ADCA
Alcohol and other Drugs Council of Australia

National Primary Health Care Strategic Directions Framework

Department of Health and Ageing

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ABN: 39 008 455 525

Introduction

The Alcohol and other Drugs Council of Australia (ADCA) is the national non government peak body representing the interests of the alcohol and other drugs (AOD) sector in Australia. It works with the government, non-government, business and community sectors on evidence-based, socially just approaches aimed at preventing or reducing the health, economic and social harm that alcohol and other drugs cause across Australian society.

ADCA welcomes the opportunity to provide input to the development of a National Primary Health Care Strategic Directions Framework and appreciates the extension given to allow us to make a submission. Recognising that we came late to the consultation process and have not been involved in the consultation forums, ADCA is nonetheless concerned about the extent to which this process has considered the broader issues that influence and drive health and wellbeing. Services relating to areas such as mental health, homelessness, domestic violence, and child protection all need to be consulted to develop good comprehension of the issues.

ADCA recommends that the consultation for the National Primary Health Care Strategic Directions Framework adopts a broad approach to the influencers and drivers of health and wellbeing and includes organisations and sectors outside of the health sector.

If more time had been available, ADCA would have been able to consult further afield to incorporate some of these perspectives on what we consider a very important Framework.

Purpose and scope of the framework

As the Consultation Draft for this Framework states, "primary health care is a vital component of the comprehensive health care system that exists within Australia". This is particularly so for those that use alcohol and other drugs (AOD), where primary health care plays a critical role in prevention, identifying risk, early intervention and where needed, referrals for treatment.

Use of AOD is widespread. According to the National Drug Strategy Household Survey (2010), of people aged 14 years or older, roughly 48% drank alcohol and approximately 5% used illicit drugs at least weekly in 2010. The level of harmful use of alcohol is not as high but with approximately 1 in 5 people drink at risky levels (2010 NDSHS) is still a concern. This translates to a cost of more than $56 billion a year related to use of AOD.

ADCA supports the scope of the National Primary Health Care Strategic Directions Framework and each of the strategic outcomes identified in the consultation paper. It makes sense to build upon the National Primary Health Care Strategy to improve health outcomes and to work closely with states and territories through the development of bilateral plans.

The rub, however is that in reality, any changes to the way that we do things comes at a cost. Introducing new approaches, changing processes, staff training, establishing and developing relationships all come at a cost of time and money. Do you conduct training inside or outside of work hours? If within working hours, there is the cost of employing contract staff while the rest of the staff

are participating in the training session. If it is outside work hours, there is the cost of paying staff to work additional hours. Then there is any preparation or follow up activity that has an opportunity cost attached to it. Sometimes workplaces need to be reorganised to accommodate different modes of operation – for example, client oriented care may involve family members, including children and suitable arrangements may need to be made to accommodate them.

These may seem like small costs in the scheme of things but to small organisations that are already stretched financially and stressed about the sustainability of their service, including the future of their staff, any additional costs are an additional burden. Couple this with a sense that the services they provide are undervalued and under-supported and you have a situation where the chances for success are seriously compromised, even before they get off the ground.

The National Primary Health Care Strategy identifies key building blocks to underpin "a responsive and integrated primary health care system for the 21st century" and identifies priority areas for action. Developing and maintaining a skilled workforce with a view to improving overall quality and performance takes time and money. Better managing chronic disease requires longer appointments and resources to make the necessary changes. AOD services operate in a challenging, stressful environment and they need to be supported both financially and politically.

ADCA recommends that appropriate resources should be made available to support the actions identified in the Framework.

Consumer focus and improving access and equity

Consumer involvement in planning, management and after care of treatment is strongly supported by ADCA. In order to achieve this, consumers need to be involved from the very start of the planning process. It is not clear from the consultation draft whether consumers will be involved in activities such as developing planning and engagement protocols or identifying high risk groups, or whether this will be done by others on their behalf.

ADCA strongly encourages the inclusion of consumers (and their families and carers) from the very start of the planning process for any activity designed to build a consumer focused primary health care system. This could be achieved through consumer groups such as the Consumer Health Forum of Australia, Carers Australia and Families Australia and through other organisations such as Aboriginal and Torres Strait Islander specific health organisations, migrant and refugee organisations, mental health advocates, justice organisations and organisations for those with disabilities. The views of young people also need to be considered along with those of older consumers.

ADCA recommends that consumers are included as an integral part of building a consumer-focused integrated primary health care system and are involved in the planning, targeting and delivery of health care services.

In so doing, ADCA also recommends that this process incorporates the broader influencers and drivers on health and wellbeing as outlined above.

ADCA acknowledges the reference within the framework to non health factors that may impact on a person's health and wellbeing, but recommends that social determinants of health are a consideration that should underpin every aspect of the framework. Links with organisations working in areas such as homelessness, education, welfare, housing and transport are important to understand the bigger picture but also consumer perspectives in those sectors.

ADCA recommends that the framework take a holistic approach to primary health care and that addressing the social determinants of health underpins the development and implementation of the framework.

ADCA recognises the value of long term relationships between consumers and GPs but suggests that this is not possible for many. Many professions require family mobility and therefore long term relationships are not relevant in this context. The advent of electronic records will be an important way of tracking records for these clients.

However the people who have fallen through the cracks and are not accessing care are the ones who are not likely to develop long term relationships with providers. This could be due to a number of reasons such as homelessness or risk of homelessness, drug and alcohol and/or mental health issues, complex needs, engagement with the criminal justice system, new arrivals, and low income families. For these people, the first step is to get them accessing care. This will require developing new approaches to providing care that are accessible, affordable, flexible, supportive and build trust between clients and GP. Mobile services, multidisciplinary teams, extended hours clinics and out of hours pharmacy access may form part of the solution. Once they are accessing care, electronic records will be important in tracking the medical and possibly other histories of the clients.

ADCA recommends that new approaches to providing care are required for those that are unlikely to form long term relationships which are accessible, affordable, flexible, supportive and build trust between clients and GP.

In terms of access and equity, the health of prisoners is an issue that needs close attention. The ACT is leading the way in announcing the blood borne virus strategy for the Alexander Maconochie Centre. As part of this strategy, a trial of a needle exchange program is proposed, offering prisoners the opportunity to access services available to everyone else living in Australia. Like the needle and syringe program available to the broader community, the needle exchange program proposed does not condone the use of drugs and does not supply drugs to prisoners. It aims to reduce the level of harm within the prison population as part of the government's duty of care. Such programs should be available in all prisons.

ADCA recommends that the framework takes into consideration the health of prisoners and others within the criminal justice system.

Further in relation to needle and syringe programs, Australia currently has just one medically supervised injecting centre which is located in Sydney. There is strong evidence for the benefit of this service. Evaluations by BOCSAR, KPMG, UNSW and SAHA International have shown that the Centre successfully reduced drug overdoses and deaths, provided a gateway to treatment and counselling and reduced instances of public Injecting.

Medically supervised injecting centres provide help to those most at risk of harm. They prevent death and injury associated with drug overdose, they put a vulnerable and hard-to-reach population in contact with the health service, they take public injecting off the street resulting in less syringes in the gutters, and they can help prevent the spread of blood borne viruses by providing clean equipment to those who inject drugs[1]. Additional centres are needed around the country. MSICs should be located close to major drug markets in capital cities and major regional centres where a need has been demonstrated.

Prevention

Prevention is critical in addressing the harms associated with any condition and so it is for the use of AOD. Within the context of the National Drug Strategy (NDS) the term refers to preventing not only the uptake of alcohol and other drugs, but also preventing harmful use and drug-related harm. Comprehensive prevention programs aimed at reducing risk factors, enhancing protective factors and building resilience are effective and can help to reduce drug-related harm in our community.

Furthermore, effective prevention programs are cost effective - for every $1 spent on prevention, communities can save approximately $5 in treatment costs - and save lives. By way of an example, the National Tobacco Campaign is estimated to have prevented 922 premature deaths and achieved an extra 3,338 person years up to the age of 754 in its first six months.

ADCA strongly supports the strategic outcome relating to prevention, screening and early intervention and the collaboration with the Australian National Preventive Health Agency (ANPHA). However, ADCA is concerned about the political willingness to address some issues on the basis of health evidence rather than other factors.

The Preventative Health Taskforce identified three priority areas for action in *Australia: The Healthiest Country by 2020 – National Preventative Health Strategy.* These were obesity, tobacco and alcohol. While the government has taken a strong stand against obesity and tobacco, it is yet to take the hard action needed to reduce the level of harmful alcohol consumption that is prevalent in our society. The evidence is available but the government is failing to act decisively.

Taxation of alcohol is a case in point. Currently, Australia has a system where alcohol is taxed in different ways. Beer, wine and spirits are taxed according to the volume of alcohol in the product, whereas wine is taxed according to the value of the product, This means that wine of low value is taxed at a lower rate than wine of high value. This effectively encourages the production of the very type of wine known to be consumed by those at risk, young people and heavy drinkers.

If we were to change the way we taxed alcohol so that all alcoholic beverages were taxed according to the proportion of alcohol in the product, then we would expect to see the cost of cheaper wine increase since the tax on cheap wine would be higher. This would create the opportunity for the government to provide extra resources for prevention, early intervention and treatment without using any extra money, by hypothecating the increased tax revenue into AOD services. The government is aware of the argument and the evidence but has unfortunately elected to retain the current approach on the basis of

[1] Jauncey, M 2010 *The Sydney Medically Supervised Injecting Centre (MSIC): A decade on* ADCA*News* Dec 2010

a glut in the wine market, even though the current taxation approach has been shown to contribute to the wine glut by encouraging production of cheap wine.

And with just 2% of the health budget spent on prevention, any opportunity to raise extra funds to put towards this activity should be explored.

ADCA supports the strategic outcome relating to prevention, screening and early intervention and recommends that related activities are based on or informed by evidence.

National Drug Strategy

The National Drug Strategy offers an example of a Framework that requires cross sectoral collaboration. It is a national framework designed to minimise the harms to individuals, families and communities resulting from use of alcohol, tobacco and other drugs. The three pillars that form the basis of the framework - demand reduction, supply reduction and harm reduction - require collaboration between the health and other sectors and engagement with all levels and parts of government, the non-government sector and the community.

There are a number of similarities between the National Drug Strategy and the National Primary Health Care Strategic Directions Framework with its focus on prevention (across all three pillars), consumer participation, evidenced based planning, partnerships across sectors, skilled workforce and monitoring performance.

I would be happy to discuss this matter with you further. In the first instance, please contact Meredythe Crane at **meredythe.crane@adca.org.au** or 02 6215 9808.

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