



**Response to the Alcohol, Tobacco and Other Drug
Services Discussion Paper**

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Submission from

Rev. Dr. Chris Jones

Chief Executive Officer

Anglicare Tasmania

GPO Box 1620

Hobart 7001

Phone: (03) 6231 9602

Fax: (03) 6231 9589

Email: c.jones@anglicare-tas.org.au

Introduction

Anglicare Tasmania welcomes the opportunity to contribute to the Review of Alcohol, Tobacco and Other Drug Services in Tasmania. The discussion paper outlines a wide range of proposals in response to identified needs and asks whether they will achieve the intended outcomes. Given the range and diversity of the proposals this submission focuses particularly on those which have implications for our own service delivery rather than addressing issues raised across the board. These include how to ensure effective linkages and pathways, youth specific services, residential rehabilitation, non-government service provision and early intervention.

The comments expressed in this submission are based on consultations with Anglicare staff involved in both delivering alcohol and drug treatment services and those involved in other programs whose work is affected by these issues.

About Anglicare

Anglicare Tasmania is a non-government organisation that has been working for the Tasmanian community for the past 20 years. Since its establishment it has grown into a state-wide service 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 treatment 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 early intervention work.

Ensuring effective linkages

The current lack of coordination between alcohol, tobacco and other drug (ATOD) services and between the ATOD sector and other sectors is a key issue. It is frustrating for both service providers and clients who are clearly asking for smooth transitions and pathways through the service network. Their absence means that valuable opportunities for intervention are missed and that too many clients give up on changing behaviour due to the waiting time to get access. These issues currently pervade the whole service system. Some examples of where linkages are missing which have been identified by Anglicare staff include:

- an absence of harm minimisation work, behaviour change programs and access to counselling and support through the Needle and Syringe Program (NSP) despite clients continually asking for support and guidance. This requires a consideration of what interventions could prove effective and the careful co-location of the NSP with other services (for example GP surgeries or NGOs) to maximise links.
- the rolling out of the Opioid Pharmacotherapy Program through the shared care model with GPs. This needs to be accompanied by built in social support mechanisms rather than a purely medical response. However without collaborative working with other agencies who can provide social support this will be beyond the capacity of GPs who are already struggling with high workloads.
- different funding streams for different programs which contributes towards a lack of information sharing and coordination between agencies, particularly between those programs funded by the state and those funded by Commonwealth monies. This means that a significant amount of data collected by agencies is not used to its maximum effectiveness and opportunities for better understandings about needs and outcomes are lost because of different reporting requirements.
- a lack of feedback from specialist services about the outcomes of referrals. This can severely impact on the effectiveness of other programs and in some cases compromise their contractual obligations. For example there are times when Anglicare employment services have difficulties in fulfilling the obligation of a monthly contact with clients if they have been referred to and accepted into specialist ATOD services, particularly residential services.

The discussion paper acknowledges the importance of the inter-relationships between specialist treatment services, specialist intervention and support and the

range of other health and human services and that these need to be clearly articulated and supported to ensure access to appropriate and effective services. Anglicare particularly welcomes the proposals to:

- explore the relationship between the Alcohol and Drug Service (ADS) and the NSP including a review of program sites and access to specialist advice. Anglicare would also like to see an acknowledgement of the importance of improving access to a wider range of support services and counselling from these programs;
- improve access to psychiatric support and developing a service framework for the management of clients with co-morbidity presentations; and
- address referral processes and practices. Clear referral pathways and policies should be in place throughout the alcohol and drug treatment services and in interactions with other services.

In addition Anglicare would like to see more interventions with 'captive audiences' of high risk, complex needs populations; for instance in detention centres and correctional facilities. Not to intervene with structured programs at these points is a significant wasted opportunity.

Youth specific services

Youth specific interventions are listed in the discussion paper as one of a range of urgent issues which need to be addressed in the 2007/08 financial year. Given that a high proportion of problematic drug and alcohol use arises during adolescence Anglicare fully supports this priority. The absence of youth orientated withdrawal and residential facilities and the minimal service provided by specialist youth alcohol and drug workers needs immediate attention.

Anglicare voices broad agreement with proposals to increase resources in this area and to recruit additional staff with specialist expertise to address these needs and assist with the planning of future services for this group. We also welcome proposals to develop a framework for youth specific interventions and to ensure those working with young people have the skills required in both targeted and generic youth services. Anglicare would like to emphasise the importance of maintaining a strong role for generic services as a gateway and including generic youth workers in training and professional development in this area.

The discussion paper also proposes an exploration of models of best practice of withdrawal management for young people. Anglicare would like to ensure that previous work undertaken by the Salvation Army (Bell, 2005) is taken into account in assessing the value of youth specific withdrawal facilities and in providing clear recommendations.

Residential Rehabilitation

The current lack of residential rehabilitation options in Tasmania has been identified as a major gap in services and is particularly acute for young people and women with dependant children. Tasmania is the only jurisdiction in Australia which does not have residential facilities available for these groups and service providers report a continual demand which cannot be met. This means that potential clients are forced to seek help out of the state which operates as a severe barrier to access.

Anglicare would like to ensure that the findings of two research reports (Bell, 2005 and Hinton, 2005) demonstrating the needs and preferred service models for residential rehabilitation for young people and women with dependant children are taken into account in the review.

Non Government Service Provision

The discussion paper identifies scope for an expanded role for non-government organisations (NGOs) in the delivery of ATOD services in Tasmania. Outsourcing to NGOS must be part of a coherent strategy and framework which can foster better connections and coordination between ADS and NGO services. The paper proposes four key strategies in order to progress this development:

- developing and implementing a framework and model for NGO service involvement in the ATOD sector. This will involve reviewing the range and scope of services required, clarifying roles in providing community programs and population based strategies and identifying the best way to equip ATOD services provided by NGOs to deliver against agreed criteria.
- providing ongoing education and training across NGO services and increasing access to specialist medical resources, advice and support.

- working with the Alcohol, Tobacco and other Drugs Council (ATDC) to increase NGO service capacity and assist development, and service coordination.
- formally engaging NGOs in ongoing policy, planning and service development. This should occur at both a local, regional and state wide level and allow more involvement of front line workers in policy development work.

Anglicare welcomes proposals to clarify roles and relationships between services and sectors. It would also like to ensure that any expanded role for NGOs takes into account:

- the resource impacts of relationship and capacity building particularly on those generic services outside the ATOD sector. Despite dealing intensively with drug and alcohol issues these services have no additional funding available to provide a service to clients with drug and alcohol issues.
- that a drive for efficiency and the eradication of duplication does not eradicate choice of service provider. Clients need to have a range of options in terms of treatment, counselling and support in order to achieve a successful outcome. Lack of choice can operate as a severe barrier to access and successful intervention.
- that any training initiatives cover both federally and state funded program workers and that they also recognise the training requirements of workers in generic services who regularly respond to drug and alcohol issues among their clients.

Early Intervention

Anglicare acknowledges the reasons for the focus on Government services and medical treatment in the discussion paper. At the same time it would like to emphasise the importance of devoting resources to early intervention strategies in order to reduce the need for specialist services. The paper acknowledges the importance of early intervention services with 'at risk' populations and proposes two options:

- to expand existing services to increase their capacity to undertake early intervention work
- to enhance specific alcohol and drug early intervention service.

NGO services are a key point of entry to services for people with drug and alcohol issues and have a core role in supporting clients through more specialist treatments and interventions. Anglicare would like to support the first option which would enable workers across the broad range of programs and services to engage more effectively in early intervention work with their service users. For example Anglicare employment services are working with significant numbers of service users who have drug and alcohol issues. However their capacity to work with these issues is compromised by a lack of skills in this area, a lack of access to expert advice and a lack of funding. This means a valuable opportunity is missed. Expanding existing services to meet these needs will require, as suggested in the paper, a collaborative approach across sectors as well as additional resources.

The question is raised about how far Government services should focus solely on clients with more complex issues. This must be balanced with an understanding that without early intervention strategies in place non complex clients will become complex and therefore more costly. It must also be recognised that early intervention strategies also have cost implications. Downgrading of early intervention strategies and a minimising of the importance of entry points into the system will not achieve the desired outcomes.

Summary

The discussion paper acknowledges the potential impacts of drug and alcohol issues on the broader community and the need therefore for the review to be wide in its brief. Despite a primary focus 'on the need for and role of specialist alcohol and other drug treatment services' it also acknowledges that these issues affect a wide range of services across the whole health and human services field. The way forward proposed is through the development of specialist ATOD resources to provide a solid foundation to foster more effective relationships with other services and enable the provision of specialist support.

The discussion paper is successful in identifying the broad spectrum of needs and issues. However it also identifies a considerable amount of additional work which will need to be done in order to produce some solutions. This document is a starting point for developing a way forward and as such has outlined some promising directions. Anglicare particularly welcomes the emphasis on linkages and collaboration between services and sectors. However it is difficult to make in-depth

comments given the current lack of detail about how strategies are to be resourced and implemented and the absence of time lines, targets or costings.

Given the extent and urgency of the need, it is essential that this review maintains its momentum. However there are also concerns about whether it will attract sufficient resources to be able to do so.

References

Bell, E., 2005. *'The learning tree': An evidence-based model of a residential service for youth aged 12-18 with drug issues.* Final Report. Department of Rural Health, University of Tasmania, The Salvation Army.

Hinton, T., 2005. *Residential Rehabilitation for Women with Drug Issues and their Accompanying Children. Developing a best practice model in Tasmania.* Final Report. The Salvation Army.