

Drug Education Network

Response to

Our Healthcare Future | Immediate Actions and Consultation Paper

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Background - The Drug Education Network

The Drug Education Network (DEN) is a non-government organisation delivering a range of health promotion, prevention, and early intervention programs to reduce the harm associated with alcohol, tobacco, and other drug (ATOD) use across Tasmania. We have a commitment to deliver services focused on community engagement and capacity building.

DEN recognises socio-economic, cultural and gender factors influence usage and that disadvantage is often perpetuated through different system and service responses to different population groups. Therefore, DEN works closely with communities and key stakeholders to identify and develop locally owned responses to concerns regarding alcohol, tobacco and other drug use. Recognising that ATOD use and misuse affects individuals across the lifespan, DEN works from pre-birth to the senior years.

DEN works right across the preventive health continuum. Health Promotion, Prevention and Early Intervention (PPEI) approaches in averting alcohol, tobacco and other drugs (PPEI) is at the heart of DEN's work and the organisation supports the implementation of initiatives across government agencies and public, private and community sector providers in accordance with the Everybody's Business Strategic Framework.

DEN is pleased to provide a response to the Our Healthcare Future | Immediate Actions and Consultation Paper. Because of its role as an organisation which works in the ATOD prevention area, DEN will focus on prevention in this submission and provide some evidence from the ATOD sector.

There can be no argument that the greatest advancements in health have been achieved on a population basis. Vaccinations, motor vehicle safety and other injury prevention initiatives, fluoridation, addressing tobacco use and other public health interventions have had arguably more to do with ensuring the health and extending the life of Tasmanian people than all the medical advancements of the past century.

It is also clear that health occurs long before people get to a doctor's office. Clinical care is not enough. Health is about safe food and water, clean air, healthy housing, good education and a range of other social determinants best addressed on a community or population basis. Public health in partnership with the community performs this important work. Yet in Australia, we spend only 2 percent of our health care budget on prevention.

Inadequate investment in prevention and community-based services puts pressure on other parts of the system. Furthermore, DEN would like to emphasise that prevention in the Alcohol, Tobacco and Other Drugs (ATOD) sector is critical to the prevention of chronic illness and more expensive interventions. In its report *Healthier Australians*, the Productivity Commission notes that, 'The Australasian College of General Practice has emphasised SNAP — smoking, nutrition, alcohol and physical activity — as key targets for preventative care. Yet most people in the SNAP categories have not had discussions with their GPs about preventative health.'¹

¹ Productivity Commission (2017), *Shifting the Dial: 5 Year Productivity Review*, Report No. 84, Canberra: Productivity Commission, pp. 46-47, <https://www.pc.gov.au/inquiries/completed/productivity-review/report/productivity-review.pdf>

Reform Initiative 1 – Increase and better target our investment to the right care, place and time to maximise the benefits to patients.

Consultation questions:

7. How can we improve integration across all parts of our health system and its key interfaces (e.g. primary health, mental health, disability services, aged care and acute care)? What should be our priorities for integration?

While DEN accepts the idea of integration, particularly in the sense of addressing silos, we believe that although the aim of an integrated approach is to provide a service that can address multiple service user needs, the resulting treatment often lacks nuance, skill, or specificity.

A holistic approach, however, is led or wrapped round the person. It incorporates the idea that the whole is more than merely the sum of its parts. An integrated approach aims to support all needs with one systemic solution, whereas a holistic approach intends to consider all a consumer/ client's needs with complimentary solutions. A multi-agency approach coordinated by an appropriately qualified peer worker would improve the navigation and accessibility of the health system.

Within the area of DEN's work, for example, a holistic approach provides a wrap-around service, supporting the introduction of mental health capability to the AOD sector, in the form of psychiatrists, psychologists, mental health nurses or other allied health professionals, but would not expect uniformity or multi-disciplined practitioners to address all issues within both conditions

An Individualised and holistic care approach recognises and respects the goals of consumers/ clients. When we consider AOD treatment, we recognise that it should not occur in isolation and should, as far as possible, incorporate a broader approach to minimising harm and supporting sustainable behaviour change. The range of complementary (and mutually reinforcing) supports that increase the effectiveness of AOD treatment are effectively contained within the concept of "recovery capital".

Cross-sector collaboration

Cross-sector collaboration is a more efficient and effective way of providing services for individuals and/or families with complex needs. By working across sectors, AOD services can contribute to a growing pool of knowledge, expertise, funding, shared referrals and other valuable resources which can improve outcomes for all Tasmanians.

As described by the Australian Prevention Partnership Centre, an ideal systems perspective recognises the role of social, economic and environmental factors and how each of these interacts, if we are to achieve sustained prevention of complex chronic health problems.² Accordingly, a key interface for health is the community services sector which is in a strong position to work towards a whole of person, whole life approach. This approach recognises the critical role of the social determinants of health in the delivery of effective and respectful services. A five-year program logic evaluation study of South Australia's *Health in All Policies* initiative demonstrated that the community sector 'facilitated improved population health through working with multiple government departments. Public servants came to appreciate how their

² <https://preventioncentre.org.au/about-us/our-approach/>

sectors impact on health. Program logic is a mechanism to evaluate complex public health interventions in a way that takes account of political and economic contexts.⁷³

With regards to the AOD sector DEN stresses that addressing today's most pressing alcohol and other drug challenges requires developing the capacity to work collaboratively and effectively across sectors. DEN also emphasises that:

- Leaders across sectors must look at providing collaborative, place-based strategies that view vital communities as a key part of health. These strategies strive to not only improve healthcare delivery, but also to promote access to quality education; affordable housing; safe neighbourhoods, healthy food, and liveable-wage jobs.
- This work is contingent on partnering with the community and in Tasmania is happening with the Neighbourhood and Community Houses network, the Local Drug Action Teams, Suicide Prevention Tasmania and local government.
- There are also a number of consultation processes by many other agencies, including local government youth advisory groups, that can support positive actions in dealing with health and social wellbeing issues including those related to substance use.
- However, there is a great need for consistent messaging across these initiatives, and indeed to the broader services sectors and the community they serve to deliver a strong united position on the prevention of and protection of harm from substance use.
- It is important to provide interventions and programs which are person-led, culturally respectful and safe, and which are underpinned by trauma informed care across the whole of the community services sector.

Sustaining an effective and ongoing preventive health effort in Tasmania

A strong focus on prevention is fundamental to sustainability, reflecting a greater focus on supporting health and wellbeing, rather than the current focus on mainly treating acute illness. Long-term and lasting structural change is required to shift to a greater emphasis on prevention. An ongoing and meaningful commitment of resources (capital and recurrent expenditure) is a prerequisite to sustain an effective and ongoing preventive health effort in Tasmania. Investment in prevention is not driven across the health system and more often funding is short-term, with an over-reliance on pilot programs that finish when the pilot concludes, even if proven effective.

The recent *WA Sustainable Health Review* notes that 'investment in prevention is not driven across the health system and more often funding is short-term. In the longer-term, the WA health system needs greater predictability of the budget footprint in which it operates.'¹⁴ The Review called on Government to

³ Fran Baum *et al* (2019), To what extent can the activities of the South Australian Health in All Policies initiative be linked to population health outcomes using a program theory-based evaluation? *BMC Public Health*, Volume 19, no. 88, <https://doi.org/10.1186/s12889-019-6408-y>

⁴ Sustainable Health Review. (2019), *Sustainable Health Review: Final Report to the Western Australian Government*. Department of Health, Western Australia, p. 5, <https://ww2.health.wa.gov.au/-/media/Files/Corporate/general-documents/Sustainable-Health-Review/Final-report/sustainable-health-review-final-report.pdf>

'increase and sustain focus and investment in public health, with prevention rising to at least five per cent of total health expenditure by July 2029.⁵ This would also seem a reasonable target for Tasmania.

10 How can we build health literacy, self-management and preventative health approaches into the day-to-day practices of our health services across the whole of the health system?

It is recognised that health literacy is an area that could be further strengthened in Tasmania. It is important to continue to build community members/people's confidence and ability to navigate health systems and information. The HELLOTAS Toolkit developed by TasCoss in collaboration with the community sector, (including DEN) is an important resource that should continue to be shared and prioritised as a mechanism for organisations beyond the community sector such as the primary health care sector to incorporate health literate principles in their service delivery.

Further points include:

- Enhanced coordination and capacity building focuses on supporting closer working relationships across sectors (including justice, housing, education and social care) as well as across the primary, secondary and tertiary interfaces of the health sector.
- It is critical to continue to support programs that aim to increase the capacity of the workforce to contribute to a prevention agenda. Prevention programs need to be of sufficient duration and intensity so that the service is of an appropriate length for treatment to have an impact and ensure that change can last over time.
- The health workforce needs to be involved in the development and implementation of evidence-based and effective prevention activity. This will require strengthening workforce capacity and diversifying perspectives to effectively address health, behavioural and other factors involved.

11 How can we better incorporate preventative health and health literacy initiatives into current and future care, across the range of settings, including acute, community, primary and private?

In general, across Australia and internationally, a much higher proportion of health service funding and activity is focussed on treating and supporting people to recover and re-integrate into the community. This means there is often less focus on the development and implementation of effective prevention activity aimed at preventing and reducing harm across the whole population.⁶

It is important that a more coordinated and holistic response is delivered through prevention and treatment services and education and training programs. A collaborative approach can assist in supporting people using substances and their families to address the risk factors that might lead to problematic use before serious harms occur wherever and however they seek services. Bolstering protective factors by supporting resilience in families, health literacy, strong communities and providing opportunities to make meaningful contributions, by teaching the skills they need to be successful in these new opportunities.

⁵ Sustainable Health Review. (2019), *Ibid.*, p. 10.

⁶ WA Drug and Alcohol Office (2014), *Introduction to Alcohol and Other Drug Prevention*, Perth: Drug and Alcohol Office, <https://www.mhc.wa.gov.au/media/2354/introduction-to-alcohol-and-other-drug-prevention-guidelines.pdf>

Education strategies raise awareness of health issues and ensure people understand the impact of various factors on the health and well-being of the community. Education strategies are also used to gain support for strategies that are shown to be effective in achieving behaviour change. Education includes initiatives that inform, advise, build awareness and de-bunk myths and misconceptions. Engaging the community and key stakeholders can not only improve health literacy but can also help to motivate people to change their behaviour, build positive attitudes to change and get issues on the social agenda. Examples in the area of AOD education include:

- Continued investment in to education campaigns raising awareness of the risk of harmful alcohol use.
- Developmentally appropriate and comprehensive school-based AOD education and skill programs which are based on evidence of what works.
- Key community leaders being spokespersons and advocates of what works in AOD prevention.⁷

More focus should be placed on the use of technology, such as the internet and telehealth as important emerging mediums for prevention and treatment approaches and as a potentially effective tool for reaching new or hard to reach communities. Health literacy messages can be very efficiently dispersed, to targeted cohorts through powerful social media platforms.

Reform Initiative 3 – Planning for the Future

Reform Initiative 3c – Strengthen the clinical and consumer voice in health service planning

Consultation questions:

2 How can we better engage meaningfully and effectively with consumers and other key stakeholders in health service planning, delivery and quality improvement?

3 How can we strengthen and optimise consumer engagement and participation at all levels of healthcare including:

- a. Personal: participation and engagement in a person’s own care**
- b. Local: participation and engagement in service improvement at a local level**
- c. Policy and service system: participation and engagement in planning, developing, reviewing, evaluating and reforming services at a system level?**

4 Are there particular models of consumer engagement and participation that we should consider?

5 How can we improve opportunities for consumers to feed back on their healthcare including following discharge from care?

6 How do we strengthen education and training for health professionals and health policy makers and planners in relation to the importance of consumer engagement and participation across all levels of healthcare?

Recognition of the contribution of people with lived experience in order to spread the message about protective factors for ATOD is critical. DEN is offering the example of developing and training an ATOD peer workforce as a critical initiative in consumer participation.

Peer Workforce

⁷ Sustainable Health Review. (2019), Op. cit., p. 10.

The Alcohol, Tobacco and Other Drugs Council (ATDC) has completed significant work on the formation of a Consumer organisation and they are well placed to make comment on consumer engagement and participation. The other area of this kind of work is the development of the peer workforce funded by the Tasmanian Community Fund, Primary Health Tas and the Department of Health DEN is working on a state wide Peer Worker Project to prepare, through training, both organisations and potential peer workers for an AOD peer workforce.

There is an extensive body of research and practice-based evidence for developing and supporting peer work. The evidence provides a clear and consistent set of directions for creating an effective and sustainable peer workforce. The proposed training program would develop and evaluate best practice for the AOD sector.

The evidence demonstrates that:

- It is paramount to prepare peers for their “change agent” role and alignment with service models. Training staff to understand the role, scope, and value of the peer worker, (organisation get ready training) is a critical component of DEN’s proposed project.
- Training and capacity building should be core training for both staff and potential peer workers to ensure misunderstandings are minimised, and planning, implementation, and management of consumer participation projects are maximised.
- It is critical to ensure that the peer workforce is sustainable and built on evidence-informed practice and that career opportunities for peer workers are supported within the sector. Defining and supporting pathways from “service user” to “peer worker” is an important aspect of growing this workforce.⁸

This work is based on the understanding that peer workers in the workplace are a necessary and positive step forward for the AOD sector. In many parts of the world and, indeed, in Australia, ATOD peer work is not a new initiative. According to Victoria’s Self Help Addiction Resource Centre (SHARC), ‘The AOD peer workforce is recognised as an integral part of quality service delivery, resulting in many organisations formalising and integrating peer work into their service. A peer worker is someone who utilises their lived experience of alcohol and other drugs, plus skills learned in formal training, to deliver services in support of others.... Peer Workers have an overwhelmingly positive impact within SHARC services and in agencies around Victoria.’⁹

Peers in the workplace can also increase access to treatment and options. It can be incredibly socially isolating to be experience issues with drug use and confronting to access treatment, but support from peers reduces social isolation, anxiety and increases access to support which can reveal available options. There is a growing body of research that indicates the effectiveness of peer worker in improving health and wellbeing outcomes for people with substance use issues. A systematic review evaluating the use of peer support workers reported significant decreases in substance use and improved recovery capital (e.g., housing stability, self-care, independence, and health management) for individuals who used peer support

⁸ Victoria, Department of Health and Human Services (2018), *Victoria’s alcohol and other drugs workforce strategy 2018–2022*, p. 28, <https://www2.health.vic.gov.au/alcohol-and-drugs/alcohol-and-other-drug-workforce>

⁹ <http://www.sharc.org.au/peer-support/peer-workers-aod/>

services.¹⁰ The Alcohol Tobacco & Other Drug Association ACT (ATODA) makes the point that, ‘People who use drugs engage well with harm reduction interventions delivered using peer-based approaches.’¹¹

A New Zealand report makes the point that peer workers can also play a role in wider system change. This report states that, ‘It is arguable that, by definition, the development of peer roles will disrupt business as usual in the AOD and mental health systems. Introducing ‘out and proud’ service users into service delivery blurs the hitherto stable boundary between provider and user. Peer support roles also explicitly challenge traditional notions of expertise. These disruptions represent a significant paradigm shift for the sector, in line with client centred practice.’¹²

It can therefore be extrapolated that, strategically, employing peer workers can help lead the shift to a truly person-centred system. Furthermore, ‘If peer support is able to influence innovation throughout the system, communication and learning can flow from peer support workers to managers, funders and policy makers as well as from the top down. This approach helps to ensure that ongoing refinement of the initial innovation is informed by all stakeholders.’

¹⁰ Ellen L Bassuk, Justine Hanson, Neil Greene, Molly Richard & Alexandre Laudet (2016), Peer-Delivered Recovery Support Services for Addictions in the United States: A Systematic Review, *Journal of Substance Abuse Treatment*, Volume 63, pp. 1-9, <https://doi.org/10.1016/j.jsat.2016.01.003>

¹¹ Alcohol Tobacco & Other Drug Association ACT (ATODA) (2016), *Strengthening Specialist Alcohol and Other Drug Treatment and Support: Needs and Priorities for the ACT 2016–2017—An independent expert paper for the ACT Primary Health*, p. 29, https://www.chnact.org.au/sites/default/files/Monograph_3_Strengthening_Specialist_AOD_Treatment_Support_Needs_Priorities_ACT.pdf

¹² Julian King & Graham Panther (2014), *Peer Support Themes Synthesis Report*, Auckland, NZ: The AOD Provider Collaborative, p. 12, <http://www.aodcollaborative.org.nz/vdb/document/5>