APSAD
The Australasian Professional Society on Alcohol and other Drugs

POLICY BRIEF

THE PRESSING NEED FOR MORE AND BETTER INVESTMENT IN ALCOHOL AND OTHER DRUG TREATMENT SERVICES IN AUSTRALIA

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1. The Australasian Professional Society on Alcohol and Drugs (APSAD)

APSAD is the Asia-Pacific's leading multidisciplinary organisation for professionals involved in the alcohol and other drugs field. We strive to promote improved standards in clinical practice and in research into this and allied subjects. APSAD is dedicated to promoting improved standards in clinical practice for medical practitioners and other health professionals who deal with alcohol and other drug-related problems in the course of their work. APSAD also promotes population health, particularly as it relates to preventive interventions concerning alcohol, tobacco, pharmaceutical products and illicit drugs.

2. The issue: the pressing need for more and better investment in alcohol and other drug treatment services in Australia

A pressing need exists for more and better investment in alcohol, tobacco and other drug (hereafter AOD) treatment services in Australia. As discussed further below, fewer than half the people who need, would use and would benefit from AOD treatment are able to access it. The key barrier to meeting the community's needs for treatment services is insufficient investment in specialist AOD treatment services and in the specialist AOD treatment workforce. This applies to the Australian community as a whole, as well as to individual population groups experiencing elevated levels of AOD-related harms.

What is AOD treatment?

The treatment of people experiencing problems related to the use of drugs aims '... to provide one or more combination of therapies, medications, or other approaches designed to improve the health and well-being' of that person. 'The aim is to help that person establish health and stability, typically based on cessation of use of the substance or addictive activity in the long-term.[1] This includes a focus on positive health, well-being and social functioning, not simply recovery from substance use disorders. It also includes a focus on reducing the harms associated with drug use and societal responses to drug use and to people who use drugs.

What is the specialist AOD sector?

Australia's specialist AOD sector provides treatment services to the people experiencing the most debilitating AOD-related problems, i.e. serious substance use disorders. It includes a range of government and non-government services, both community-based and residential. It is an evidence-informed, quality and data-driven sector that is transparent and accountable to its service users, the broader public and its funders.[2] The sector operates on a sound ethical basis[3] across a continuum of care that includes screening; assessment; brief interventions; community outreach; withdrawal management; pharmacological interventions; psychosocial interventions; and recovery, sustaining wellness and ongoing care.[4]

3. Why is it important for Australia to have more and better investment in alcohol, tobacco and other drug treatment?

Since 1985, Australia's National Drug Strategy (NDS) has served the nation well by providing a framework for a comprehensive approach to the prevention and treatment of AOD-related problems. It covers prevention, treatment, harm reduction and drug supply reduction.[5] However, the NDS does not cover the allocation of AOD funding and other resources between jurisdictions. No coherent national approach or system exists for funding the nation's AOD treatment sector. As a consequence, we see great diversity of funding models across the state and territories.

It has been estimated that Australia's investment in AOD treatment in the 2012/13 financial year (the most recent data available) was in the order of $1.2 billion. Governments provided 80% of this ($1 billion approximately), with approximately 39% coming from the Commonwealth Government and 61% from the state and territory governments.[6] These sums are a small fraction of the social costs of alcohol and other drugs in Australia, estimated at $24 billion using 2004/05 dollars.[7]

The currently-available AOD treatment services are at capacity, and a huge unmet need exists. The current funding models have not delivered the volume and diversity of treatment services that the community needs.

Uncertainty exists with respect to funding models and levels of funding into the future. The establishment of the Primary Health Networks (PHNs) across the country has provided a welcome boost to, and enhanced governance of, some community-based AOD health services. It fails, however, to address the needs of the specialist AOD sector which serves people whose substance use disorders cannot be managed through Primary Care services such as general medical practitioners and community health centres. In addition, the PHNs alone are not the solution to AOD in Primary Care – Primary Care is reliant on Specialist Services to provide them with the necessary support, training, resources, consultation, and referral options to perform their role. Primary Care cannot do it alone through PHNs without a strong Specialist Sector to support both PHNs and Primary Care. The National Disability Insurance Scheme excludes people with AOD-related disability unless they are experiencing significant cognitive impairment — and

this is a small proportion of the people needing AOD treatment. These innovations have not produced enhanced AOD treatment services and outcomes.

A significant proportion of the people living with substance use disorders who can benefit from AOD treatment and related harm reduction services are experiencing multiple comorbidities, including substance use disorders, mental health disorders, physical health disorders and challenges in maintaining positive social relationships. The regular emergence of increasingly dangerous drugs in Australian drug markets (such as fentanyl at present) compounds the challenges in providing the level and types of treatment services that the community needs. Complex relationships exist between substance use disorders and the management of chronic pain.

APSAD is encouraged by current initiatives to develop a National AOD Treatment Framework and a National Quality Framework for AOD Treatment Services. Nonetheless, the problems produced by the current under-resourcing of AOD treatment in Australia will not be fixed by the development of these Frameworks unless they are accompanied by significantly enhanced funding, infrastructure, systems and professional development resourcing for AOD treatment.

4. What does the research tell us?

What treatment services are provided currently?

The Australian Institute of Health and Welfare (AIHW) summarises the current level and patterns of AOD treatment provision in Australia in the following terms:

> In 2017–18, 952 publicly-funded alcohol and other drug treatment services provided just under 210,000 treatment episodes to an estimated 130,000 clients. The four most common drugs that led clients to seek treatment were alcohol (34% of all treatment episodes), amphetamines (25%), cannabis (21%) and heroin (5%). Two-thirds (66%) of all clients receiving treatment were male and the median age of clients was 34 years.[8]

The AIHW also reports that over 50,000 people across Australia are receiving opioid substitution therapy with medications such as methadone or buprenorphine.[9]

Treatment works, and is cost-effective

AOD treatment works, as demonstrated through the Australian Patient Pathways Study:

> Just over half of the participants (52.0%) [in this drug treatment outcomes study] showed reliable reductions in use of, or abstinence from, their primary drug of concern. This was highest among clients with meth/amphetamine (66%) as their primary drug of concern and lowest among clients with alcohol as their primary drug of concern (47%), with 31% achieving abstinence from all drugs of concern. Continuity of specialist Alcohol and Other Drug care was associated with higher rates of abstinence than fragmented Alcohol and Other Drug care.[10]

This degree of treatment success is comparable to the treatment of other chronic health conditions linked to lifestyle risk factors, such as diabetes, hypertension and asthma. Similarly, the likelihood of relapse is similar to that of other chronic health conditions.[11]

Studies and reviews of the scientific literature confirm the cost-effectiveness of AOD treatment: it delivers good value for money. For example, a prominent US study showed that 'On average, substance abuse treatment costs $1,583 and is associated with a monetary benefit to society of $11,487, representing a greater than 7:1 ratio of benefits to costs. These benefits were primarily because of reduced costs of crime and increased employment earnings.'[12]

Under-resourcing and misbalance in resource allocations

Australia's specialist drug treatment service system is full, and demand has been steadily increasing for several years. Importantly, however, research at the national level has shown that '...we are currently treating about one quarter to one half of the pool of people likely to seek and be suitable for AOD treatment'.[13]

This underspend is compounded by the serious misbalance of financial resources allocated by governments to the drugs field. Approximately 64% of the drug budgets of Australia's governments goes to law enforcement, 22% to treatment, 10% to prevention, 2% to harm reduction and 2% to 'other'.[14] What is particularly concerning about this misallocation is that international research demonstrates conclusively that drug law enforcement is largely ineffective at achieving its stated aims of reducing the supply of illicit drugs in society,[15] whereas drug treatment is highly effective in helping people to overcome their drug-related problems.

Australia's AOD treatment resourcing: 'an appalling situation '

The situation has been characterised—correctly in the experience of APSAD's members—in the following terms:

> 'Alcohol and other drug (AOD) treatment policy is at a significant point of transition in Australia. The media is replete with examples of people unable to access appropriate AOD treatment—whether it be for detoxification, residential rehabilitation, pharmacotherapy or counselling. Anecdotal reports are backed by evidence of high unmet need and demand for treatment. **Fewer than half of those seeking AOD treatment in Australia are currently able to access appropriate treatment. This is an appalling situation...** and all the more concerning because we know treatment works and it reduces the substantial social costs of harmful AOD consumption'.[16]

5. What are the implications for policy and programs?

Since no excess capacity exists in the AOD treatment system nationally, the only way that governments can expand treatment services to meet the Australian community's unmet needs is to allocate additional funds for this purpose.

Governments now have available a tool that they should be using to quantify the level of need for AOD treatment services, at the population level, in terms of a variety of care packages, as well as costing such services: the *Drug and Alcohol Service Planning Model (DASPM)*.[17] It explicates

the resources needed to build treatment service availability, workforce capacity and capability, service infrastructure and the service system. The DASPM is not perfect, and the epidemiological data that underpin it need updating. That said, it is the best tool available, it is based upon sound science, and it is a far more reliable and valid approach than those currently used by all levels of government to determine service needs.

Now is the time for governments across Australia to commence a process of boosting funding to the specialist AOD treatment system, linked to improved quality of service provision and improved service user and community outcome monitoring.

The new funding needs to be allocated to the specialist AOD treatment system, separate from funding to the primary health care/PHN sector. This reflects the high level of unmet needs for specialist AOD treatment across the nation, combined with the high cost-effectiveness of specialist AOD treatment.

Furthermore, now is the time to apply new financial allocations to commence the process of re-balancing funding across sectors. Governments need to correct the long-standing misbalance in allocation of funding between the law enforcement sector (one that is largely ineffective at reducing the demand for and supply of drugs but that nonetheless receives the lion's share of funding) and the treatment sector (one that is cost-effective but demonstrably underfunded).

We need to boost the availability of the current treatment modalities that have been demonstrated to be both efficacious and cost-effective, improve the co-ordination of care, and further invest in treatment outcome research to identify new and more effective approaches. Initial studies have shown, for example, the great potential for cost-effective treatment interventions servicing large numbers of people with substance use disorders using internet and social media treatment modalities. Similarly, we need greater investment to support research into the pharmacological treatment of psychostimulant use disorders.

Conclusion

Australia is a wealthy society that has an ethos of caring for community members who are suffering. Investment in the AOD treatment system responds to pressing community needs, and delivers high value for money. We can no longer be complacent at the appalling situation of under-investment in AOD treatment that has created the current situation where 'about one quarter to one half of the pool of people likely to seek and be suitable for AOD treatment' are unable to be treated owing to the shortage of treatment places.

6. Further reading

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