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

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Prepared by the Policy and Advocacy team

ADVANCED PHARMACY AUSTRALIA

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Introduction

Formerly known as the Society of Hospital Pharmacists of Australia (SHPA), Advanced Pharmacy Australia (AdPha) is the progressive voice of Australian pharmacists and technicians, built on 80 years of hospital innovation that puts people and patients first. AdPha supports all practitioners across hospitals, transitions of care, aged care and general practice to realise their full potential. We are the peak body committed to forging stronger connections in health care by extending advanced pharmacy expertise from hospitals to everywhere medicines are used.

AdPha welcomes the opportunity to provide feedback to the House Standing Committee on Health, Aged Care and Sport in response to the Inquiry into the health impacts of alcohol and other drugs (AOD) in Australia, as it is a major cause of noncommunicable diseases, preventable illness and death in Australia which requires urgent action.

AdPha convenes various Speciality Practice Leadership Committees including Emergency Medicine, Dispensing and Distribution, Leadership and Management, Transitions of Care and Primary Care, Aboriginal and Torres Strait Islander Health, Pain Management, Rural and Remote, Women's and Newborn Health, Mental Health, Infectious Diseases, Paediatrics and Neonatology, who have all provided their expert insights to inform AdPha's response to this Inquiry.

Prevention of excessive AOD use, along with early intervention, harm minimisation strategies, and culturally sensitive and tailored care is imperative to curb the rising rates of preventable diseases owing to AOD in Australia. AOD contribute heavily to Australia's burden of disease and has a rippling impact on psychosocial and economic costs. In 2022-23, tobacco use was the largest contributor to these costs accounting for an estimated $160 billion closely followed by alcohol which accounted to $75 billion.[1] Concerningly, these costs incurred are multisectoral, impacting not only quality of life and premature morbidity and mortality, but also increasing the loss of productivity, crime rates, road injuries, family violence and healthcare utilisation.[1]

Pharmacists are medicines experts who continually advance their scope of practice to meet health complexities in Australia. Through utilisation of digital health services, embracing multidisciplinary and inter-professional collaboration, as well as advanced education and training, pharmacists will be enabled to provide high quality and safe care for these patients, leading from hospital and acute settings through to transitions of care and community settings embedded within multidisciplinary teams. Improving health literacy, obtaining best possible medication and social history, providing education, advice and recommendations to optimise medication management are examples of services pharmacists can provide to patients beyond the supply of medicine. Collectively, these services aim to improve the quality of life of these patients and consequently can be a public health benefit as it not only prevents harm and educates about the impacts of AOD to consumers but also to those around them.

If you have any queries or would like to discuss our submission further, please contact Jerry Yik, Head of Policy and Advocacy at jyik@AdPha.au.

Contents

Introduction 2

Recommendations 4

Terms of reference (a) 5

Assess whether current services across the AODs sector is delivering equity for all Australians, value for money, and the best outcomes for individuals, their families, and society. 5

- Demand for hospital services surge 7
- Lack of health service capacity to provide comprehensive care 7
- Inadequate continuity of care across AOD services 10
- Lack of trained health care professionals and utilisation of expert healthcare professionals 12
- Geographical restraints to accessing care 14
- Stigma associated with receiving and providing care 16

Terms of reference (b) and (d) 17

Examine the effectiveness of current programs and initiatives across all jurisdictions to improve prevention and reduction of AOD-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; AND 17

Draw on domestic and international policy experiences and best practice, where appropriate 17

Terms of Reference (c) 22

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 AOD-related harms in Australia; and 22

Recommendations

Recommendation 1: Embed skilled pharmacists and other health professionals in multidisciplinary AOD prevention and treatment programs to deliver high-quality, safe and holistic pharmacy services. This requires of AOD services to include specific funding for clinical pharmacists to support the safe and quality use of medications and achieving safe pharmacist-to-patient ratios per the SHPA Standards of Practice for Clinical Pharmacy Services.

Recommendation 2: Support and prioritise continuity of care through implementing proactive and robust AOD services and programs by integrating hospital and community healthcare services to support safe transitions of care. Moving away from responsive episodic care will deliver patient-centred care to improve long-term health outcomes for patients.

Recommendation 3: Upskill all healthcare professionals in prevention, treatment and management of addiction medicine and health impacts from AOD. This requires comprehensive education and training opportunities for pharmacists and other healthcare professionals. Pharmacists specialising in addiction medicine and AOD services should gain credentialling and recognition through the Australian and New Zealand College of Advanced Pharmacy (ANZCAP).

Recommendation 4: Provide equitable access to AOD services by expanding the provision of services to people in regional, rural and remote areas and tailor care to meet the unique socio-cultural determinants of health. Current service gaps between metropolitan and non-metropolitan areas can be efficiently and safely bridged by expanding patient access to pharmacists and pharmacists scope of practice.

Terms of reference

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

The need for reform and action

Current AOD services in Australia fail to deliver equitable health care for all Australians, impeding optimal health outcomes for patients, their families and society. Owing to contextual underpinnings in different jurisdictions, complex referral and treatment pathways, inadequate continuity of care and lack of skilled health care professionals who can provide evidence-informed care, patients receive fragmented care. Despite the demand for these services continuing to rise, access to AOD services and receiving quality care is scarce. AOD services and programs must be robust, streamlined and consistent across jurisdictions to ensure patients receive effective, tailored, sustainable, evidence-informed care. Alternatively, current AOD services are focused on adopting harm minimisation frameworks, but this must be balanced by preventing the uptake of AOD by targeting the structural and social determinants of health that lures people to engage with these harmful behaviours such as availability of quality and timely services, stigmatisation and geographic location. Multidisciplinary team-based approaches are essential to deliver collaborative, holistic care that aims to improve the quality of life of all Australians, regardless of postcode lottery and socio-cultural backgrounds to reduce patient and public harm.

Effective AOD services are a public health initiative

AOD services must be viewed as an effective public health initiative as it is not only the patient who reaps the consequences but can unjustly harm those in society. Establishing sustainable and robust AOD services across Australia can have successive impacts on not only preventing death, acute harm and injury but can decrease the burden of chronic disease associated with excessive AOD use. Preventable diseases such as chronic alcoholic liver cirrhosis, alcoholic hepatitis, mental health illnesses, behavioural conditions and various cancers are linked with excessive use of AOD.[2] This amplifies current health burdens and has rippling effects on patients, families and society as these patients cycle throughout the healthcare system requiring resource intensive care. This places increased pressures on health services, especially hospitals, who are already working at capacity, all of which can be prevented.

Additionally, the use of AOD leads to broader societal harm, such as road deaths from driving under the influence, drug-related crime, theft, all of which can be a direct consequence of substance abuse, increasing the burden on other sectors such as the criminal justice system.

In terms of economic costs, substance use is linked to loss of productivity, as affected individuals may struggle with employment, absenteeism, and chronic health issues. The cumulative effects of AOD place a significant strain on healthcare, law enforcement, and social welfare systems, leading to long-term economic and social costs for society.

Recognising the theoretical underpinnings of health, including the social determinants of health by identifying why current services fail to provide equity, lack effectiveness and are not economically viable needs to be acknowledged and addressed. If Australia implements cost-effective, well-targeted and accessible AOD services and programs these dire impacts from AOD can be reduced to improve the quality of life for not only patients, but their children, families and society.

- Impacts of alcohol

According to the Australian Institute of Health and Welfare (AIHW), the number of treatment episodes for AOD from treatment agencies increased by 30% between 2013-14 to 2022-23.[3] Between 2022-2023, 43% of treatment episodes provided to people were due to alcohol consumption, most of which was provision of counselling. The 2022–2023 National Drug Strategy Household Survey (NDSHS) shows that close to one in three people (31%) disclosed of risky alcohol consumption equating to around 6.6 million people. Risky alcohol consumption is not only harmful for the consumer but leads to injuries and poses harm to others. The psychosocial impacts and rising concerns of domestic violence and sexual abuse must be considered when reviewing current services for AOD.

Recent studies from La Trobe University's Centre for Alcohol Policy Research found that approximately one in six children, close to 17%, have been exposed to harm owing to risky alcohol use by adults.[4] This included verbal and physical abuse and detrimental impacts on mental health amongst these children as they witness violence that arises from alcohol misuse. More concerningly, reports have shown the use of alcohol have led to children's needs not being met as money has been rather prioritised to consume alcohol. This brews trauma within these children leading to long-term health impacts, which can be prevented. This unjust and feared environments children are exposed to requires attention and heightens the importance of implementing services and programs that prevent, treat and manage the impacts from AOD. AOD services must acknowledge the complexity of using AOD and its impact on those around the consumer to ensure best outcomes are delivered for not only the patient, but their families and society.

- Impacts of tobacco

Tobacco smoking proves to be the leading cause of preventable death in Australia, and almost one in three drug-induced deaths were among people living in the most disadvantaged areas in 2022. Tobacco smoking is known to be linked to many chronic diseases, many of which are noncommunicable diseases such as cardiovascular disease, chronic respiratory conditions and diabetes.[5] All these conditions have a suite of adverse health impacts that follow and requires expert care in hospitals, whether that be during an inpatient stay or by visiting routine outpatient clinics for ongoing chronic disease management.

- Impacts of other drugs

The use of other drugs, including hallucinogens, has significant social impacts in Australia, contributing to harm, violence, crime, and loss of productivity. Data from the National Drug Strategy Household Survey 2022–2023 show that in the previous 12 months in 2022-2023, close to one in five people in Australia (17.9%) had used an illicit drug. There was an

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increase in the use of hallucinogens, ketamine and pharmaceutical stimulants from 2019 to 2022-2023 overall.

Hallucinogens, while less prevalent than other substances, can lead to harmful psychological effects such as paranoia, delusions, and erratic behaviour. This can result in violence, self-harm, or harm to others during intense hallucinatory experiences. Drug use is also associated with domestic violence and other forms of abuse, as individuals under the influence of hallucinogens or other substances can exhibit unpredictable and aggressive behaviour.

There is most certainly a growing demand for AOD services in Australia, however, there are notable disparities in access to care across the nation as discussed below.

Demand for hospital services surge

Ultimately, hospital services episodically care for patients who seek treatment and management related to AOD, coupled with the context of other comorbidities that require complex treatment regimens. Alcohol remains the highest cause of drug-related hospitalisations in Australia. In 2021-2022, 59% of drug-related hospitalisations were due to alcohol, of which one in two alcohol-related hospitalisations involved an overnight stay, which translates to significant costs incurred for the health care system.[6] The National Preventive Health Strategy 2021-2030 shows that $320 million is spent each year on avoidable hospital admissions for chronic conditions.[7] These conditions can be prevented as majority of them are caused by modifiable risk factors such as alcohol, tobacco and other drug use.

Hospitals services provide care for when these patients are at their most vulnerable state, either during intoxication, relapse or suicidal attempts. Pharmacotherapy is well utilised to prevent, treat and manage complications with AOD, including for withdrawal management, alcohol cessation medications, Medication Assisted Treatment for Opioid Dependence (MATOD), and opioid overdose reversal agents. Hospital pharmacists have an essential role in providing care as they are involved in treatment selection, evaluation of response to treatment, education, advice and counselling to carers, patients and educators on how to use their medicines appropriately in the context of psychosocial and environmental factors.

- Lack of health service capacity to provide comprehensive care

Australia's health service capacity to deliver comprehensive care for individuals seeking AOD services is critically lacking as the nation grapples with the surging demands to treat various patient complexities. The lack of resources, including a shortage of trained healthcare professionals, to deliver comprehensive care is a significant barrier to implementing innovative services that embed multidisciplinary teams in programs. These concerns are heightened in rural and remote regions and severely hampers the provision of effective services for AOD.

Pharmacists are experts in medication management who play a vital role in ensuring safe and effective dosing especially for patients on pharmacotherapy, identifying signs of relapse or intoxication, provide education and harm minimisation strategies, monitor

compliance with treatment protocols and take a Best Possible Medication History (BPMH) from patients to identify areas to optimise. These are proactive management approaches that can prevent patients resorting to hospital emergency department presentations which utilise health care resources when they can be better managed in the community provided, they had access to the streamlined services.

The absence of pharmacists in current AOD services and programs significantly impedes the ability to deliver optimised, quality care to patients who rely on these critical services. The absence is due to the lack of workforce and recognition for pharmacist expertise.

For example, opioid dependence treatment (ODT) programs are delivered in community settings and are not well-serviced or adequately staffed with pharmacists who have the expertise to provide comprehensive care beyond supplying medicines. These professionals are uniquely equipped to manage the complexities of medication-assisted treatments for substance use disorders, offering guidance on dosing adjustments, identifying potential risks, and ensuring that patients adhere to their treatment plans. By not embedding pharmacists into AOD services, including addiction medicine teams in hospital settings, the healthcare system misses opportunities to prevent medication errors and relapses, both of which can have devastating consequences for individuals in recovery. There needs to be greater interoperability between hospital and community AOD management which pharmacists are ideal healthcare professionals to fill this void.

Unfortunately, hospitals do not have capacity to dedicate resources from their already overstretched workforces to deliver robust AOD programs to patients who are displaced from community settings, nor to manage an increase in emergency department (ED) presentations of patients experiencing withdrawals. However, hospital pharmacists, especially those embedded across emergency departments, engage with these patients when they are at their most vulnerable state and are facing severe deterioration in their health status, to provide comprehensive care. Registrar Pharmacists, who have undertaken an AdPha Registrar Training Program, which offers an accredited pathway for specialty development in practice areas such as addiction medicine, mental health or emergency medicine, can further provide skilled, specialised, advanced practice care to these patients beyond supplying medicine but assist with management of compliance, obtaining Best Possible Medication History (BPMH) and critically reason complex medication management plans to optimise therapy and health outcomes.

Therefore, it is important that the hospital pharmacy departments are provided with adequate funding to build the hospital pharmacy workforce who can provide comprehensive, specialised, patient care and management that extends beyond the walls of a hospital and supply of medicine. Adequate funding must be provided to meet the pharmacist-to-patient ratios as outlined in the, SHPA Standards of Practice for Clinical Pharmacy Services that will ensure the design of every AOD services can utilise pharmacist involvement to increase patient safety and reduce patient harm associated with inadequate delivery of care.

The lack of workforce leads to the absence of innovative solutions and multidisciplinary care-based approaches which stifles progress in managing AOD-related complexities

though a holistic lens but impacts the quality of care available to patients. The communities most affected by health service capacities are the patients themselves, who face longer wait times, fragmented care, and ultimately, poorer health outcomes. Health care professionals such as pharmacists must be resourcefully utilised as key drivers for change. Currently, pharmacists are involved in harm minimisation strategies in certain jurisdictions, such as providing injecting equipment as part of Needle and Syringe Programs[8] and engaging in the Take Home Naloxone program[9] to identify anyone who is at risk of opioid related overdose or adverse reaction to prevent harm. Yet these services require further expansion without being confined to solely the provision of equipment or medicine.

Ultimately, without sufficient investment in healthcare staffing, especially the inclusion of expert pharmacists, the AOD sector will continue to grapple with the growing needs of patients. This lack of capacity and innovation not only limits progress in AOD care but also exacerbates existing health inequities, leaving vulnerable populations without the support they need to recover.

Recommendation 1: Embed skilled pharmacists and other health professionals in multidisciplinary AOD prevention and treatment programs to deliver high-quality, safe and holistic pharmacy services. This requires of AOD services to include specific funding for clinical pharmacists to support the safe and quality use of medications and achieving safe pharmacist-to-patient ratios per the SHPA Standards of Practice for Clinical Pharmacy Services.

Inadequate continuity of care across AOD services

One of the most pressing issues in the current AOD health landscape is the lack of continuity of care for these patients after seeking care following an acute event. Hospital pharmacists often encounter patients at their most vulnerable state, after a relapse, suicide attempt, or during severe withdrawal and are tasked with obtaining comprehensive medication histories and developing optimised medication management plans. However, when it comes the point of discharging these patients back to the community, it is overwhelming and worrisome for many of our pharmacists as they know upon counselling on high-risk medication these patients merely receive written information material with no formal or centralised linkage to community services or follow up, leaving patients at risk of relapse. Continuity of care for patients with alcohol or other drug dependence, possibly stemming from other mental health conditions lack ongoing support. It is a rather reactive approach, where onus is placed on these vulnerable patients to reach for help, who require greater guidance to seek help and this needs to be reversed. To ensure safety for patients and the public, patients at risk of harm must be targeted and be provided with long term support and guidance by adopting proactive approaches. This requires embedding well-funded, resourced, integrated services between hospitals and communities, that utilise multidisciplinary team-based care.

Similarly, continuity of care needs to begin prior to presentations to acute settings and expanded all the way beyond an acute presentation to hospital. For instance, women who are planning for pregnancy should be provided with proactive support and routine care by creating awareness of available AOD services and link these patients with current hospital AOD programs. This can prevent detrimental conditions such as Neonatal Abstinence Syndrome (NAS) and Fetal Alcohol Syndrome (FAS) by deterring consumption of AOD during pregnancy. Following on from pregnancy, these services to need to be extended over time and be provided to mother's post-partum to ensure optimal health outcomes for the family and child. CHAMP Clinic[10] is a specialised antenatal clinic in South Brisbane that is embedded within the Mater Mother's Hospital. They provide care to pregnant women to make positive changes related to their AOD use. This care is extended in the post-partum period that ensures continuity of care to uphold optimal health outcomes for the mother and child.

Turning Point is another exemplar service which has become a leading national addiction treatment, education and research centre. There are various services provided, some of which don't require referrals as patients can walk in to receive Turning Point Eastern Treatment (TPETS) Intake Services.[11] However, most services do require a general practitioner's referral, and this limits access to readily available services that can provide continuity of care. Patients who leave acute episodes of care from hospital settings should be referred to these services without requiring additional, complex referral pathways that deter engagement but rather should be closely followed up to drive active engagement and entrustment in the service. This requires robust integration between hospital to community settings and utilising health professional expertise, such as hospital pharmacists who can seamlessly provide necessary handover and continuity of care.

Currently, safe clinical handover must be provided to a patient's community care provider

regarding ongoing maintenance opioid replacement therapy. Many hospital pharmacists provide this clinical handover to community pharmacies to ensure continuity of quality, safe, care by highlighting current doses of therapy such as methadone, time the last dose was taken, any take-away doses that patients still have access to and any other changes that may have occurred during an acute inpatient hospital stay. Therefore, embedding pharmacists in continuity of care settings should be utilised as this is an activity pharmacists encompass in their current professional practice and can be expanded to across AOD services.

A pharmacist's role should not be confined to dispensing and provision of medicines. Pharmacotherapy programs, which receive federal funding, should not be limited to only funding the supply of medicines. It is imperative to see the advanced practice pharmacists deliver such as education, improving health literacy, obtaining medication and social histories, reviewing patient medication regimes, counselling and referring to appropriate services and management.

A well-funded, integrated, comprehensive community-based service is essential to support the transition of care provided to patients. Investment is needed in Primary Health Networks (PHNs) and community health services to ensure that discharged patients receive the necessary follow-up care and monitoring they require.

Recommendation 2: Support and prioritise continuity of care through implementing proactive and robust AOD services and programs by integrating hospital and community healthcare services to support safe transitions of care. Moving away from responsive episodic care will deliver patient-centred care to improve long-term health outcomes for patients.

Lack of trained health care professionals and utilisation of expert healthcare professionals

The shortage of trained healthcare professionals coupled with the lack of skilled professionals to provide expert services and care across the AOD sector is another key barrier to providing equitable, cost-effective care that provides the best outcomes for patients, families and society. Many general practitioners and allied health professionals are reluctant to undertake specialist training in managing alcohol and drug dependence, leading to suboptimal care for patients. Additionally, there is reluctance from general practitioners to prescribe treatments, within their scope, to manage alcohol dependence and rather prefer to refer patients to other services which impedes timely access to care. Primarily the reluctance is due to the stigma surrounding substance use disorders and the additional workload these services entails.

AdPha believes that robust education and training opportunities must be provided to healthcare practitioners to ensure that they can confidently prescribe, treat and manage complexities associated with substance use disorders. Without this training patients reap the consequences as they fail to receive adequate care and are left to cycle within the acute healthcare system without proper guidance, support and management plans. To combat these challenges, there must be a focus on building a workforce that is adequately skilled in managing the diverse and complex needs of patients seeking care for AOD.

Embedding foundational education into undergraduate coursework is essential as it provides the fundamental knowledge and theoretical underpinnings to providing care related to AOD. Coursework must emphasise the importance of appropriately managing patients seeking care for AOD from initial stages and stress the rippling impacts these conditions have on patients and society.

Post-graduate training and education is also crucial to strengthen the health workforce as it mediates advanced scope of practice. These training programs can support workforce sustainability and retention, and importantly deliver tailored care. AdPha broadly supports reforms and trends that will reflect advanced scope of practice and services, however, action must parallel an increase in availability and opportunities for these pathways for pharmacist's and health care practitioners.

Upskilling the health workforce to confidently and competently encounter complex presentations related to AOD must be of utmost priority. Currently, pharmacists engage in credentialling or a formalised, structured, nationally accredited pharmacy Training Programs, such as AdPha's Resident and Registrar Training program. By completing these informative Training Programs, a pharmacist specialising in addiction medicine can provide their expertise during episodes of care which can significantly improve patient health outcomes and prevent representation to hospitals. Pharmacists, through their advanced training and recognition are well-positioned to provide comprehensive care that not only improves medication management but also addresses the complex needs of patients undergoing treatment for substance use disorders.

Health care professionals must be recognised for their specialisation of practice as it allows for the identification and utilisation of specialised knowledge and enables a health professional to contribute their unique skills to patient care, leading to more tailored and effective interventions.[12] By focusing on core competencies and capabilities rather than rigid professional titles, health care professionals can be recognised for their expertise that nonmedical professionals bring to the healthcare team.

The launch of The Australian and New Zealand College of Pharmacy (ANZCAP) is a step forward as it demonstrates the breadth of advanced specialty skills provided by the pharmacy workforce. ANZCAP currently recognises the advanced clinical and non-clinical skills of pharmacists and pharmacist technicians across 46 specialty areas.

Figure 1: The 46 specialty disciplines recognised by ANZCAP

This recognition cultivates trust among other health professionals and patients, enabling pharmacists to work to their full scope of practice. It also facilitates pharmacists to seamlessly transition across different health services and jurisdictions, removing the need for recredentialing, if any, and strengthen the workforce across the country. The Training Programs and specialisation of pharmacists' practice further augments the need to embed these Registrar Pharmacists who specialise in addiction medicine and mental health into multidisciplinary team-based AOD services to provide their expertise.

Recommendation 3: Upskill all healthcare professionals in prevention, treatment and management of addiction medicine and health impacts from AOD. This requires comprehensive education and training opportunities for pharmacists and other healthcare professionals. Pharmacists specialising in addiction medicine and AOD services should gain credentialling and recognition through the Australian and New Zealand College of Advanced Pharmacy (ANZCAP).

Geographical restraints to accessing care

Current AOD services in Australia are predominantly concentrated in metropolitan areas, creating significant challenges for rural, remote, and regional communities. Populations in these regions, including Aboriginal and Torres Strait Islander people and other vulnerable groups such as those from a low socioeconomic background, face considerable barriers in accessing culturally safe and tailored AOD services and programs.

Structural determinants of health, such as geographical constraints mean that people in rural, remote and regional areas often are forced to travel long distances to access treatment, delaying care and deterring individuals from seeking help when they need it the most. Postcode lottery must be called out and should not drive provision of advanced services as this breeds inequities. The lack of proximity to services is further compounded by the maldistribution of skilled professionals, such as addiction medicine specialists and Registrar Pharmacists who have specialised expertise in addiction medicine and mental health as they are disproportionately concentrated in urban areas.

Even when patients can access AOD services, there is a lack of local expertise and limited awareness of available harm reduction initiatives and management programs. These gaps mean that many individuals do not benefit from potentially life-saving interventions such as opioid replacement therapy or needle exchange programs. The lack of awareness about these programs, compounded by a shortage of trained, skilled, staff, leads to fragmented care and inconsistent treatment. Over time, this contributes to poorer health outcomes for rural populations and results in higher long-term costs for the healthcare system due to the need for more complex and expensive treatments in the future.

AdPha believes despite recent PBS listing changes aiming to increase access to ODT medicine, patients are still travelling long distances to receive daily treatment as other management options, such as the use of Long-Acting Injectable Buprenorphine (LAIB) is not well utilised in rural and remote areas owing to a lack of training and specialised health care professionals. Increasing initiation of LAIB, especially in rural and remote areas can improve access to medicines and patients won't be deterred to seek treatment as it does not require daily doses of treatment. This does require a skilled workforce, increased specialist training and advancing professional scope of practice to better meet the needs of people in rural and remote regions. Pharmacists in many jurisdictions can inject LAIB following specialised training, and once again, these expert health care professionals must be well utilised, coupled with appropriate remuneration and funding to sustain these services in rural, remote and regional areas.

Moreover, to further address these challenges, focused investments in digital health and expanding the distribution of a skilled healthcare workforce distribution across rural, remote and regional areas are essential. Expanding telehealth services can significantly improve access to AOD care in rural, remote and regional areas, allowing patients to receive counselling, treatment, and harm reduction services without the need for extensive travel. Telehealth can also facilitate consultations with specialists and provide a bridge to vital services like obtaining prescriptions and medication advice. AdPha

members highlight that there are instances where patients are forced to visit hospital emergency departments to receive a dose of their opioid replacement therapy or obtain a prescription for continuity of their treatment. These are inefficient processes, and do not uphold resource effective services.

AdPha recommends ensuring equitable access to AOD services by expanding the provision of services tailored to meet the unique socio-cultural determinants of health in rural, remote and regional areas is imperative. Pharmacists, who are often more accessible in these regions can play a critical role in providing essential care including medication advice, referral to appropriate services, harm minimisation strategies by providing naloxone and safe injecting equipment. These services can bridge the gap where specialist practitioner services are limited. Importantly, collaborating with National Aboriginal Community Controlled Health Organisation (NACCHO) to develop culturally tailored programs for First Nations communities is also crucial for improving health outcomes for all Australians equitably.

Integrating telehealth and remote monitoring capabilities into digital health infrastructure is critical for expanding access to care and enabling health professionals to provide timely interventions and follow-ups, particularly for patients in remote or underserved areas.[12] By investing in telehealth and building strong links with pharmacists and other healthcare professionals, we can ensure that all Australians, regardless of location, have access to high-quality, lifesaving AOD care.

Recommendation 4: Provide equitable access to AOD services by expanding the provision of services to people in regional, rural and remote areas and tailor care to meet the unique socio-cultural determinants of health. Current service gaps between metropolitan and non-metropolitan areas can be efficiently and safely bridged by expanding patient access to pharmacists and pharmacists' scope of practice.

Stigma associated with receiving and providing care

There is considerable stigma surrounding the utilisation of AOD services in Australia which presents a significant barrier to equitable access to care. The fear of being judged by healthcare providers and their broader community can deter people from accessing the care they need. This stigma undermines the very purpose of these harm-preventing programs, discouraging individuals from seeking treatment for AOD dependence.

Despite evidence showing that opioid replacement therapy is a highly effective and cost-efficient treatment, stigma continues to prevent individuals from accessing Medication Assisted Treatment for Opioid Dependence (MATOD), services and improving their health outcomes. Healthcare providers, including general practitioners (GPs) and community pharmacies, are also affected by this stigma. Many GPs, particularly in rural, remote and regionals areas, are reluctant to engage in MATOD services due to concerns that their clinics may become inundated with opioid-dependent patients. This could, in their view, deter other community members from seeking care at their clinics. Consequently, these GPs often avoid undertaking specialised training in addiction medicine, despite the pressing need for such local services. Similarly, community pharmacies in rural, remote and regional areas often avoid providing MATOD services, despite PBS listing changes made in July 2023, due to minimal financial incentives and concerns that their pharmacy could be viewed negatively by the community, contributing to further stigmatisation.

This reluctance creates critical gaps in care, particularly in rural, remote and regional areas where access to AOD services is already limited. Patients in these areas are left without the support they need and are sometimes forced to seek care at public hospitals, increasing the burden on the healthcare system.

It is crucial to implement targeted public health campaigns to reduce stigma and increase awareness of the benefits of accessing MATOD and AOD services. Providing financial incentives for healthcare providers to engage in these services and ensuring their participation in programs like the ODTP will also be key to improving access and care outcomes. Expanding the role of pharmacists and GPs in AOD treatment can significantly reduce the burden on hospitals and ensure that patients receive the care they need in their own communities, without fear of judgment as a barrier to access.

Terms of reference

b) Examine the effectiveness of current programs and initiatives across all jurisdictions to improve prevention and reduction of AOD-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; AND

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

Australia currently faces significant challenges in ensuring equitable access to AOD services across all states and territories. The lack of streamlined programs and initiatives that are consistently implemented across jurisdictions has created considerable gaps in prevention and reduction efforts aimed at addressing AOD-related health, social, and economic harms. This disparity is particularly pronounced when looking at priority populations, such as Indigenous Australians, rural communities, and those living in economically disadvantaged areas. These groups often face additional barriers to accessing AOD services due to geographic isolation, socio-economic factors, and the scarcity of specialised, skilled healthcare providers.

Some states have well-established state-wide programs for AOD services and treatment programs and comprehensive harm reduction initiatives, while others have limited or non-existent options for people facing similar issues. The disparities are especially stark between urban and rural areas. Given not all states in Australia offer a dedicated state-wide alcohol and drug service, many Australians are left without the vital prevention and treatment programs necessary to manage AOD related health concerns effectively.

In South Australia, the Drug and Alcohol Services South Australia (DASSA), provide comprehensive state-wide programs that offer prevention, treatment, and information services related to alcohol, tobacco, and other drugs. DASSA supports a whole-of-government approach to addressing AOD-related health complexities, focusing on vulnerable populations and harm minimisation strategies.[13] Similarly, in Tasmania, they have a state-wide Alcohol and Drug Service (ADS) through the Department of Health, providing free and confidential support for both adults and young people facing alcohol, tobacco, and other drug concerns. Whereas in Victoria and New South Wales, there is not a fully integrated state-wide AOD services, yet there are many public AOD services which operate on a local basis and tied with some hospitals, but this lacks coherency and integration. This lack of consistency across and within states results in a divided health system, where the services available to individuals depend largely on where they live and how aware communities are of these available services and programs.

Furthermore, even within individual jurisdictions, there are variances in service availability. Some hospitals have dedicated addiction medicine teams and specialised AOD services, while others do not, creating inequity of care. This inconsistency means that patients may not have access to the same level of expertise or support depending on which healthcare

facility they attend. The presence of specialised, multidisciplinary teams in some hospitals significantly enhances the quality of care, as collaboration leads to holistic care.

There must be a national commitment to creating streamlined and accessible AOD services, ensuring that every Australian, regardless of their local residence, can access the same level of care and prevention programs. This will require coordinated efforts across jurisdictions, with a focus on expanding services to underserved areas, standardising the availability of specialised addiction medicine teams in hospitals, and ensuring that prevention and treatment initiatives are tailored to meet the needs of priority populations. Only by addressing these inequities can Australia effectively combat the impacts of alcohol and drug misuse across all sectors of society. Below are examples of effective services across the country, some which not appropriately promoted to imbue awareness of the existence of these programs leading to poor utilisation.

- DASSA (Drug and Alcohol Services South Australia)[13]

DASSA provides a variety of harm reduction services, including opioid substitution therapy and mental health support for individuals facing substance use dependence. DASSA advises on a whole-of-government approach and is a division of the Southern Adelaide Local Health Network (SALHN). Services embedded across DASSA is crucial in supporting recovery and preventing relapse. DASSA outpatient services are free, confidential services found in both metropolitan and country areas and include Aboriginal services and Needle and Syringe Programs. These state-wide services must be considered for all states, as these centralised services can be a point of reference for health care professionals to better refer patients, if needed, to appropriate services and create awareness of all available services and programs in the state. This aims to reduce health disparities related to substance use amongst people and streamline AOD services state-wide.

- Victorias first Chief Addiction Adviser – Statewide Action Plan to reduce drug harm[14]

The Victorian Government is investing $95.1 million as part of the Statewide Action Plan to save lives and reduce harm from AODs. This includes appointing a Chief Addiction Adviser, to drive leadership in this complex health scope of practice and lead change. All states should consider appointing similar roles and having mutual discussion with regards to policy and strategic planning. This can lead to a coordinated, collaborative approach that delivers meaningful change, improving the lives of all Australians, once again adopting a centralised approach.

- Adis, Alcohol and other drugs information service, Queensland[15]

Adis is a Queensland Health initiative that delivers statewide, free, 24-hours, seven days a week, free, confidential support and counselling for people. However, there are some resources available for health professionals and this is important, given the lack of skilled professionals available to provide expert care. Having these resources as a port of call is crucial for the health workforce and patients, who can then receive appropriate and timely care. Having a service available at any time of day is a characteristic of the service that should be adopted by other AOD services across the country.

- Drug and Alcohol Clinical Advisory Service, DACAS[16]

These services are well utilised across most jurisdictions, similar to Adis, DACAS has a greater focus on providing support and guidance for health professionals needing assistance with clinical procedures, guidelines, treatment options and evidence-informed practice. In South Australia, the DACAS, provides comprehensive telephone and email services for healthcare professionals seeking guidance on AOD treatment and withdrawal management. The service is crucial in delivering expert advice across the state, especially in rural and remote areas. However, in Queensland a similar service named ADCAS, is a free service, but only available from 8am to 11pm, 7 days a week. These differences brew inefficiencies and stem inequitable care. These services should be consistent across the nation.

- Turning Point, Victoria[11]

Located in Victoria, Turning Point is a leading national centre for research, treatment, and education in addiction medicine. In partnership with Eastern Health and Monash University, their services offer a wide range of AOD treatments, including referral to detoxification programs, counselling, harm reduction, and rehabilitation services. It focuses on a diverse range of populations, including individuals with opioid dependence, those suffering from mental health issues alongside addiction, and marginalised groups. Turning Point's comprehensive and evidence-based approach to addiction treatment has made it highly effective in improving patient outcomes. Expanding Turning Point's service model to other states would help address gaps in specialised care for AOD dependence, ensuring more Australians can access high-quality AOD services regardless of where they live and have greater linkage to hospital clinics and detoxification services. This is an exemplar model that needs to be considered beyond the borders of Victoria as it uphold continuity of care to a certain extent.

- South City Clinic, Victoria

South City Clinic is another public AOD service in Victoria and is one of five Specialist Pharmacotherapy Services funded by the Victorian Health Department as informed by the AdPha Mental Health Leadership Committee. This clinic provides Specialist pharmacotherapy services, including consultative services to GP's who seek an expert opinion about managing complexities tied with pharmacotherapy regimens. Additionally, people can also receive direct care for complex health issues including high risk patterns of alcohol, methamphetamine or other substance use; psychiatric or medical comorbidities including chronic pain and challenging behaviours. Coupled with public funding schemes and Medicare billings, these services are provided free to people.

- CHAMP Clinic (Mater Mothers Hospital, South Brisbane)[10]

As mentioned above, the CHAMP clinic in South Brisbane provides specialised care for pregnant women experiencing alcohol and drug issues. Women can self-refer to this clinic and receive support for mental illness and other psychosocial problems as well. It offers prenatal support and intervention to minimise harm to both mother and baby. Due to the comprehensive nature of the clinic, patients benefit from continuity of care and improved birth outcomes. Expanding this service across Australia and ensuring GP's and other health care professionals are aware of these programs to refer women to these

clinics in a timely manner is imperative. This could help address the growing issue of substance use in pregnancy and ensure pregnant women have access to consistent, timely, quality care nationwide. Notably, having self-referred clinics improves accessibility to AOD services and removes the need to follow multiple referral points prior to receive care.

- Fetal Alcohol Spectrum Disorder Australian Registry[17]

This service monitors and records cases of Fetal Alcohol Spectrum Disorder (FASD) across Australia. It aims to enhance understanding, treatment, and prevention of FASD. This program has been effective in identifying at-risk populations and improving health outcomes for children exposed to alcohol in utero. Expanding awareness of this registry across all states would provide a clearer picture of the national burden of FASD and support more uniform intervention strategies.

- **Women's Alcohol and Drug Service (WADS) (Royal Women's Hospital, Victoria)[18]**

WADS is known to be a state-wide, multidisciplinary drug and alcohol service provided to pregnant women who are affected by alcohol and drugs during pregnancy in Victoria. The program offers clinical support, social work, and mental health services. It has been highly effective in reducing neonatal complications related to substance use. WADS additionally provides a 24 hour on-call addiction and obstetric service and provides care to at-risk women across the state such as Aboriginal and Torress Strait Islander Women and homeless women. Expanding WADS-like services across the country would ensure more equitable access to support for women, especially those at-risk women, facing substance use issues during pregnancy. However, the referral process requires a GP to refer women to receive services from WADS, and this is an added barrier to receiving streamlined, timely care.

- WANDAS (Women and Newborn Drug and Alcohol Service, Western Australia)[19]

WANDAS offers comprehensive care for women and newborns affected by alcohol and drug use. The service integrates medical, mental health, and social support to improve maternal and neonatal outcomes. This service is based at King Edward Memorial Hospital, and is extend beyond pregnancy, up to three-month post-partum at the clinic to provide ongoing care and appropriate referral. This concept of continuity of care must be adopted nation-wide AOD services to ensure women are well linked to services across the healthcare system before, during and after pregnancy.

- Take Home Naloxone Program[9]

This program provides access to naloxone, a life-saving drug that can reverse opioid overdoses. Available in several states, yet varied uptake due to legislative frameworks and scheduling of naloxone. The utilisation of the program is concentrated in community pharmacies and must be made aware of and utilised better in hospital settings. Accessing Take Home Naloxone in hospital settings, especially after pharmacy serviced hours has proved difficulty in some health networks. This has forced organisations to take onus for implementing the service and consider developing take home packs or to be kept in the afterhours cupboard. The variations in implementing the Take Home Naloxone Programs across jurisdictions, especially in hospitals settings, must be reviewed and a centralised channel for gaining access needs to be considered. Hospitals are ideal health

care settings where people should be provided with Naloxone, especially following discharge with varying opioid medicines and presenting due to an acute event related to opioid overdose. These opportunities to mitigate harm must be leveraged, but to do so, health services need to be provided with adequate guidance and support to implement a robust process. The Take Home Naloxone Program is a great public health initiative that can prevent opioid related overdose deaths and needs, however, needs to be better utilised across all health settings and not confined to community pharmacies. Additionally, increasing access to take home naloxone in jurisdictions must be considered, where first responders, police, counsellors and social workers should be given access to carry these medicines without requiring a licence. This program needs to be better embedded across the country, requires greater awareness of its existence and be provided with clarity upon implementing services in hospital settings.

- Needle and Syringe Programs (Various States)[8]

The Needle and Syringe Program aims to reduce the transmission of bloodborne viruses, such as Human Immunodeficiency Virus (HIV) and hepatitis, by providing clean injecting equipment to people who inject drugs. This harm minimisation strategy has been effective in reducing needle sharing related harm and lowering rates of infectious diseases. Expanding these programs across all jurisdictions, including prisons where they are not currently available, would significantly reduce the healthcare costs associated with treating bloodborne diseases and better align with the Federal Government's commitment to eliminate Hepatitis C by 2030.

It is evident the stark variability in the provision of AOD services across Australia and the need for action to streamline and centralise current AOD services and programs. There are many public AOD services that require greater awareness and utilisation across certain jurisdictions. AdPha believes awareness of current services across Australia is essential to drive future change as exemplar models can be referred to such that it can be implemented in across all jurisdictions to ensure all Australians have access to quality, equitable care related to AOD.

Terms of Reference

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 AOD-related harms in Australia; and

Sectors beyond health can play a critical role in reducing AOD-related harms through a multifaceted approach. Education is essential for early intervention, with a focus on school-based programs that teach adolescents about the risks associated with AOD. Developmentally appropriate education in high schools is particularly important, and there should be more emphasis on long-term harms, such as the increased cancer risks and noncommunicable diseases associated with AOD consumption. Education needs to begin from primary school right throughout to tertiary education. These education settings are ideal to engage students and inform them of risks associated with AODs.

Additionally, promoting greater awareness of how Australian culture celebrates alcohol can help shift attitudes and reduce alcohol-related harms. This requires consistent messaging and a centralised information hub that all services and sectors can refer to.

The justice system also plays a role in preventing and reducing harm by ensuring that AOD services are integrated within prisons. Providing AOD support and better social services for vulnerable populations, including those in the criminal justice system, can prevent AOD misuse from escalating. Employment and housing sectors can also contribute by fostering social connections and stability, both of which are key protective factors against substance misuse.

Moreover, regulating the marketing and advertising of alcohol is essential. Over the last five years, alcohol has become increasingly accessible through services like door-to-door delivery, which contributes to normalising alcohol use. There is a need to revisit drug and alcohol policy from a broad societal perspective, considering the harms that increased access and advertising have on public health. Adopting a similar approach to tobacco smoking, alcohol should not be glorified through marketing and advertising schemes as this simply encourages harmful behaviours. Currently, advertisements on the television can be accessible to children, and planting this notion that alcohol use parallels celebrations is a concept that must be shifted and ended.

Lastly social services can support prevention efforts by investing in programs that build community connections, improve well-being, and offer support for adults and adolescents discussing the detrimental impacts AODs can have on one's quality of life.

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