LEGISLATIVE ASSEMBLY
FOR THE AUSTRALIAN CAPITAL TERRITORY

SELECT COMMITTEE ON THE DRUGS OF DEPENDENCE (PERSONAL USE) AMENDMENT BILL 2021
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Submission Cover Sheet

Inquiry into the Drugs of Dependence (Personal Use) Amendment Bill 2021

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Legislative Assembly for the Australian Capital Territory

Select Committee on the Drugs of Dependence (Personal Use) Amendment Bill 2021

A Submission to the

Inquiry into the Drugs of Dependence (Personal Use) Amendment Bill 2021

By email to: LASelectCommitteeDDAB2021@parliament.act.gov.au

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DATE:

28 May 2021

REQUEST FOR PRIVACY

I request that only my name be listed on the Submission website.

I request that my postal address, email address and mobile phone number remain private.

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1. In February 2021, I signed the Legislative Assembly e-Petition (025-20): *"Improve and strengthen drug and alcohol treatment services in Canberra"* which was a precursor to the Committee's current inquiry. I am a resident of the ACT and my concerns relate specifically to the inadequate co-ordination of services for people who experience the co-morbidity of substance use addiction **and** a diagnosed mental illness (such as schizophrenia, bipolar and so on).

2. I am retired and have not had any professional or voluntary association with the alcohol and other drug (AOD) sector. In recent years, I have watched a young adult seeking and receiving services in the ACT for the dual diagnosis of a debilitating alcohol addiction and a mental illness. On two separate occasions I observed totally inadequate coordination and referral pathways between residential alcohol and other drug (AOD) rehabilitation services and ACT mental health services. This lack of coordination contributed a serious risk to the client's life, major problems for the client's family and a set-back of many months for the client's rehabilitation.

3. Despite my comments in this submission about certain inadequacies of the AOD system, on balance, I consider that ACT's AOD rehabilitation services provide extraordinarily valuable services. They constructively help people to recover from debilitating addictions and successfully turn lives around for the better. Those programs that offer longer-term rehabilitation (up to 12 months) help people to address more than just their addictions – these services assist AOD clients to deal with the chaos that addiction creates such as lack of accommodation, fractured relationships, court orders and loss of employment**. In my view, ACT's AOD rehabilitation services demonstrate on a daily basis that recovery from addiction is possible.**

Amendment Bill and the Committee's Inquiry

4. **I support the intent of the Drugs of Dependence (Personal Use) Amendment Bill 2021Amendment Bill.** "Addiction is a common yet misunderstood health condition with damaging stigma that perpetuates the isolation and shame felt by individuals and families."[1] I am aware that this stigma, shame and negative community attitude contributes to addicts hiding their condition and delaying seeking help. I consider that decriminalisation of small amounts of drugs is an important step towards changing community attitude especially if it is associated with community education and more accessible addiction treatment services.

5. **I seek to make comments regarding the Committee's Inquiry i**nto *"Issues specific to the drug rehabilitation and service sector (covering alcohol and other drug services)."* particularly

   " e) issues specific to the drug rehabilitation and service sector (covering alcohol and other drug services) including the following: (i) *identifying current strengths and weaknesses in the sector; (ii) recommending services, referral pathways and funding models that will better meet people's needs;"*

[1] Rethink Addiction campaign 2021: https://www.rethinkaddiction.org.au/

Weakness: AOD services and mental health services are accountable to two different Ministers

6. ACT Alcohol and Drug Services report to the Minister for Health and ACT Mental Health Services report to the Minister for Mental Health. I consider that this split between two portfolios contributes to a **serious systemic weakness.**

7. The split portfolio situation **fails to recognise the medical evidence** that AOD substance use disorders are, medically, a form of mental illness. Since 2013, "Substance Use Disorder" has been included in the DSM-5[2] which is **the** diagnostic manual for mental disorders. The DSM-5 is published by the American Psychiatric Association and is the official manual or guidebook for psychiatric diagnosis in the U.S., Australia and other countries. According to the DSM-5, a substance use disorder *describes a problematic pattern of using alcohol or another substance that results in impairment in daily life or noticeable distress*.[3] Nine different types of substances are listed including alcohol, cannabis, opioids, hallucinogens, sedatives and so on. That is, alcohol and other drug addictions are recognised by the medical profession as a form of mental illness.

8. The split portfolio situation **results in poor policy coordination** within government between AOD services and mental health services. For example, this is shown in the ACT Government's Response[4] in January 2020 to the Draft Report of the Productivity Commission's inquiry into the social and economic benefits of improving mental health[5]. Section 14.2 of the Productivity Commission's report dedicated over 12 pages to reporting on the incidence and poor outcomes for people who experience co-morbidities (or dual diagnosis) of AOD addiction and mental illness.

   The Productivity Commission noted that: "**People with substance use comorbidities experience worse outcomes than those with only substance use or other mental health disorders**."[6] It recommended: "Action 14.2: Integrating mental health and substance use planning, commissioning and service provision Many people with mental illness also have a substance use disorder. Services to deal with both these conditions should be seamless from the consumers' perspective. *Start now:* Regional commissioning bodies, in conjunction with the relevant State and Territory Government departments, should integrate commissioning of substance use and mental health services*."*[7]

   Yet the ACT Government Response*,* written by the Office of Mental Health and Wellbeing (OMHW) completely fails to comment on this section of the report. Is that because OMHW does not have a mandate to deal with substance use conditions even though a significant proportion of all people with mental illness also present with AOD addictions? Is it because only the Minister for Mental Health signed off on that report for the ACT Government and did not involve the Minister for Health in relation to the need for improved integration between mental health and AOD addiction services? Whatever the reason, it indicates poor policy coordination.

9. The split portfolio situation makes **Ministerial accountability for clinical health services** very difficult for the many people who are seriously affected by a dual diagnosis of AOD addiction and mental

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[2] *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition* (DSM-5)
[3] *Ibid,* Substance Use Disorders
[4] Productivity Commission Inquiry into Mental Health Draft Report Submission 1241: "*ACT Government Response to the Draft Report of the Productivity Commission's inquiry into the social and economic benefits of improving mental health*." January 2020. Prepared by the Office of Mental Health and Wellbeing.
[5] Productivity Commission 2020, *Mental Health*, Report no. 95, Canberra
[6] Ibid, p.643
[7] Ibid, p. 655

illness. Who in the ACT Government is accountable for ensuring that there are patient-centred, holistic health services provided to a client with a dual diagnosis? Is that the ACT Chief Minister? Or are both Ministers for Health and Mental Health jointly responsible for patient-centred, holistic, seamless referral pathways across both service systems? If so, is there a framework for this joint responsibility?

10. For clients, community groups and carer organisations, the split portfolio responsibility makes it **hard to get traction on improving service coordination and outcomes for people with comorbidities**, as recommended by the Productivity Commission[8]. It is not easy to get two Ministers and/or their advisers in the same room to talk about systemic issues, lack of coordination and problematic clinical referrals associated with two separately managed service systems. In fact, to those that have tried, it seems almost impossible.

Strength and Weakness: Rehabilitation services are provided by non-government organisations

11. In order for an AOD client with a serious addiction to recover, it is common for clients to seek admission to the ACT Health Inpatient Withdrawal Unit for several days of medically supervised withdrawal. This intensive detox treatment is usually followed by admission for up to 3 months, or in some cases up to 12 months, in a therapeutic community setting provided by an AOD residential rehabilitation service. These residential rehabilitation services are provided by four different non-government organisations (NGOs): Directions Health Services, Salvation Army, Karralika Programs and Ted Noffs Foundation. **The fact that these services are provided only by NGOs appears to be both a strength and a weakness of the system**.

12. It appears to be a **strength** in that there are **different models of care** and philosophies as well as age groups, accommodation and facilities. Clients can choose an approach that best suits them (e.g. faith based 12-step; and/or therapeutic community; and/or cognitive behaviour therapy; smoking/non-smoking etc.). On the whole, there appears to be effective coordination and seamless referral pathways between the ACT Health Inpatient Withdrawal Unit and the NGOs and also between the NGOs themselves in relation to individual clients. That is, behind the scenes (and not necessarily apparent to carers) there seems to be **good coordination** between the NGOs in relation to of withdrawal/ rehabilitation services for a particular client.

13. It is also a **strength** of the NGO sector that each rehabilitation service is able to provide a holistic service. It is usually the case that, by the time an AOD addict seeks rehabilitation, his or her life has become unmanageable and chaotic with a loss of employment, loss of relationships, court orders and periods of homelessness. In the process of becoming and staying sober, the client necessarily has to address issues created by that earlier chaos. It is a strength of the sector that long-term residential rehabilitation services (such as Canberra Recovery Service - The Bridge) work actively with clients on these issues by offering access to a range of living skill, work and recreation programs. For the client, on a structure pathway to sobriety, this can be a slow process that can take many months, sometimes a year or longer.

14. It is a **weakness** because the AOD rehabilitation NGOs are distinctly **separate from ACT Health.** As a result, once the client has commenced AOD rehabilitation with an NGO it is as if they are no longer the responsibility of ACT Health and there is no guaranteed, seamless referral pathway from a designated AOD rehabilitation service to ACT Mental Health services. As an example, the client that

[8] Productivity Commission 2020, *Mental Health*, Report no. 95, Canberra. Volume 1. Recommendation 14 "Improve outcomes for people with comorbidities", p.73

I know was living in a residential rehabilitation program and had been sober for many weeks and was extremely committed to staying sober. But when he/she experienced an acute mental health episode they were effectively on their own. Their partner took them to the Emergency Department of an ACT hospital and had to wait to explain the situation as if they were a new client. In the meantime, because the mental illness was so acute, the client started to access alcohol/ drugs again so that, by the time they were seen in the Emergency Department they were told "We cannot admit you to mental health services because you are under the influence of alcohol/ drugs. Come back when you are sober." In the end, the client was admitted the next day to a NSW Mental Health facility where there was a different attitude: "If we didn't take them when they are under the influence we wouldn't have any clients". In my view**, the lack of a coordinated, seamless referral pathway from NGO AOD rehabilitation services back into ACT Mental Health services risks lives**. Clients can be suicidal when they crash out of an AOD rehabilitation service. The crisis can set- back the client's rehabilitation by months because they effectively lose their place in the AOD rehabilitation queue and need to justify, all over again, why they want to get sober. During this crashed-out phase, associated with an acute mental health episode, the client can just bounce from one community service provider to another without anyone seeming to take responsibility.

Weakness: Lack of co-ordinated case management across AOD and mental health services

15. For clients with comorbidities of AOD addiction and mental health diagnosis (e.g. schizophrenia, bipolar and so on) it is a system weakness that **there does not appear to be individual co-ordinated case management nor a duty of care by ACT Health across AOD and mental health treatment and rehabilitation services.** The first transition from the ACT Health Inpatient Withdrawal Unit to the AOD rehabilitation service is well managed (with dedicated transport provided) whereas other transitions appear to be poorly managed without any over-arching case management. Clients can appear to bounce between AOD and mental health inpatient, residential and community services. And, in some cases also between AOD and mental health services across the border in NSW.

16. It is a fact that AOD clients lapse or re-lapse in their attempts to sober up. They crash out of rehabilitation programs spectacularly and can simply disappear only to return some time later wanting to try again. These **crisis-led transitions from one AOD service to another are regular events but the system does not appear to have an effective response.** The transitions seem to be poorly managed and leave clients and carers (partner, family or friends) potentially at risk of harm. At the very moment when the client is in crisis and suddenly turns up seeking support from a carer, there is no AOD or mental health service available to provide client-specific information or assistance to the carer. It would be useful for carers to have one person, one overarching case manager, who can provide advice and information when the client falls between the cracks of the various services.

17. There appear to be very **different care models** and approaches to duty of care by AOD services and mental health services. There may be very good reasons for this but, to the client and carer, these seem to be unwritten rules that they have to find out about by trial and error. Some examples include:

    - AOD services are entirely voluntary (and expect clients to be motivated to participate) whereas mental health services can include involuntary admission.
    - AOD rehabilitation services will not take clients who are at risk of self-harm, whereas mental health services do.
    - AOD rehabilitation services are mindful of clients who have mental health issues and seek to arrange for appropriate referrals (even if not always successful). But mental health

services seem to totally ignore the attempts by dual diagnosis clients to sober up from addiction.

- Mental health services will discharge dual diagnosis clients without listening to the carers about when or how to do this to minimise an AOD relapse. This attitude of many mental health staff to ignore the AOD addiction is truly incomprehensible to carers. And it is bewilderingly disheartening to a carer (partner, family, friend) no longer able to cope.
- Some AOD rehabilitation services will not take clients with certain mental health diagnoses (e.g. borderline personality disorder - BPD). So, if an AOD client is desperate to get sober in a residential rehabilitation facility then they may actively seek to have their BPD diagnosis changed.

Weakness: Lack of information about NGO rehabilitation services

18. One organisation that presents a comprehensive overview of the AOD service system in the ACT is the Alcohol, Tobacco and other Drug Association (ATODA). This organisation has a service directory online and in a quick reference guide[9]. It refers to over 40 services in about 15 different categories. It would be useful if ACT Health's AOD Service website could look beyond the services that they manage directly and provide an overview of **all** services, including NGOs, so that the total service system for AOD services can be understood. **At the present time the ACT Health AOD web pages[10] refer only to the services that they directly manage. This does not help clients or carers (partner, family or friends) to know about the range of services offered by NGOs.** ATODA's website is not designed to be used by the general public as it is directed towards health professionals.

19. ACT Health's AOD website[11] is singularly lacking in information about the most important pathway a seriously addicted client will follow, namely inpatient withdrawal/ detox and residential rehabilitation. The "Service Information"[12] brochure on the AOD website refers to the role of the Inpatient Withdrawal Unit and states that it can facilitate "*Liaison and referral to other specialist services"*. Presumably this phrase is code for the fact that clients who go through the withdrawal unit can either go home or they can be admitted to a residential AOD rehabilitation service run by an NGO. The pathway and process is not described and the rehabilitation options (Arcadia House, Canberra Recovery Service, Karralika and others) are not presented. The only reference to these really important rehabilitation programs is a card called the Withdrawal Services Business Card[13] that contains the words "*REHABS Karralika (phone number) CRS (phone number)*". **The word 'rehabilitation' is never used on the ACT Health AOD website.** How on earth are carers and clients supposed to understand the way the AOD rehabilitation system works when so little information about it is provided on the ACT Health website? **The term "REHABS" is all that is mentioned and this is only on a telephone contact list.** Is it because these services are provided by NGOs ? Is it because ACT Health does not value or recognise the work of these services? How are carers, family and friends supposed to understand the different services offered by these organisations? . The NGOs' rehabilitation services have very different care models and facilities and at least a summary should be on the ACT Health website to help carers and clients understand treatment pathway alternatives.

[9] http://directory.atoda.org.au/wp-content/uploads/2019/06/ACT-ATOD-services-quick-reference-guide-2019-by-service-type-V17.pdf
[10] https://health.act.gov.au/services/alcohol-and-drug-services
[11] https://health.act.gov.au/services/alcohol-and-drug-services
[12] https://health.act.gov.au/sites/default/files/2018-09/ADS%20Brochure%20-%20SERVICE%20Information.pdf
[13] https://health.act.gov.au/sites/default/files/2018-09/Withdrawal%20Services%20business%20cards.pdf

20. Also absent on the ACT Health AOD website is any meaningful reference to the role of the NGO organisation "Directions Pathway to Recovery" [14] . The ACT Health Service Information brochure [15] does not refer to this organisation at all. Yet the Directions Health Service describes itself as "one of the Canberra region's most experienced community organisations delivering programs and services to people impacted by alcohol, drugs and other addictions." [16] It is, presumably, funded by ACT Health to undertake the comprehensive range of AOD services that it offers. **Directions has the most informative website in Canberra about AOD services. Surely ACT Health AOD Services could cross-refer to this organisation with some explanation about its role in AOD service delivery.** Some carers struggle for months trying to understand the AOD service system and come across Directions only through word-of-mouth. Is it intended by ACT Health for Directions to be a first point of contact for people with addiction? If so, why is it not mentioned on the ACT AOD website?

21. One organisation that AOD clients often turn to as a first point of contact is Alcoholics Anonymous (AA). This is a well-established self-help group run by recovered alcoholics using a philosophical approach that came from the USA to Australia in 1945 at a time when other AOD treatments were not available. The organisation is a faith based, 12-step program that offers "mentors" or "buddies" to assist new members. Frequent meetings are held daily and weekly in a variety of locations. Neither the mentors nor the organisation accept any duty of care to the addicted person. In my view, **AA is not appropriate as a first point of contact** because AA groups do not routinely provide information about alternative, professional AOD treatment and referral services. **In my view the ACT Government has a responsibility to advertise, educate and make widely known professional first-point of contact AOD assessment services.** This is not to say that AA does not have a role to play. The AA self-help model can potentially be of value for recovering addicts in conjunction with, or following, professional AOD assessment and treatment.

Weakness: Highly variable and frequently non-existent communication with carers

22. Both ACT Health and NGO AOD service providers refer to the importance of engaging with families and providing information and support. For many carers (partner, family, friends) their experience is that this commitment is weak. AOD services frequently recommend that carers go to general carer group-support services (for example, Compass Family Support by Directions Health or Al-Anon Family Groups). Professionally run groups can be beneficial for the carer to care for themselves. But this group-advice approach does not help the carer understand the specific issues affecting the addicted client. Yet the carer is the one with ongoing need to deal with the specifics of the chaotic lifestyle, medication needs and crises of the addicted person. Communication with carers is highly variable and frequently non-existent. A pro-active approach would be preferable, where a carer can be given advice about what to expect when the client is admitted to a rehabilitation program and advice about who to call and how to obtain support in the event that the client crashes out of the program. The AOD client's privacy is often cited by AOD services as a reason for not communicating with carers. The balance between client privacy and carers' need-to-know (for risk management reasons) appears to be too often weighted against the carer and places them at risk (e.g. not knowing what medication needs to be taken by the client, whether it should be dispensed on a daily basis from a pharmacy and so on).

[14] https://www.directionshealth.com/
[15] https://health.act.gov.au/sites/default/files/2018-09/ADS%20Brochure%20-%20SERVICE%20Information.pdf
[16] https://www.directionshealth.com/

Weakness: The depressing reception area of Canberra Hospital's Inpatient Withdrawal Unit

23. Could I suggest that members of the Committee visit the Inpatient Withdrawal Unit at Canberra Hospital [17]? In my view, a more depressing and disheartening reception area cannot be imagined. What message does this give to the AOD clients who walk in with the hope of becoming sober and turning their life around? That they should be ashamed of being there? The cramped, unattractive area screams out: "Abandon hope." By way of contrast, perhaps the Committee would like to look online at the welcoming entrance to the Turning Point Addiction Medicine Unit [18] at 1 East Wing, Box Hill Hospital in Victoria. In my view, **AOD management needs to rethink their services to remove the traditional stigma and shame associated with addiction. For ACT Health, that change needs to start at the front door of Canberra Hospital's Inpatient Withdrawal Unit.**

Proposals

24. The following proposals are made to the Committee to improve services and outcomes for people with co-morbidities of AOD addiction and mental illness:

    a. Give consideration to expanding the portfolio of the Minister for Mental Health to include alcohol and other drug services, in line with current medical evidence.

    b. Have the Minister for Health and Minister for Mental Health table in the Legislative Assembly a joint response to *Recommendation 14 Improve outcomes for people with comorbidities* and *Section 14.2 Substance Use Comorbidities* of the Productivity Commission Report on Mental Health [19]

    c. Have the Minister for Health and the Minister for Mental Health develop a framework of water-tight, seamless service delivery referrals between alcohol and drug rehabilitation services and mental health services; and document protocols about other practices to coordinate holistic care and improve outcomes for clients with comorbidities.

    d. Have ACT AOD services website improve the information on its website by including information about the role of non-government AOD organisations including first-point of contact services (such as Directions Health Service) and residential rehabilitation services (such as Arcadia House, Canberra Recovery Service, Karralika).

    e. Have AOD services implement a more pro-active approach to provide information and support to carers (partner, family, friends). Specifically, to identify protocols for providing advice, support and assistance to carers at times when there is a crisis such as when a client crashes out of a rehabilitation program. Information about these protocols (who to call and so on) to be provided pro-actively to carers at the time of the client's admission to residential rehabilitation.

    f. Improve the amenity and attractiveness of the reception area of Canberra Hospital's Inpatient Withdrawal Unit.

[17] Building 7, Alcohol and Drug Unit, Palmer Street.
[18] https://www.turningpoint.org.au/about-us/visit-us/1-east-box-hill
[19] https://www.pc.gov.au/inquiries/completed/mental-health/report