

Question on Notice from Senator Anne Urquhart, Senator for Tasmania, to Dr David Martyn Lloyd-Jones, representing SVHA, at the public hearing for the Senate Community Affairs Legislation Committee's inquiry into the *Social Services Legislation Amendment (Drug Testing Trial) Bill 2019*, Wednesday, 2 October.

Q: Can you please provide comment on the harms done and the associated costs for those who are unable to access treatment services for alcohol and other drug issues?

A: Every year, up to 500,000 Australians are unable to access alcohol and other drug treatment because not enough services are available.¹

This is a common experience right across the spectrum, from people who may be at risk of developing problems through to people whose use has led them to experience significant impairment or distress.

State plans and reports have also revealed a high unmet need for alcohol and drug treatment services across the state. NSW Health has estimated that only between 26 to 46 per cent of all people who seek treatment, and are appropriate to receive treatment, are able to access services.²

The quality and availability of alcohol and drug treatment is limited by historic under-investment³, stigma⁴, uneven distribution of services⁵, poor integration with other clinical and social services⁶, a lack of evidence-based government policy and program directions, and a lack of oversight at national, state and territory levels. All these contributing factors have limited the size and effectiveness of the sector and means that too many people and their families experience long delays, little choice, and compromised quality in a system that is fragmented and difficult to navigate.⁷

Another perspective comes from Professor Alison Ritter and Michala Kowalski from the Drug Policy Modelling Program, who organise barriers to treatment into five main categories: social factors, treatment accessibility factors, 'within treatment' factors, personal and psychological factors, and practical barriers.

1. Social factors

- Stigma
- Shame, fear of being judged as a major barrier to treatment
- Fear of children being taken away

¹ Ritter, Alison, et al, 2014, *New Horizons: The review of alcohol and other drug treatment services in Australia*, Drug Policy Modelling Program, National Drug and Alcohol Research Centre, UNSW

² Reeve, R., Arora, S., Viney, R., et al. (2014). Evaluation of NSW Health Drug and Alcohol Consultation Liaison Services Sydney: Centre for Health Economics Research and Evaluation (CHERE), University of Technology, NDARC, UNSW

³ Ritter, Alison, et al, 2014, *New Horizons: The review of alcohol and other drug treatment services in Australia*, Drug Policy Modelling Program, National Drug and Alcohol Research Centre, UNSW

⁴ Lancaster, Kari, 2017, *Reducing stigma and discrimination for people experiencing problematic alcohol and other drug use*, Queensland Mental Health Commission.

⁵ Ritter, Alison, et al, 2014, *New Horizons: The review of alcohol and other drug treatment services in Australia*, Drug Policy Modelling Program, National Drug and Alcohol Research Centre, UNSW

⁶ Lubman, Dan, et al., 2014, *A study of patient pathways in alcohol and other drug treatment*, Turning Point

⁷ Lubman, Dan, et al., 2014, *A study of patient pathways in alcohol and other drug treatment*, Turning Point

- Stereotypical views of clients of alcohol and other drug treatment (eg: 'I am different from the people who get treatment')
 - Cultural sensitivity
2. Treatment accessibility factors
 - Not enough treatment services
 - Waiting lists
 - No service available in area ("distance")
 - Treatment is not the kind they wanted or did not suit their needs
 - Restrictive entry requirements (and being "banned")
 - Client doesn't fit the criteria for service entry
 - Difficulties in finding assistance for complex vulnerabilities, especially at times of crisis.
 - A lack of guidance on how to navigate the many agencies
 3. Within treatment factors
 - Lack of skilled staff
 - Poorly resourced
 - Rules and regulations for some treatment types
 - Concern about religious flavour
 - No ability to have children in treatment
 - Beliefs about treatment
 - Lack of holistic or comprehensive services
 - Fragmentation of services
 - Lack of confidence in treatment effectiveness
 - Services not adequately engaging with family
 - Unsuitable appointment times
 - Short duration
 - Lack of access to aftercare
 - Gender issues (gendered treatment)
 - Treatment as 'addictive'
 - Disrespectful staff, lacking in empathy, discriminatory
 - Lack of cultural competency among formal help sources
 4. Personal and psychological factors:
 - Notions of self-reliance (eg: 'I can handle it on my own')
 - Privacy and confidentiality concerns
 - Fear of job loss
 - Family opposition
 - Lack of problem-awareness ('denial')
 5. Practical barriers
 - Cost of treatment (across all treatment types, including dispensing fees, but also residential)
 - Fees and other costs associated with treatment
 - Childcare options outside treatment
 - Travel constraints, transport issues
 - Time
 - Lack of awareness of treatment options ("didn't know where to go")

The evidence informs us that people with alcohol and other drug use issues access treatment often many years later than when they should⁸ for which there are serious repercussions.

Long delays lead to greater harm, increased health care costs⁹, and potentially less successful treatment. Poorly designed and unreliable funding systems have compounded this effect, undermining service improvement, evaluation and growth.¹⁰

Chronic alcohol and drug dependence can cause a broad range of physical, psychological and social harms. All of these issues are interconnected and related and are felt by more than just the individual user of the drug. They impact upon the family unit, friends, co-workers and members of the general community.

It is St Vincent's Health Australia's (SVHA) experience – and this includes both users and their family members – that people with complex alcohol and other drug-related health or mental health issues also have significant social problems including involvement in criminal activity; loss of employment, income and productivity; loss of accommodation; increased reliance on health treatment and social welfare support; impaired family and other interpersonal relationships.

The social impacts of alcohol and other drug dependence on family and friends can be devastating, including family trauma and violence and child endangerment. There are also issues pertaining to the use of ATS and driving (particularly amongst transport workers) and its contribution to road trauma.

In the hundreds of thousands of Australian families where someone uses alcohol, tobacco, or other drugs in a way that hurts themselves and the people around them, life gets much harder when treatment services are not available.

For example, NSW has experienced a significant increase in hospitalisations and ED presentations related to use of crystal methamphetamine since 2009.^{11,12}

And approximately a quarter of survey respondents to the Illicit Drug Reporting System (IDRS) – a national illicit drug monitoring system – indicate having experienced a non-fatal overdose in the past year, while 1 in 10 respondents reveal having been previously resuscitated by someone who participated in a naloxone program.¹³

Of course, there are particular groups in Australian society who experience even greater difficulties in accessing treatment services than the general population: Aboriginal and Torres Strait Islanders, members of the LGBTQI community, young people, and people living in rural, regional and remote Australia.

⁸ Chapman, C, et al., 2015, 'Delay to first treatment contact for alcohol use disorder' in *Drug and Alcohol Dependency*; Lee, Nicole, et al., 2012, 'Examining the temporal relationship between methamphetamine use and mental health comorbidity', in *Advances in Dual Diagnosis*.

⁹ Ettner, SL, et al., 2006, 'Benefit-cost in the California treatment outcome project: does substance abuse treatment "pay for itself"?', in *Health Services Research*

¹⁰ Ritter, Alison, et al, 2014, *New Horizons: The review of alcohol and other drug treatment services in Australia*, Drug Policy Modelling Program, National Drug and Alcohol Research Centre, UNSW

¹¹ Gibbs, D., & Peacock, A. (2018). New South Wales Drug Trends 2018: Key findings from the Illicit Drug Reporting System (IDRS) Interviews. Sydney, NDARC, UNSW

¹² HealthStats NSW (2018) Methamphetamine-related Emergency Department presentations

¹³ Ibid

For example, that people in rural and remote areas find it difficult to get to a GP, pharmacist or medical specialist¹⁴ is well established. This is also true for people in these parts of the nation experiencing alcohol or other drug use disorders.

Following are the stark realities for people living in rural and regional Australia:

- Illicit drug use is most prevalent for people in remote and very remote areas as outlined in the latest available NDSHS (2016) which shows that: people in remote and very remote areas (25%) were more likely to have used an illicit drug in the last 12 months than people in major cities (15.6%), inner regional areas (14.9%) and outer regional areas (14.4%); and
- The same report states that people living in remote and very remote areas were 2.5 times more likely than those from major cities to have used methamphetamine (3.5% compared with 1.4%).
- Data from the National Hospital Morbidity Database (2016-17) also indicates people from remote and very remote areas of Australia are receiving hospital care for methamphetamine-related problems at a higher rate than people from capital cities.

The stories emerging from the current NSW Parliamentary inquiry into 'ice' regarding the lack of treatment services in rural and regional parts of the state are particularly harrowing:

- In Moree, 50,000 needles found in the city's garbage tip for a town of just over 13,000, yet the closest treatment service is three hours away.¹⁵
- In Broken Hill, 17 children placed in out-of-home care in the last 18 months because of family drug use; the rate of methamphetamine use almost four times the NSW average, but the city doesn't have a single detox service.¹⁶ The nearest rehabilitation service for families is 12 hour's drive away on the state's Central Coast.

In SVHA's experience, alcohol and other drug treatment works when people can access the right kind of care at the right time, in the right place, with clinical and social support tailored to what is best for the individual.¹⁷

SVHA along with more than 20 other medical and community organisations from the alcohol and other drugs treatment sector are calling on federal and state/territory governments to find an extra \$1.2bn in annual funding to provide services for the *minimum* number of Australians with drug and/or alcohol problems who need help but can't access it, around 200,000 people.

¹⁴ Swerissen H, Duckett S, Moran G. Mapping primary care in Australia. Grattan Institute; 2018.

¹⁵ <https://www.smh.com.au/national/nsw/moree-s-ice-problem-no-rehab-no-detox-and-garbage-full-of-needles-20190815-p52hai.html>

¹⁶ <https://www.smh.com.au/national/nsw/neglect-crime-sex-24-children-out-west-removed-because-of-ice-20190718-p528ge.html>

¹⁷ Lubman, Dan, et al., 2017, *Informing alcohol and other drug service planning in Victoria*, Turning Point.