



*Australia's National Drug Strategy
Beyond 2009*

Response to consultation paper

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For further information please contact:

**Rev. Dr. Chris Jones
Chief Executive Officer
Anglicare Tasmania**

**GPO Box 1620
HOBART TAS 7001**

**Phone: (03) 6231 9602
Fax: (03) 6231 9589
Email: c.jones@anglicare-tas.org.au**

1. Introduction

Anglicare Tasmania welcomes the opportunity to contribute to the consultation on Australia's National Drug Strategy (NDS).

The views expressed in this submission are based on two aspects of the work of the Social Action and Research Centre (SARC), Anglicare Tasmania's research and policy division. The first is a research project conducted during a six month period from January to June 2008 which provided a clear account of the actual and potential role of non-ATOD funded Tasmanian community service organisations (CSOs) in responding to the needs generated by substance use across a broad range of services (Hinton, 2008). The research profiled the nature and extent of alcohol and drug issues presenting to CSO services, assessed the costs and impact on service delivery, highlighted approaches and gaps in service provision for clients presenting with substance use issues and formulated recommendations about how best to improve the quality of response to these clients.

The second is SARC's program of work in the area of consumer engagement. SARC has recently completed research which has examined the achievements and struggles of the mental health consumer movement across Australia in order to inform the development of mental health consumer activities in Tasmania (Hinton, 2009). This has been followed by research to explore UK models of consumer engagement in drug and alcohol treatment services (Hinton, forthcoming) and what lessons can be learnt for progressing participation and implementation strategies in the Australian drug and alcohol treatment sector. This program of work has meant that there has been some profound thinking about how best to actively engage with the views of consumers so that they can influence policy, planning and service delivery, become an accepted part of decision making and improve the quality of services and outcomes for consumers.

Given this expertise this submission focuses on a discrete number of specific questions raised by the consultation document. These include:

- cross sectoral approaches and how complementary areas of work should be coordinated, including social inclusion agendas;
- increasing the capacity of the generalist health workforce to identify and respond to substance use problems;
- accessing external expert advice;
- the value of publicly available performance measures.

2. About Anglicare

Anglicare Tasmania is a non-government organisation that has been working for the Tasmanian community for the past 25 years. Since its establishment it has grown into a state-wide organisation with over 700 employees responding to issues faced by Tasmanians such as financial crisis, homelessness, unemployment, the adverse health, social and economic consequences of alcohol and other drug use, and the challenges faced by people with physical and intellectual disabilities or mental health problems. Anglicare delivers two targeted alcohol and drug services:

- Glenorchy Illicit Drug Service providing information and counselling about alcohol and other drugs for young people and their families; and
- participation in the Court Mandated Diversion of Drug Offenders Program providing specialist assessment, care planning and counselling to offenders who have committed drug related crimes and their families.

Anglicare also provides a range of accommodation, counselling, mental health, employment, disability and support services which regularly encounter alcohol and drug issues among their clients. It is therefore well placed to have a perspective on the difficulties Tasmanians have in accessing the services they need and to engage in intervention work around alcohol and drug issues.

Part of Anglicare's mission is to speak out against poverty and injustice and to offer alternatives to decision-makers to help build a more just society. Anglicare practices this advocacy through its Social Action and Research Centre, which was established in 1995 to work with low income earners to identify the issues that affect them and then carry these concerns to Government. Over the past 14 years SARC has produced a series of major research reports on these issues including access to health care, unemployment, financial crisis, mental illness and disability.

3. Working with clients with alcohol and other drug issues in CSOs: research findings

In late 2007 SARC initiated research which aimed to describe the role of non-ATOD funded Tasmanian NGOs in responding to clients affected by substance use issues (Hinton, 2008). Although the research is relevant to service delivery across the health and human services field, it focused on the work of one CSO, Anglicare Tasmania, in order to address these issues in detail. It also focused on front line service delivery from both a worker and client perspective and involved:

- interviews with 120 Anglicare staff across the state about their experiences of dealing with ATOD issues and the impact it has on effective practice. This included staff from accommodation support services, counselling and family support, employment support, mental health services and disability support services – a total of 38 different programs and services;
- a snapshot survey to quantify these issues. A two page survey form was developed with staff to monitor all client contacts in appointment based services over a two week period in April 2008.

Data was collected on 1306 client contacts about the prevalence of problematic ATOD issues along with basic information about client characteristics and service responses including worker time involved in making direct interventions around ATOD use;

- in-depth interviews with 11 Anglicare clients with substance use issues exploring pathways into services and perceptions of service responses as well as views on the kind of assistance they would like to see available; and
- interviews with other relevant stakeholders, including other CSOs.

The research showed that working with people who have ATOD issues is a large part of the work of non-specialist CSOs¹. In particular it showed that:

- approaching half (46%) of all client contacts in appointment based services in Anglicare involved issues associated with the problematic use of alcohol and other drugs;
- given the stigma attached to problematic ATOD use and dependency these were not issues clients presented with, rather they emerged as relationships developed with workers. This meant that these figures are likely to be an underestimate;
- a significant percentage of this population (59%) could be described as pre-motivational. Either they did not identify themselves as having a problem or if they did they were not ready to take action to change their behaviour;
- the impact of ATOD issues severely compromised clients' accommodation and employment options, strained budgets and relationships and exacerbated mental health problems;
- workers spent up to one fifth (18%) of their contact time with ATOD affected clients making interventions directly around substance use including establishing a positive rapport, stabilising crisis situations, providing information, promoting the motivation to change, harm minimisation and referring on to other services;
- workers struggled to provide an effective response. They were often unable to provide the intensive support many clients needed, lacked the training and skill levels required to provide effective interventions and were limited by the shortfalls in access to specialist expertise and services as well as to appropriate accommodation options. They also found it difficult to develop collaborative relationships with the drug and alcohol treatment sector to improve client outcomes. Dealing with these issues could produce high levels of frustration and feelings of helplessness among many workers;
- clients who participated in the research highlighted the importance of positive relationships with workers. They described how this assisted them, not only to address crisis situations, but also by providing a 'vehicle for hope' so that they were able to believe that change was still possible. They reported positively on the assistance they had had to think differently about their current situation, assess their options and to access specialist services.

¹ Non-specialist CSOs refers to CSO programs and services which are not funded through ATOD monies.

The research clearly demonstrates the current role of frontline CSO workers in both moderating the impact of alcohol and drug issues on clients' lives whilst simultaneously working to promote clients' motivation to change. In most cases this work is being undertaken without recourse to specialist ATOD services and in an environment where there are shortfalls in the time, resources and skills available to workers to engage in this role. They are attempting to provide an appropriate response to a large reservoir of need which does not necessarily translate into a visible demand for specialist ATOD services.

4. Implications for the National Drug Strategy

Frontline non-specialist CSO and other human service organisations have a vital role to play in constructing a coherent ATOD sector. They can be ideally placed to develop a good rapport with clients, address problematic and high risk use before it becomes entrenched, to work with clients to promote and sustain behaviour change and to ease the path into specialist services. They can work holistically providing multi-faceted interventions which address housing, employment, financial and relationship issues. Specialist services concentrate on the severe end of the spectrum whereas CSO services can reach those populations who may be less seriously affected but for whom problematic use is having a negative impact on their lives. Currently they are also containing and working with some of the most severely affected clients who are unwilling to engage or re-engage with specialist services and they are doing this without any additional resourcing.

Only a minority require the highly specialist interventions delivered by specialist treatment services and there are large numbers of people with problematic ATOD use who do not make contact with specialist services. This population can benefit from interventions delivered by workers with whom they have developed a rapport and which can be delivered opportunistically. Discussions with both workers and clients who participated in the research identified a number of key factors in delivering a quality service to clients with problematic substance use. These are:

- a positive relationship with staff who are non-judgemental, well trained, committed and approachable;
- person-centred, flexible and informal service delivery which fosters client choice;
- continuity of staff;
- an holistic response which can respond to multiple and complex needs including ATOD issues;
- a one stop shop approach with smooth pathways between services; and
- support to access and make effective use of specialist services.

We also know that it is necessary to address issues of social exclusion alongside substance misuse if outcomes are to be effective and sustainable. This has been identified in the evaluation of the NDS (Siggins Miller, 2009) which recommends more attention be paid to the social determinants of health in tackling drug problems by establishing closer links between sectors and with disciplines that focus on the issues of

poverty, unemployment, homelessness, discrimination and disadvantage. Anglicare would like to see a mainstreaming of responses to problematic ATOD issues so that they are more inclusive. Given the right skills, resources and better integration of services non-specialist CSOs could be working more effectively with this population.

The NDS Consultation Paper acknowledges the importance of cross sectoral and partnerships approaches. CSOs are increasingly being asked to take the lead in the provision of services to support those with substance use issues and the need for treatment services to work closely with other sections of the health and human services sector is acknowledged. However there is currently no direction or strategy for moving forward in this area in the NDS. Outside specialist services there is a focus on skilling up the acute health and primary health care sectors to deal with ATOD issues. Anglicare would like to see this extended to embrace CSOs and government services which are working with disadvantaged groups where there is a high prevalence of problematic ATOD use and with a focus on service integration and workforce development.

To this end Anglicare Tasmania is currently piloting a state wide care coordination service which will promote better integration between ATOD services and other health and human services for clients with complex needs.

5. Consumer Engagement in Drug and Alcohol Treatment Services: research findings

The ATOD service system is currently marked by an almost complete absence of consumer participation in the developmental stages of services and in the delivery of services. Existing models of consumer feedback are typically passive – for example post-service feedback questionnaires. This absence undermines the effectiveness and legitimacy of the ATOD sector. Research which surveyed the state of consumer engagement in drug and alcohol treatment services (AIVL, 2008) found that:

- the NDS had a broad stated commitment to consumer participation but no framework or approach to guide implementation. This has led to an absence of national and jurisdictional consumer participation policies to provide a structural framework to support consumer participation at service delivery level. For example, the National Alcohol Strategy fails to list consumers as key stakeholders;
- the majority of providers support consumer participation and many services conduct low degree consumer participation activities but consumers have little knowledge of what opportunities are available to participate despite the majority wanting to do so;
- education and training and the demonstration of effective and practical consumer participation models are required to promote the implementation of consumer participation both at a policy and planning level and in service delivery.

Overall the research concluded that despite strong support for the principle of consumer participation in drug treatment it will only truly develop through the development and implementation of a national policy framework in order to promote consistency and compliance at a jurisdictional level and with concrete, measurable and achievable outcome indicators. This is consistent with other areas of health service delivery; for example in the National Mental Health Plan and in National Disability Services Standards.

The evaluation of the NDS also raised concerns that a broad range of stakeholders, including consumers, are not sufficiently engaged in NDS policy development and review and engagement with the policy process is largely confined to governments. Consultation with a diverse range of stakeholders is recognised as best practice in developing and implementing public policy and its absence leads to a limited scoping of problems and a limited range of ideas or policy options. Advisory structures need to obtain insights from non ATOD specialists and from consumers to address the wider and deeper elements of the causal paths that end in problematic drug use. This means increasing community engagement and the involvement of consumer groups and of providers in decision making, planning and resource allocation.

An issue raised in both the AIVL research and the NDS evaluation is how far any policy framework is linked to mandatory requirements. Should the NDS be broad and non prescriptive to enable jurisdictions to tailor it to local needs and increase the likelihood of consensus or should it become more specific in detailing delivery frameworks and establishing mechanisms for accountability? For some the lack of specific resource allocation and implementation processes like action plans as well as the absence of links between financial resources and performance targets or indicators have been barriers to implementing the commitment to consumer engagement in the NDS at a state and territory level. For others linking consumer participation to funding runs the risk of it becoming tokenistic and ineffective.

Lessons from the Mental Health sector

SARC has recently completed research which has examined the achievements and struggles of the mental health consumer movement across Australia in order to inform the development of mental health consumer activities in Tasmania (Hinton 2009). Using information collated from a literature review and one-to-one interviews with over 70 consumers and other stakeholders it maps consumer initiatives and activities nationally and overseas, describes the key themes and issues mental health consumers face and presents some options for Tasmania. The research found that:

- nationally the mental health consumer movement has been successful in achieving its two key aims – to transform mental health provision into a recovery-orientated service and to ensure consumer participation is an accepted and routine part of service delivery and evaluation, policy and planning. These are now accepted goals for those making decisions about mental health services. In Australia a recovery focus has become a cornerstone of mental health policy and mental health services are required to promote the participation of consumers at all levels.

- consumer and carer participation is now embedded in Australian policy frameworks. The three National Mental Health Plans (Australian Health Ministers 1992, 1998, 2003) recognise consumers as having a vital role to play in the mental health service system and that their input is essential if improvements in service delivery are to be achieved. The third plan states that consumer and carer participation at all levels is the 'trademark of a quality mental health system'. The National Standards for Mental Health Services (Australian Health Ministers, 1998) include a requirement for services to have policies and procedures relating to consumer and carer participation and to maximise their roles and involvement. These are reviewed against the standards by external accreditation bodies.
- across Australia there is a complex jigsaw of consumer activities and participation mechanisms. These range from small consumer support and self-help groups and involvement in decisions about treatment through to a paid consumer workforce, consumer advocacy organisations and consumer-run services. Each jurisdiction is different but most have witnessed a burgeoning of consumer initiatives on the ground accompanied by a push to develop state-wide and national consumer run peaks and a consumer workforce. The 2007 National Mental Health Report (DoHA 2007) which monitors progress in mental health reform under the national plans identified substantial gains in consumer participation, but uneven progress across jurisdictions with pockets of good practice and some way to go before satisfactory levels of participation are achieved.
- for many consumers and other commentators the consumer movement has not reached its full potential. Participation and advocacy activities are patchy, funding and resourcing often inadequate and consumer run organisations and services struggle to survive. In many places there has been a failure to translate support for consumer initiatives and participation mechanisms into the financial resources and the capacity building required to make them work effectively. The major obstacles are, alongside professional attitudes and resistance have been identified as a gap between the requirement for participation at a political level and the lack of mandates about how processes or mechanisms should be facilitated. This has been exacerbated by tokenism caused by little infrastructure to facilitate involvement and inadequate resourcing which sees consumer participation as a money neutral priority.

So although embedding a requirement for participation has led to a flowering of consumer activities, the lack of mandates and resourcing has resulted in patchy implementation and issues around sustainability. An inquiry into mental health services in Australia (Standing Committee on Community Affairs 2008) recommended that the Australian Government strengthen mental health consumer representation through funding consumer-run organisations.

Lessons from the UK

Anglicare's research to describe UK experiences of developing consumer participation in alcohol and drug treatment services is currently being finalised (Hinton, forthcoming). It proceeded by identifying key organisations and individuals across the UK as informants and conducting 35 face-to-face and telephone interviews with a sample of those who have been instrumental in planning, developing, implementing and

operating particular approaches to consumer participation across the UK. This included government, providers, clinicians, consumers and consumer groups. It also entailed conducting a literature review and the collation of background policy documentation.

The research found that consumer participation is now embedded in the treatment system through state nurtured activities and with resources provided to support it. This has been achieved through two main mechanisms:

- the 2001 Health and Social Care Act which places a duty on National Health Service (NHS) organisations to make arrangements to involve and consult patients in decision making at both an individual treatment level and in the planning, development and delivery of services. Their progress in doing so is annually assessed against standards set by the Healthcare Commission (or similar bodies in the regions)
- the establishment of the National Treatment Agency for Substance Use (NTA) in 2001 to oversee treatment for illicit drugs in England (with similar mechanisms in the regions) and manage the commissioning, delivery and improvement of drug treatment services. The NTA has stated the right to be involved and put an operational expectation on all providers to engage clients and made it mandatory for local drug action teams to have service user involvement and report against involvement activities annually.

In the past five years there has been a proliferation of approaches and mechanisms across the country and now all drug treatment services have service user engagement policies and most areas have active service user groups involved in the commissioning of treatment services. There is a general acceptance of the value of user involvement, that it is here to stay and has the potential to make a difference. However the failure of the NTA to produce guidance about how to do consumer participation or to provide any baseline standards is seen as accounting for the wide variation in the level and quality of user involvement across the country and the sometimes tokenistic approaches. Neither has implementation been monitored systematically which means that local areas are not necessarily pulled up for not doing it or for doing it ineffectively. For example the local drug action teams (the bodies responsible for developing and delivering drug strategies to meet local needs) have to develop consumer participation but there is no requirement to involve service users. This can mean the appointment of a service user coordinator but no further consumer involvement.

The new National Drug Strategy (Home Office, 2008) states that ‘the appropriate involvement of users is fundamental to effective delivery’ and there is a general assumption that consumer participation is now embedded. However there are also now concerns that developing consumer participation mechanisms has become less of a priority at national policy level. There is a recognition, reflected in other sectors, that it takes a long time to change attitudes and that to successfully embed user involvement will require long term organisational and financial support and a commitment to changing social norms.

In summary, the SARC research has shown that the basic building blocks of effective consumer participation are a fertile regulatory environment to encourage and promote involvement activity, adequate resourcing to facilitate involvement activities and changing the culture and attitudes of both providers and consumers to enable participation.

6. Recommendations

Anglicare recommends that two top priorities for action over the next five years of the NDS should be focused on providing a firm base for firstly improving partnership working with the non-specialist CSO sector in order to tackle the social determinants of health and the causal pathways to drug taking. Secondly the NDS should widen the range of expert stakeholders involved in making policy decisions by promoting consumer participation activity across the sector.

Joined up Working

Currently CSOs are rarely seen as an integral part of the spectrum of services for people with substance use problems and Anglicare's research has highlighted the difficulties they experience in trying to access appropriate training and develop effective collaborative partnerships with specialists. Yet they have an important role in identifying whether substance use is an issue, raising awareness about its impact, encouraging change and promoting access to specialist services but are limited in this role by skill levels. The evaluation of the NDS called for more attention to be paid to enhancing partnerships and engagement and to the social determinants of health in tackling drug problems.

Recommendation 1: That the National Drug Strategy fully acknowledges the significant role played by non-specialist CSO services and other human services systems in addressing ATOD issues.

Workforce Development

The NDS evaluation has recommended developing a strategic approach to AOD workforce development. It has also recommended further integrating treatment services by working collaboratively across sectors to develop referral pathways and meet both the clinical and non-clinical needs of clients. Increasing the capacity of the generalist health and welfare workforce to identify and respond to substance use problems requires a cultural shift to promote joint working between specialists and non-specialist, the building of local partnerships to improve client outcomes and the educating of clinical staff about the role of CSOs in working with ATOD issues and ensuring that confidentiality and privacy issues do not become a barrier to effective joint working. The research found that frontline workers require short courses of practical relevance which can arm them with strategies about how to raise these issues with clients and then how to initiate and sustain behaviour change. These findings are consistent with work carried out by the National Centre for Education and Training on Addiction (NCETA, 1998) to identify the education and training needs of frontline professionals in responding to ATOD problems. Yet the absence of a comprehensive framework to support

and guide ATOD training or workforce development means that currently training is delivered in an ad hoc manner with more consideration to the needs of specialist alcohol and drug workers than the needs of those delivering generic welfare services. Ultimately what may be required is work to define core competencies along with practice standards for working with clients with ATOD issues in non-specialist services and programs.

Recommendation 2: That the National Drug Strategy provide a framework for developing a comprehensive workforce development strategy applicable to all non-ATOD funded agencies working with clients with problematic ATOD use.

Secondary consultation

In recognition of the high demand among health and human services for access to specialist alcohol and drug support and advice Anglicare would like to see consultation liaison services established and extended to embrace non-specialist CSOs as a matter of urgency. Certainly workers who participated in the research wanted to see easier access to specialist workers and to be able to draw on their expertise in working with clients. They described models where the presence of a specialist alcohol and drug program within the organisation had enabled easy access to a pool of expertise and smooth referral pathway when responding to substance using clients with complex needs. These models would be of value across the sector.

Recommendation 3: That the National Drug Strategy provide guidance on establishing mechanisms for providing consultation liaison services including specialist advice, guidance and on-call support to non-specialist CSOs working with clients with ATOD issues. This should include the ability to offer on site consultancy, a community training element and on-going staff mentoring in the ATOD field.

These measures would enhance the ability of the NDS to better complement the social inclusion agenda and develop person-centred approaches to treatment. They should be accompanied by implementing monitoring and reporting mechanisms to ensure they are achieved at a state and territory level.

Consumer Engagement

Anglicare would like to see investment in building the capacity of consumers to effectively participate through establishing the necessary infrastructure and embedding a requirement to involve consumers in strategic policy with clear implementation guidelines. Overall the research demonstrates the need for a commitment to consultation and engagement to be held from the top down to staff on the ground. This must be accompanied by a recognition that consumers are significantly affected by issues like a change of service provider, changes to service delivery structures and the contracting out of services and need to be supported to have input into these areas as well as in areas relating to their individual care and use of services.

Recommendation 4: That the National Drug Strategy incorporate the principles of and outcome indicators for consumer participation.

In addition Anglicare would support AIVL's recommendations to:

- consider a national consultation on the effectiveness, advantages and disadvantages of including outcome indicators in relation to consumer participation in all alcohol and drug service funding agreements;
- that the existence of consumer engagement mechanisms for ATOD affected clients become a key quality indicator for Coos;
- consider establishing a start-up funding initiative to support services to initiate consumer participation activities and incorporate them into mainstream service practices.

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