is attached which provides a summary of this framework.

² *The social costs of drug abuse in Australia in 1988 and 1992*, National Drug Strategy monograph series no. 30, Australian Government Publishing Service, Canberra.

³ These costs are net of premature deaths, which relieve the community of some health care cost burdens.

The total health care costs of all drug abuse was estimated to be \$1,015.5 million in 1992 (1996 prices)⁴.

Seeking to minimise the social and economic costs of substance abuse will be a complex task and will require a range of strategies. This submission focuses on the strategies that are needed to reduce these costs of health care.

SHORT TERM STRATEGIES

Currently demand for drug and alcohol services has outstripped the capacity of the system to provide services. Short-term strategies need to focus on addressing the current problems in the service system. In particular there is a need to focus on:

- The provision of an appropriate range of services to meet community need; and
- The management of demand for services to ensure substance abusers and their families are able to access services in a timely manner.

Gaps in Service Delivery

There is considerable diversity in the range of services delivered across the state. Current services have developed in response to increasing demand in local communities. This demand however, now exceeds the supply of existing drug and alcohol services and there is a need to address the gaps between supply and demand for services.

Outer metropolitan, rural and remote areas, may not offer the full component of drug treatment services that are available in inner urban areas. Gaps in service delivery may include: in-patient withdrawal and rehabilitation services; after hours needle syringe programs; and services to treat and prevent blood borne viruses.

It is essential for the government to undertake a needs analysis, having regard to population risk indicators to determine the level and range of needs within communities, with a view to ensuring all Australians have access to an appropriate range of health and welfare services.

One of the most frustrating and costly aspects relative to service gaps, is the difficulty health workers experience in gaining access for clients to withdrawal and rehabilitation services.

Health workers and counsellors can spend significant periods of time working with users to gain their trust, and assist them to identify and accept that they have a substance abuse problem. However, demand for in-patient and community based withdrawal services and rehabilitation services often exceeds supply, resulting in waiting lists. Unfortunately, often by the time a place is available, the client is no longer prepared to undergo treatment.

The lack of opportunity in gaining timely access to withdrawal and rehabilitation facilities in Victoria, is adding to the cost of the health care, and results in poor outcomes for clients.

⁴ The sum of the individual costs of all drugs exceeds the 'All drugs' total as a result of adjustment for the effects of aggregation of the individual aetiological fractions.

MEDIUM TERM STRATEGIES

The service system is viewed by many providers as fragmented and consequently medium term strategies need to focus on integrating the service system through a:

- coordinated approach between State and Commonwealth Governments
- “whole of government” approach between government departments
- coordinated approach between health and welfare providers and other sectors and the community

The Service system has developed in an ad-hoc manner, and there is a diverse range of providers delivering specific drug treatment services to treat specific episodes. Government funding methods perpetuate a fragmented service system, by focussing on the purchase of discrete treatments and/or programs. Many people who misuse drugs, often have a variety of other social problems including housing, legal, financial or domestic violence. However the funding mechanisms do not encourage a flexible response to address the range of issues substance abusers face.

In the medium term it is vital that models of coordinated care for clients are developed that take an holistic approach to addressing clients needs. This is likely to require the coordination of care as clients move from the community into detoxification facilities, and back into rehabilitation and community treatment/support services. Central to holistic care is enabling clients to be linked with providers who can assist them to find housing, employment, or deal with their legal or other health and welfare needs.

VHA believes the development of integrated models of care will lead to improvements in the cost effectiveness of health and welfare services, better management of clients and improved outcomes for clients.

Whilst models of care are needed that take this holistic approach, governments also need to take a whole of government approach to address the underlying causes of substance abuse. Governments need to review their funding frameworks to ensure that the programs they fund provide appropriate incentives for holistic models of care to develop. These incentives may be encouraged through funding models that reward the achievement of outcome measures, “demonstration grants” to implement agreed models of care, or “pooling” of funds to deliver holistic care.

The specific targeting of Commonwealth drug program funding to non-government agencies is resulting in fragmentation of the service system for substance abusers. In many rural areas, local government, public hospitals, or community health centres are the key agencies delivering health services to rural communities. This policy disadvantages communities who are not serviced by these non-government agencies as they are unable to obtain additional resources to meet local need.

The targeting policy also increases the number of providers delivering discrete programmatic focussed services, thereby further fragmenting the service system at the expense of enabling existing providers to increase the breadth of services they deliver to meet clients needs and provide comprehensive drug treatment services to their clients.

Greater coordination is needed between Commonwealth and State Governments in planning and developing strategies to address priority issues to reduce the social and economic costs of substance abuse.

Establishment of a Drugs Research Unit

VHA supports the establishment of a drugs research unit to provide leadership in the process of identifying best practice. A research unit with the role of monitoring and undertaking research on evidence based principles to inform the sector on the best way to effectively manage clients and reduce the levels of substance abuse in the community is required.

In the mental health area, significant empirical evidence guides practice in the delivery of mental health services. However, the empirical research in respect of best practice drug treatment is very limited. Research findings that guide the delivery of services should lead to improvements in service quality, and cost-effective interventions.

Training and Skill Development to Deal with Drug Issues

There is a clear need for universities and institutes to provide undergraduate education on effectively dealing with drug and alcohol issues to those who are training to be general practitioners or health professionals.

The reasons substance abusers undertake self-harm activities are complex, and in many instances confronting to providers. Educating providers, at an early stage in their careers on the reasons people abuse substances, and providing tools to identify substance abuse, and the development of students knowledge and skill base to deal with these issues will provide them with a good grounding in responding effectively to substance abuse issues.

Challenges in Workplace Safety

Health Services are experiencing increasing levels of violence in the workplace, or when delivering services in clients homes. In many instances this violence is associated with substance abuse, particularly alcohol and poly-drug use.

Management of Health Services clearly have the responsibility to ensure that workplaces are safe. To discharge their responsibilities there are increasing requirements for workers to be trained in effective communication strategies to deal with aggressive clients. There are also increasing requirements to provide appropriate safety mechanisms, such as personal alarm systems, mobile phones, and video surveillance systems.

Unfortunately, the funding that Health Services receive does not include resourcing to cover the increasing costs associated with safe work practices.

Retention of Staff

Regard has to be had to the remuneration levels of staff. Agencies are currently finding it difficult to attract and retain good staff. The funding levels agencies receive for drug and alcohol services, are a lot less than those that they receive for other services, for example mental health services, and yet in many instances these workers have to deal with harder antisocial issues and problems.

Whilst funding of Drug and Alcohol Programs need to address this issue, it is also important that the profile of drug and alcohol services is built within the service system. For many years the sector

has defined itself narrowly, and as a consequence has isolated itself. To attract staff to work in these areas, VHA believes that the profile of drug and alcohol workers and the sector needs to be built.

The provision of further educational opportunities and research grants are an important aspects of the system to fund, as they provide recognition to the commitment of staff to improve their own skills and the service system for the benefit of the client group. Such programs display the value that is accorded to these activities, and the sector, and the opportunities to be involved in these activities provide incentives to attract and retain staff.

LONG TERM STRATEGIES

There is significant concern that a lot of attention in the media is currently being paid to addressing short term issues, such as the recent focus on heroin trials and supervised injecting facilities, thereby diverting attention from the need to develop longer term strategies to prevent drug use.

Indeed, it is felt that the current focus on injecting facilities in Victoria, and heroin trials has created community concern and focussed the debate on specific short-term strategies. Short-term approaches and initiatives must be balanced against the need to create a broader agenda that encourages communities to develop longer-term preventative strategies in response to drug issues in their local communities.

Long term preventative strategies (with a 5 –10 year framework) involving local communities need to be developed that aim to prevent drug misuse. These strategies will require significant investment and a long-term commitment from many sectors to progressively bring about the desired social change in respect of employment, health status (including mental health status), homelessness, remoteness, recreation opportunities, cultural considerations, and family support.

In deed to be most effective, local, regional, state-wide and national strategies need to be integrated within a common planning framework to consolidate effort, and maximise synergies.

VHA believes that it is through the development of coordinated long term preventative strategies that the most significant impact will be made in reducing the social and economic costs of substance abuse.

To be effective, long term strategies will require a highly targeted and focussed approach in respect of key health outcomes to be achieved.

The Alcohol and other Drugs Council of Australia has identified the need for national targets for harm reduction to be set and agreed to by all Australian Governments. VHA supports this proposal as it is felt that the different Commonwealth and State agendas in many instances contribute to a fragmented service system. It is vital that all Australian Governments work in partnership with hospitals, community health centres, the non-government sector, private providers, the business sector and the Australian public to achieve real reductions in drug related health.

VHA supports the ten key areas that the Alcohol and other Drugs Council of Australia have identified for reducing drug-related harm:

- Reducing the high levels of smoking by young women;
- Reducing alcohol related violence and disorder;
- Reducing fatal heroin-related overdoses;
- Reducing substance misuse by indigenous people;

- Reducing the misuse of prescription drugs by older people;
- Increasing funding for prevention and early intervention;
- Providing support to families;
- Developing a national workplace alcohol and other drugs policy; and
- Developing a balanced national drugs research, evaluation and monitoring agenda.

CONCLUSION

Minimisation of the social and economic costs of health care will primarily come from a comprehensive preventative strategy that seeks to address the causal social and environmental factors contributing to substance abuse.

Integrated planning at national, state, and local levels is essential to ensuring an integrated and coordinated strategy to prevent drug misuse is developed. Communities are clearly articulating that they want strategies to minimise the drug problem. To achieve this it is important that the strategies actively engage communities to develop local responses to minimise drug abuse.

Preventative long-term strategies need to be supported by medium term strategies that will assist in producing a more cost effective service system, by providing holistic care for substance abusers and their families. To achieve this Commonwealth and State Governments need to work together, taking a “whole of government approach” and provide financial incentives to encourage an holistic service system.

VHA believes the establishment of a drugs research unit that provides leadership in identifying best practice, combined with training and skill development of undergraduate health professionals will result in significant improvements in service quality as well as improvements in the cost effectiveness of drug treatment services.

In the short term, improving access to drug withdrawal and rehabilitation services will increase the opportunity for substance users to withdraw, and change their lifestyle thereby allowing them to be drug free. Timely access to these much needed services will assist in breaking the cycle of abuse, and reduce the social and economic costs of substance abuse.