



Turning Point

TREATMENT · RESEARCH · EDUCATION

**SUBMISSION:
CONSULTATION
DRAFT NATIONAL
ALCOHOL STRATEGY
2018-2026**

Turning Point
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Part of


easternhealth
GREAT HEALTH AND WELLBEING

Turning Point Submission into Inquiry into consultation draft National Alcohol Strategy by Department of Health on behalf of the Ministerial Alcohol and Drug Forum.

Thank you for the opportunity to provide a submission to the *Consultation Draft National Alcohol Strategy 2018-2026* (Consultation Draft).

Turning Point would like to offer its support to the submissions prepared by the National Alliance for Action on Alcohol (NAAA), the Foundation for Alcohol Research and Education (FARE) and the Alcohol Policy Coalition (APC).

After seven years without a National Alcohol Strategy, **Turning Point** is pleased to see that the Ministerial Drug and Alcohol Forum (MDAF) has released the Consultation Draft for public consultation. It is also pleasing to see that the Consultation Draft has incorporated feedback from the public health and community sectors, largely aligns with a number of international strategies, and includes evidence-based measures that have been proven to be effective in preventing and minimising alcohol harm.

However a strategy is only as effective as its implementation. While the Consultation Draft provides a good summary of the evidence and outlines evidence-based ‘opportunities for action’, it lacks detail on implementation. Without clear priorities, commitments, timeframes and accountability mechanisms, a new National Alcohol Strategy will not achieve change.

To transform the Consultation Draft into a strategy that will achieve change, **Turning Point** recommends incorporation of the following three priorities in any future National Alcohol Strategy.

1. Adopt the National Road Safety Strategy 2011-2020 frame as a model for the new National Alcohol Strategy.

Adoption of the National Road Safety Strategy 2011-2020 framework as a model for a new National Alcohol Strategy. Given Australia’s overall success in improving road safety over time, it seems relevant to learn from Australia’s strategic approach in this area. A new National Alcohol Strategy must contain an ambitious overarching target, include mechanisms that facilitate shared responsibility and leadership for action, outline priority actions for implementation within specific timeframes, and enable independent and transparent policymaking processes.

2. Adopt a system of strong accountability measures to monitor progress.

Adopt strong accountability measures to monitor progress. The MDAF must commit to resourcing and rebuilding Australia’s monitoring system for alcohol across the course of the strategy. An effective monitoring system needs to set targets that specify reductions in alcohol harm as well as patterns and levels of alcohol consumption. As an initial step in this process, **Turning Point** recommends adoption of measures, indicators and targets that align with the Australian Health Policy Collaboration’s Health Tracker 2025 proposed measures, indicators and targets for alcohol.^{i,ii}

3. Prioritise and commit to implementing specific, evidence-based activities in the first three years.

Prioritise and commit to implementing specific, evidence-based activities in the first three years of a new National Alcohol Strategy. To transform the Consultation Draft from a 'recipe book' of measures to a results-focused strategy with clear commitments to action, **Turning Point** recommends that relevant governments, departments and agencies commit to implementing the specific 'initial actions' outlined in NAAA's and FARE's submission, by 2021. Priority should be given to implementing prevention-focused actions and those assessed by the evidence as being most effective in reducing alcohol harm.

4. Further recommendations from Turning Point.

1. Enhance surveillance and monitoring informatics to provide timely interventions and targeting of evidence-based interventions.
2. Build on existing co-operation between health and forensic services to ensure that a co-ordinated approach to providing a continuum of care and appropriate response is possible.
3. Build Australia's specialist addiction medicine capacity and services to support National Alcohol Strategy.
4. Acknowledge that alcohol misuse remains Australia's number one intoxicant and the second leading cause of preventable morbidity and mortality.
5. Institute a robust public health model for treating serious alcohol and other drug addiction, such as Portugal, to reduce the cost of addiction.
6. Embrace Patient Pathways recommendations (<http://www.health.gov.au/internet/main/publishing.nsf/content/study-of-patient-pathways-in-alcohol-and-other-drug-treatment>)

Recommendations for promoting treatment and supporting best practice

- i. *Promote the importance and benefit of accessing AOD treatment and strengthen pathways into treatment.* Findings from the client survey, qualitative and linkage data illustrate that engagement with AOD treatment significantly reduces problematic substance use, improves quality of life, and reduces utilisation of acute health services. These findings are critically important for promoting clinician and client confidence. Such evidence is also important for inspiring greater optimism about the value of treatment and recovery¹ prognoses for affected families and communities, as well as key linked professions and services, such as housing, justice and mental health.
- ii. (a) *Promote workforce models that enhance rates of treatment completion.* Given that treatment completion was a robust predictor of

¹ The term recovery as used in this report is based on work conducted by the UK Drug Policy Commission, which defined recovery as 'voluntarily sustained control over substance use which maximises health and wellbeing, and participation in rights, roles and participation in society'. Controlled use in this context 'means 'comfortable and sustained freedom from compulsion to use'. For some this may mean abstinence, for others it may mean abstinence supported by prescribed medication and for others consistently moderate use of some substances (UKDPC, 2008, pp. 5-6).

client outcomes, emphasis should be placed on promoting ways of building and maintaining the therapeutic alliance. This should include encouraging active client participation in care planning and review, and embedding supervision and quality assurance processes that support effective client engagement and retention in treatment.

(b) *Consider structural changes to service delivery that enhance treatment completion and address barriers to help-seeking* (e.g., services offered outside business hours, telephone support, etc.). Such approaches would address common barriers to treatment identified in the qualitative interviews.

Recommendations for continuity of care

- iii. *Promote continuity of care.* Clients frequently present with complex and severe problems, and with previous experience of the treatment system. However, most funding systems currently focus on discrete, activity-based episodes of care, with little investment in structures to support continuity of care across treatment modalities and over time. In the light of the recently completed review of the AOD treatment service sector (DPMP, 2014)', it is timely to consider funding models that promote continuity and service integration. Funding models should accommodate and promote treatment journeys that involve multiple treatment modalities and greater linkage to follow-up care.
- iv. *Encourage services to engage in assertive follow-up of clients.* Supported by the qualitative data, assertive follow-up of clients following treatment promotes continuity and re-engagement with the treatment system when needed. Examples could include introducing a routine telephone follow-up call 4-8 weeks after completing a treatment episode.

Recommendation for accessibility of long-term residential care

- v. *Increase availability of rehabilitation places and reduce the waiting list for long-term residential care.* Given the evidence from both the client survey and linkage data that better outcomes are achieved among those receiving long-term residential care, it is crucial that funders and specialist service providers recognise the critical role that rehabilitative services play in a comprehensive specialist treatment system, particularly for individuals who have greater levels of complexity. The qualitative findings indicate that long waiting times for access to residential treatment are a key barrier to treatment engagement. It is imperative that such unmet needs are addressed, and that the benefits of residential rehabilitation are promoted among clinicians and clients.

Recommendation for care coordination

- vi. *Support care coordination.* Linked to the issue of continuity of care, and identified as a key theme in the qualitative interviews, was limited availability of care coordination. Our findings highlight the importance of supporting complex clients effectively transition through the AOD treatment system and engage with relevant health and welfare services when needed, so as to enhance treatment retention and completion. While this role could be performed within agencies, there are opportunities to explore low-cost options such as telephone and online support, provided in every jurisdiction, to assist in both coordinating care and providing a vehicle for long-term engagement and follow-up.

Recommendation for promotion of aftercare and mutual aid/peer support

- vii. *Specialist AOD services should develop and promote interventions and pathways to aftercare* such as supportive community groups, including but not restricted to mutual aid groups. This could include assertive linkage to peer support groups, such as 12-step and SMART Recovery, using readily available and evidenced-based models that improve engagement with mutual aid (such as the MAAEZ model developed by Kaskutas and colleagues in the US). Being free and widely available (including online meetings), such support groups can be cost-effective models of aftercare, at least for some clients. Previous research has shown that such approaches require workforce training to support staff to make these initial connections and to develop relationships with mutual aid groups.

Recommendations for treatment intensity and pathways tailored to client characteristics

- viii. *Improve continuity of care and optimal care pathways for alcohol-dependent clients.* Clients with a primary alcohol problem were less likely to have good outcomes across all arms of the study, yet benefited the most from having optimal care pathways. This suggests more intense treatment is likely to be required for these clients, but also that achieving change is more challenging in a context of high alcohol availability and acceptability. As much as possible, clients should be encouraged to continue engaging in on-going AOD treatment after completion of a treatment episode, make use of appropriate community services and receive on-going support and aftercare (e.g., mutual aid attendance). Efforts to enhance retention and early re-engagement for those who drop out of treatment are likely to improve outcomes with this population, and should be piloted. Investment in public health/community based approaches to reduce consumption and availability also warrant continued investigation so as to support individuals adversely affected by alcohol to reduce their drinking, as

well as reducing and preventing alcohol-related problems across the community.

- ix. *Develop mechanisms for the assertive engagement of individuals with problematic meth/amphetamine use into treatment.* The positive treatment outcomes achieved in this population, combined with the significant community harms accrued by those not in treatment suggests that this group should be actively engaged in treatment. This should include enhancing pathways to treatment through promoting referrals from agencies where these clients typically present (e.g. mental health, primary care and criminal justice services).

Recommendations for future research

- x. *Extend the use of linkage data, as piloted in Chapter 4 of the Patient Pathways report.* As the 'Tracking Residential Addiction Clients for Effectiveness Research (TRACER)' study in the UK has shown, gaining client consent for ongoing linkage work allows the mapping of long-term outcomes while requiring only limited resources, and is an important adjunct to treatment outcome research. Such data are essential for sophisticated outcome monitoring, system planning and mapping of health care and welfare service utilisation to clinical outcomes.
- xi. *Add a health economics dimension to such linkage studies.* The linkage data offer an ideal platform for a health economics analysis of the savings associated with treatment engagement and completion by treatment type. The linkage data presented here demonstrate significant benefits in reduced acute health care utilisation, and it would be a key next step to assess its economic impact using both linkage and self-reported outcome data.
- xii. *Explore longer-term outcomes and pathways following AOD treatment.* Given international research highlighting the broader benefits of treatment over time (up to 9 years), it is important that a further wave of follow-up is conducted to effectively measure the full impact of treatment pathways and map trajectories of recovery. Such work is particularly relevant here given that the majority of clients were still engaged with treatment services at the one year follow-up, and the full benefits of treatment engagement are unlikely to have been fully realised.
- xiii. *Ongoing investment in treatment systems research.* The present study highlights the importance of treatment systems research that considers the effectiveness of the AOD service sector itself, as well as being an integral component of a broader health and welfare system. Such studies are needed to complement the already well-established tradition of controlled studies of particular treatment modalities, which by design tell us little about the influence of context (e.g., setting, funding, workforce) and implementation challenges. Further investment in treatment system research is essential for informing the design of the Australian AOD sector, and identifying the strengths and weaknesses of particular models of care. One opportunity that exists, but is as yet unexplored, is comparing the existing jurisdictional differences in the configuration of the AOD treatment system to inform the most effective system design at a national level. Further research is also needed on

how best to support the broader health and welfare system in enhancing client outcomes and reducing societal costs.

Turning Point is a national addiction treatment centre, dedicated to providing high quality, evidence-based treatment to people adversely affected by alcohol, drugs and gambling, integrated with world-leading research and education. **Turning Point** is auspiced by Eastern Health and is formally affiliated with Monash University.

Turning Point reduces the harms caused by alcohol, drugs and gambling and promotes recovery through integrated activity that:

1. Increases access to support and evidence-based practice through the use of innovative technologies.
2. Delivers high quality evidence-based practice.
3. Supports health care professionals nationally and internationally to provide high quality evidence-based practice.
4. Delivers workforce and community education programs to a broad range of populations.
5. Undertakes policy and practice relevant research and provides key national population level data.
6. Provides policy advice to state and federal governments as well as expert comment.

As outlined in the Consultation Draft, the harms associated with alcohol are significant, with too many individuals, families and communities continuing to be impacted by alcohol. The good news, however, is that much of this harm can be prevented with strong political leadership, a commitment to action, an effective strategy and implementation of initiatives that have been proven to work.

This process provides a unique opportunity to develop and implement a strategy that will prevent and minimise alcohol harm. To achieve this, Turning Point encourages the MDAF to consider and adopt the recommendations outlined in this submission.

Thank you once again for the opportunity to raise these important issues with you.

Yours sincerely

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ⁱ Tolhurst, P., Lindberg, R., Calder, R., Dunbar, J., de Courten, M. (2016). *Australia's Health Tracker*. Retrieved from https://www.vu.edu.au/sites/default/files/australias-health-tracker-overview_1.pdf

ⁱⁱ Tolhurst, P., Lindberg, R., Calder, R., Dunbar, J., de Courten, M. (2016). *Australia's Health Tracker*. Retrieved from https://www.vu.edu.au/sites/default/files/australias-health-tracker-overview_1.pdf