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AMA submission to UNSW Social Policy Research Centre consultation on draft of the *National Alcohol and Other Drug Treatment Framework*

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Thank you for providing the Australian Medical Association (AMA) with an opportunity to provide written comment on the draft version of the *National Alcohol and Other Drug Treatment Framework* (NTF). Alcohol and drug use is prolific in Australia. The Australian Institute of Health and Welfare estimates that 80 per cent of Australians consume alcohol, 28 per cent drink at risky levels, and 15.6 per cent use illicit drugs. Alcohol and drug use are serious health problems, being responsible for 5 per cent and 2 per cent of Australia's overall disease burden, respectively. Not everyone who consumes alcohol or drugs will require treatment, but providing timely, appropriate, and accessible treatment to those who need it is an important public health imperative. However, the alcohol and other drug (AOD) treatment sector in Australia is complicated, under-resourced, and not well understood. In 2014, the New Horizons review reported that the Australian AOD treatment sector only met between 26% and 48% of demand for treatment. The AMA commends the development of this framework, and hopes that it will be successful in creating a clear, widespread shared understanding of the role and structure of the treatment system in Australia.

In representing the views of Australia's medical profession, the AMA has long advocated on issues surrounding addiction, along with the use of and harms associated with alcohol, tobacco, cannabis and methamphetamine. Many AMA members, ranging from addiction medicine specialists to psychiatrists, emergency physicians, and General Practitioners (GPs), are involved in the provision and planning of AOD treatment. The AMA believes that problematic alcohol and other drug use is primarily a health issue and should be acknowledged as such in policymaking.

Purpose of the National Treatment Framework

Of central importance to the AMA is the NTF's stated purpose of achieving better communication between treatment providers and related systems of care. However, it is not clear *how* the NTF will facilitate or lead to better communication. The inclusion of "holistic and coordinated" care as a key principle later in the document is only meaningful if the NTF can also provide clear measures to ensure improved communication. This should include a stronger acknowledgement of the role of GPs in AOD treatment and a recommendation that AOD treatment services seek out and value the input of GPs in their treatment models.

For GPs, connection with other parts of the AOD treatment system is vital, yet currently insufficient. GPs have regular contact with patients experiencing AOD issues, but do not always have adequate information to refer patients to appropriate services. Additionally, short and sporadic funding cycles mean that the treatment sector is incredibly dynamic, with shifting priorities and finances making it difficult to keep track of what kinds of treatment are provided where. GPs therefore need access to clearer referral pathways, in order to connect and communicate with other service providers appropriately. Simultaneously, information about patient care needs to flow in both directions so that all health professionals involved in AOD treatment can provide the best possible care for individuals. An acknowledgement of this in the NTF would be beneficial.

Principles for Effective AOD Treatment and an Effective Treatment System

The AMA is broadly supportive of the six underlying principles for AOD treatment as set out in the draft NTF. Treatment that is patient-centred; equitable and accessible; evidence-based; culturally responsive; holistic and coordinated; and non-judgemental, non-stigmatising and non-discriminatory aligns with much of the AMA's policy on AOD treatment as set out in our positions on [Alcohol](#), [Substance Use and Dependence](#), [Methamphetamine](#) and [Cannabis](#).

The AMA particularly agrees with the need for accessible and equitable treatment services. As mentioned, the current treatment system has insufficient resources to meet demand, and even where treatment is available, this does not necessarily meet the individual needs of patients. Without a timely option to access relevant treatment, patients with addiction and AOD problems are likely to decline, sometimes eventuating in engagement with the criminal justice system, at a significant cost to both the individual and the community. The AMA is acutely aware of the need for increased availability of alcohol and other drug treatment services throughout the community, so that doctors can readily refer patients showing risk factors.

The AMA acknowledges the importance of investing in evidence-based treatment, but notes that this should not come at the exclusion of novel or innovative approaches to treatment. New approaches can, when conducted in a controlled manner and robustly evaluated, identify meaningful solutions to reduce harm and improve outcomes for patients.

In terms of being holistic and coordinated, the AMA would reemphasise the importance of integrating GPs into treatment design. It is essential that when patients do seek access to treatment for their addiction, that GPs have services that they can refer patients to within suitable time frames.

The principle of non-judgemental, non-stigmatising and non-discriminatory treatment would benefit from some words around the high rate of treatment failure/drop-out, and the fact that this should not preclude patients from future treatment. Relapse from treatment is also common and should not warrant abandonment of treatment altogether.

Alcohol and Other Drug Interventions and Alcohol and Other Drug Treatment

This section of the draft NTF is useful in setting out clear boundaries between parts of the AOD treatment system. Medical professionals are involved in each of the three stages (interventions; engagement/entry to treatment; and treatment). In particular, GPs are central to the 'engagement and entry' stage of treatment. GPs are likely to be the first, and preferred, port of call for most

patients, including those with AOD issues. Therefore, it is often the role of the GP to assess whether an individual requires treatment, and what form this might take. However, the explanation of the ‘engagement and entry’ stage includes no mention of GPs and this an oversight.

The four categories of treatment (withdrawal management; psycho-social counselling; rehabilitation and pharmacotherapy) are clear, and provide a comprehensive view of the main types of treatment. It may also be useful to add some wording to this section regarding ‘what treatment is not’, given the recent proliferation of online tools and applications targeting AOD patients. Although these tools may provide important encouragement and social support, they by no means constitute holistic treatment.

Monitoring, Service Reporting, Evaluation and Research

The AMA is concerned that this section is lacking measurable, quantifiable targets to indicate the impact of the framework itself, as well as the progress of the AOD treatment system. The fact that “quantification does not provide the full story” of treatment success is fair, but the identification of some quantitative measures for treatment system success would be useful. The NTF mentions that the AOD treatment sector contributes to the headline indicators from the National Drug Strategy, but these are too high-level to accurately reflect the impact of an improved treatment system specifically (for example, ‘reduction in the use of drugs’ could also be attributable to prevention programs). In particular, the bullet points describing an Australian AOD system that is ‘working well’ are vague to the point of being meaningless. Some consideration needs to be given to tangible measurements here; this might include, for example, the disparity between treatment being sought and treatment being accessed; levels of engagement with treatment services and programs; or trends in the number of times individuals access treatment. The AIHW’s *Alcohol and other drug treatment services in Australia* dataset could provide a useful foundation for these measurements.

Summary

In summary, the AMA sees the NTF as an important document that will help clarify the functions and boundaries of the Australian AOD treatment sector. To do this, however, it must acknowledge more explicitly the role of medical practitioners such as GPs in the provision of AOD treatment. Medical practitioners are involved in all stages of treatment, but GPs provide a unique and vital role which is not adequately emphasised in the draft NTF. The NTF would also be improved by adding mechanisms for improved communication between treatment providers, and clearer quantitative measures of progress. Thank you again for the opportunity to provide feedback on the draft.

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