qnada focus

Queensland Network of Alcohol and Other Drug Agencies Ltd

Issue 5 - 2020

Looking foward

Inside issue 5:

Welcome to the final edition of QNADA*focus* for 2020!

I'm sure I'm not alone when I hope that 2021 is slightly less eventful than 2020 and that we can spend more time in each other's physical company (though I admit I have come to love video conferencing and working from home too).

The lightning pace of 2020 has inspired us to consider what we were up to back in February, with the signs all pointing to the likelihood we'll be picking up the threads of these conversations in 2021. In this edition, we cover the representation and member support that will be the focus of our known activity and lay down a few placeholders for new conversations, particularly around engagement of people who use substances in our policy and service development.

The pandemic has served to underline both the fragility and the resilience of our service system, our organisations and our communities. Times of crisis often act to speed up progress on issues that had seemed intractable – talks of peaceful progress in industrial relations, movement on climate change policy and a recognition of the role of the social determinants of health in our mental health and substance use problems were amongst the things that stand out for me and I hope we can hold onto the flexible thinking for long enough to see a new consensus emerge.

But for now, it's enough to know that 2020 will soon be behind us and that those of us who were separated from family and friends by State and Territory borders will be reunited for the festive season. Hopefully 2021 will see those of us separated from family and friends by international borders similarly reunited. Until then, have a safe and appropriately festive break and we look forward to catching up again in the new year.

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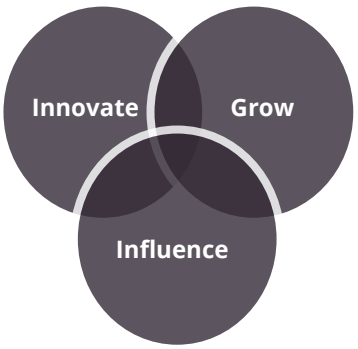

QNADA acknowledges Aboriginal and Torres Strait Islander people as the traditional custodians of this country and its waters. We wish to pay our respect to Elders past and present and extend this to all Aboriginal and Torres Strait Islander people reading this message.

A continued conversation: AOD practice and policy under the returned Labor Government

The return of the incumbent State Labor Government means we can continue the conversations on opportunities for the Queensland AOD sector's ongoing growth, as well as continuing AOD policy reform commenced in the previous term of government.

As part of State Labor's election commitments, we will see (and very much welcome) the development of a $24.5m 35 bed (plus 10 withdrawal bed) residential rehabilitation service in Ipswich; an $11.5m 10 bed dedicated youth AOD residential rehabilitation and treatment service in Cairns; and a $15m 20 bed adult AOD residential rehabilitation service in Bundaberg. This amounts to over $51m in new investment into the NGO residential treatment sector in Queensland and is good news for people in those regions who want treatment and perhaps will no longer have to travel outside their region to access it. It's also good news for the rest of the state, as this investment contributes to the much needed growth to meet treatment demand in Queensland. Planning for the next state-wide services plan is shaping up well and we are optimistic that the next iteration of Connecting Care to Recovery will continue to grow the AOD service sector.

The former Attorney General and Minister for Justice the Hon. Yvette D'Ath MP has been appointed Minister for Health and Ambulance Services[1]. Ms D'ath, who formerly led the legislative program of the previous Palaszcuk government, has a longstanding interest in a strong public health system[2]. Although the State's Covid response is likely to capture her attention in the short term, we are confident that over the longer term this interest in a strong public health system will drive the continued growth of a cohesive and effective AOD treatment sector in Queensland.

In the policy space, the emergent belief that collective responsibility is vital to reform[3] continues to hold promise for the sector. A number of critical sector-relevant pieces of work emerged during the previous term of Government that will not be lost to the process of changed leadership.

Central among these is the Queensland Productivity Commission (QPC) Inquiry into Imprisonment and Recidivism. It made 42 recommendations aimed at making individuals, families, and communities safer by implementing strategies that lower rates of recidivism while better managing justice system costs generally and imprisonment levels specifically. Commissioned by Labor, the report made blunt findings regarding the strong evidence for decriminalisation of illicit substances to reduce imprisonment and recidivism among low-risk offenders. While the Premier unambiguously took decriminalisation off the table last January[4], the Labor Government response (and the Inquiry findings themselves) remain central to the continuation of a policy reform agenda started in the previous term.

The devil, it seems, is in the detail: a unique policy and practice challenge for the sector in the coming four years lies with the current under-utilisation of police and court diversion in Queensland. Despite the initiatives, the proportion of Queenslanders charged for illicit drug possession continues to grow and, at 399 per 100,000 population, massively outstrips both New South Wales (198.1 per 100,000) and Victoria (100.7 per 100,000)[5]. This under-utilisation of diversion is a blight on the State's work to reduce the harms of alcohol and other drug use to the community. To be clear, the point of diversion is to divert people away from the justice system.

There is clear evidence involvement in that system in and of itself can be significantly harmful to people who would otherwise not have contact with it. The increased utilisation of diversion and the expansion of diversion options available should be a State priority and a focal point for reform if we are to continue to improve community safety.

With the returned Government we can expect continued support for Shifting Minds: Queensland Mental Health, Alcohol and Other Drugs Strategic Plan 2018-2023 and the release of the renewed and yet to be named Queensland AOD Plan. These plans are progressed under the stewardship of the Qld Mental Health Commission. Importantly, Shifting Minds provides a platform to progress conversations around drug checking and decriminalisation authorising policy, planning and funding environment for opportunities begun by *Shifting Minds* to progress agendas relating to AOD treatment and harm reduction services. These include direction for cross-sector action to renew the State's AOD responses including through:

- The implementation of opioid substitution treatment across all Queensland correctional centers;
- The disruption of a hospital-focused and fragmented mental health and AOD system that continues to be geared to a late intervention approach;
- The reduced need for acute and specialist AOD treatment through improvement and development of AOD prevention, early intervention and harm reduction activity more broadly embedded in Australia's harm minimisation policy frameworks;
- Expanded prevention and early intervention capacity for special populations including Aboriginal and Torres Strait Islander peoples, culturally and linguistically diverse communities, rural and remote communities, people living with disability and people who identify as LGBTIQ+;
- The continuation of a Strategic Leadership Group to identify agreed cross sectoral priorities, ensure reforms are based on sound evidence and population need, and monitor outcomes.

One of the focal points for continued advocacy around reducing the potential harms of alcohol and other drugs use is drug checking. Drug checking services have been successfully operating around the world for decades. Extensive evidence demonstrates they facilitate numerous positive outcomes, including reduced drug related harms, improved engagement with people who use drugs; and vital information collection regarding illicit substances in circulation[6]. Drug checking services make people who use drugs more likely to dispose of their substances or reduce their intended dose; facilitate harm reduction interventions with people who use drugs; enable medical staff to prepare through improved information about toxicity in circulating substances; and officials to circulate information about high toxicity substances[7].

Despite the impact of Covid19, there will come a time when large scale events are commonplace once again. We now have a strong opportunity to continue the advocacy and the work to push forward drug checking as a critical public health and safety intervention, as the service infrastructure is highly developed and ready for implementation.

All of this is exciting news for the AOD sector and QNADA looks forward to embracing opportunities for positive change in the provision of harm reduction and treatment improvement initiatives.

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[1]Roberts G (2020) Yvette D'Ath takes over as Health Minister as Queensland Premier unveils some Cabinet new faces. ABC News https://www.abc.net.au/news/2020-11-10/qld-annastacia-palaszczuk-government-unveils-new-look-cabinet/12863956

[2] D'ath Y (2020) Yvette D'ath MP. Https://yvettedathmp.com

[3]Shifting Minds (2018) Queensland Mental Health Strategic Plan 2018-2023. Queensland Mental Health Commission

[4]Wordsworth M (2020) Drug decriminalisation would 'save hundreds of millions', but Queensland Premier rules it out. ABC News https://www.abc.net.au/news/2020-01-31/drug-offences-penalties-qld-police-prison/11918390

[5]Australian Bureau of Statistics", Recorded Crime – Offenders, 2016-17, http://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/4519.02016-17?OpenDocument

[6]The Loop Australia (2020) Why we do it. https://www.theloop.org.au/why-we-do-it

[7]Ibid

The role of engagement into the future

The benefits of engaging people in the policy, system and service design and development that is relevant to them are well known. In the alcohol and other drugs space, we recognise that criminalisation of the use and possession of illicit drugs, as well as the stigma and discrimination faced by people who use substances can be a significant barrier to engagement and participation for people who use substances.

As policy makers, advocates and service providers, these challenges require us to re-think the way we approach engagement with affected populations on the issues that impact them. Our aim should be to increase the amount and quality of engagement we have with the people impacted by our policy and service systems, to better understand their experiences and to create opportunities to work together to make improvements or to design new solutions to identified problems. Good engagement which aims to hear and amplify voices and collaborate in authentic and productive ways will have positive outcomes for individuals, services, systems and communities.

The Stretch2Engage Framework challenges traditional notions of "consumer" participation and engagement which mostly espouse that people with a "lived experience" require training or development so as to meaningfully engage with governments, policy makers or services. Conversely, Stretch2Engage supports the idea that it is governments, policy makers and services responsibility to provide appropriate opportunities for genuine, productive and safe engagement with people. This requires an altogether different approach to engagement.

No longer should we simply invite people into our usual spaces and expect them to be comfortable enough to share their experiences, rather, governments, policy makers and services need to design opportunities and activities that people would want to be a part of and genuinely engage in a way that makes them feel comfortable, safe and respected.

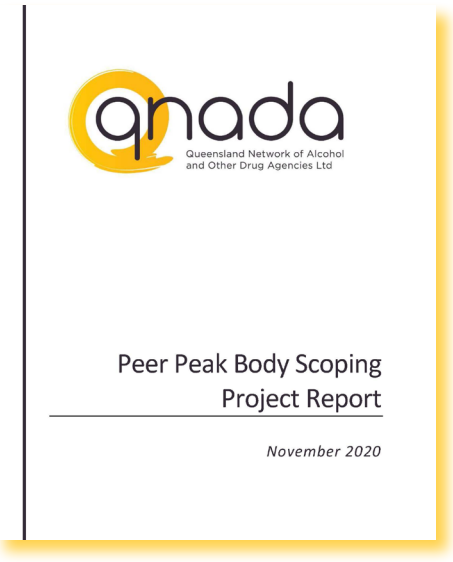
And how do we do that? The Stretch2Engage framework encourages us to ask people new questions in new ways, be courageous enough to ask about the things that aren't working or opportunities to do better and be prepared to listen and take on board what people tell us. Organisations who implemented the Stretch2Engage framework in their services, found that by taking this different approach, they heard things that they hadn't heard before, and by working with their community on the solutions, they were able to make changes that have had significant positive impacts on their people's experience in that service and their staff members job satisfaction as well.

STRETCH 2 ENGAGE

Recently at QNADA, we applied the Stretch2Engage framework to undertake a consultation with people who use drugs in Queensland to hear how they would like to be represented to inform the design and development of policy and services to minimise the potential risks associated with substance use. We collaborated with our colleagues at Queensland Injectors Voices for Advocacy and Action (QuIVAA) and Queensland Indigenous Substance Misuse Council/Queensland Aboriginal and Islander Health Council (QISMC/QAIHC) who provided us with advice and connections into their communities and facilitated contact with a group of peers who worked with us to develop an approach that would enable us hear from the most diverse group of people who use drugs in Queensland possible. We used social media to provide an opportunity for people to complete a survey about their experiences and our team of peers reached out to their own communities right across the state to have conversations with people about what is important to them.

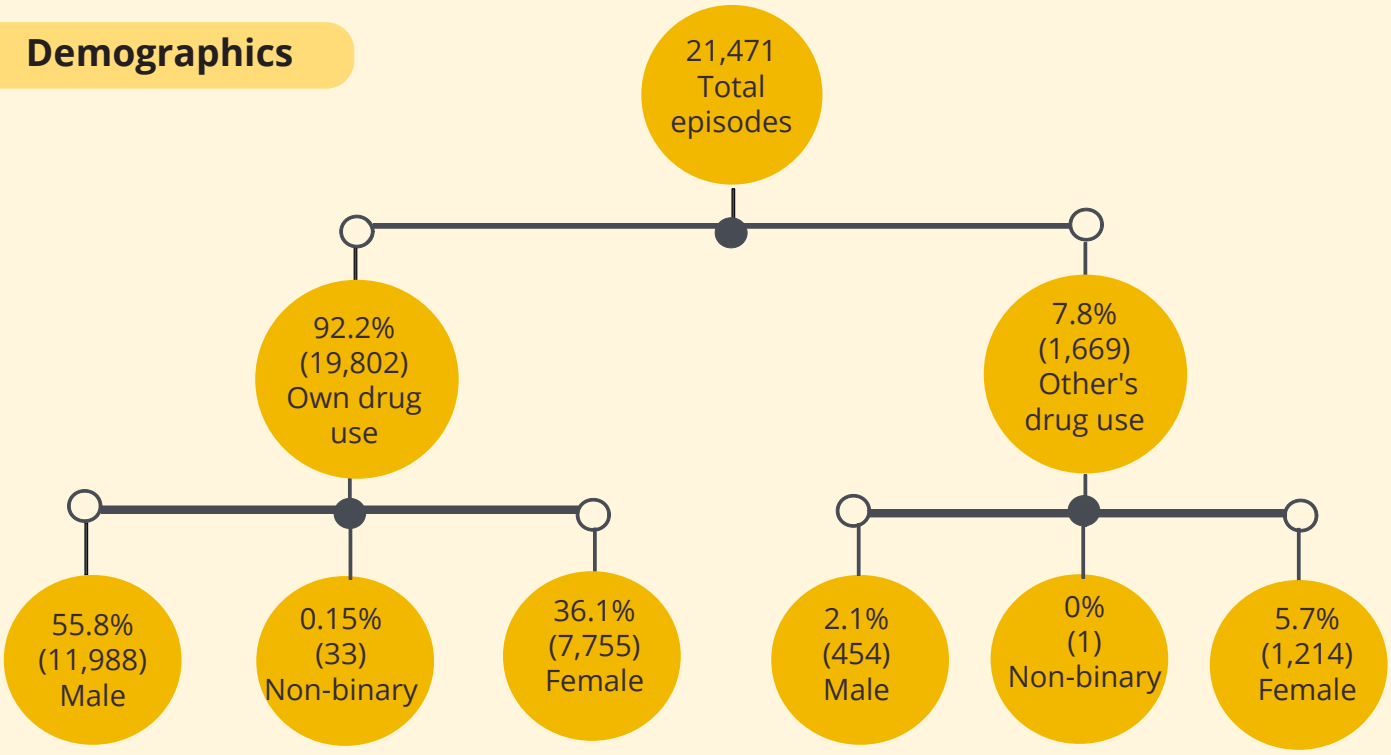
What did we hear? We heard that the population of people who use drugs in Queensland is diverse, as diverse in fact as the population of Queensland. Whilst many shared perspectives emerged amongst groups such as people who inject substances, Aboriginal and Torres Strait Islander peoples, people who identify as LGBTQIA+, people from culturally and linguistically diverse backgrounds and people living in regional, rural and remote communities, the particular harms and stigma that they experience is often different. We also learned that the way that people identify themselves and their connections with communities are diverse. Not everyone who uses substances identifies themselves as a peer in a community of people who use drugs. Each person's identity is individual and this diversity in identity has a significant impact on the way they engage, who they engage with and how they share their experiences. This diversity amongst the people we work with highlights why our engagement activities need to be carefully considered and designed so as to attract and hear the voices of a diverse group of people. If we continue to do the same engagement activities time and again, we will continue to hear from the same group of people, about the same problems and we will miss opportunities to hear other from voices and understand their experiences. The full report is available on the QNADA website (https://qnada.org.au/wp-content/uploads/2020/12/Fin_20201117_Peer-Peak-Scoping-Project-Final-Report_Approved.pdf).

2020 has required us to think and respond quickly to some very specific challenges and this has resulted in some unexpected social progress along the way. Looking forward, the key to meeting the needs of people who use substances rests in our ability to keep focusing on our engagement processes and activities. This will enable us to open more doors for more people to be heard and if we can continue to create ways to work together, we as governments, funders, policy makers and service providers don't need to hold all the solutions to problems in our systems. The solutions will come through good engagement.

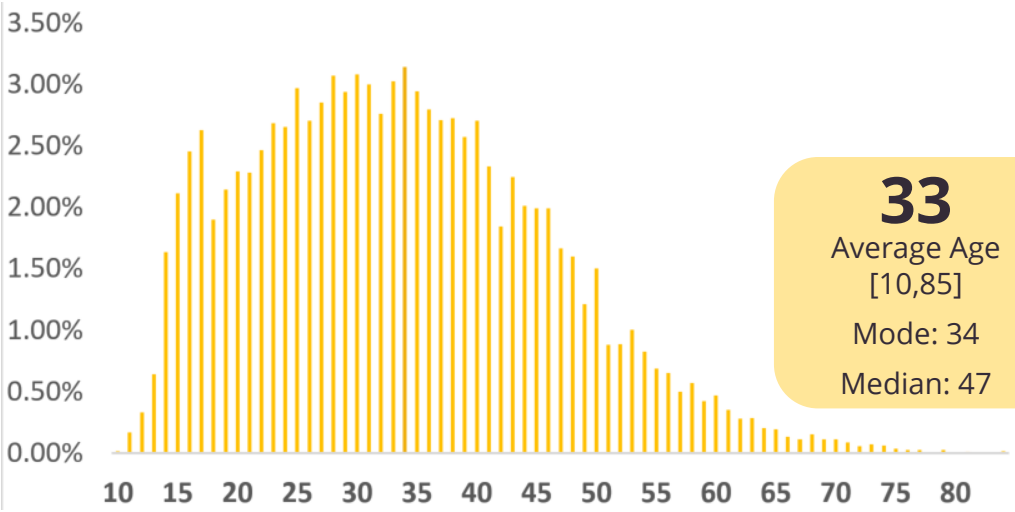


2019-20 Alcohol and other Drug Treatment Services National Minimum Data Set

Demographics



Age of Client



33
Average Age
[10,85]
Mode: 34
Median: 47

26%
Percentage aged < 25

People identified as:

Aboriginal: **15.22%** (3,267)

Torres Strait Islander: **0.85%** (183)

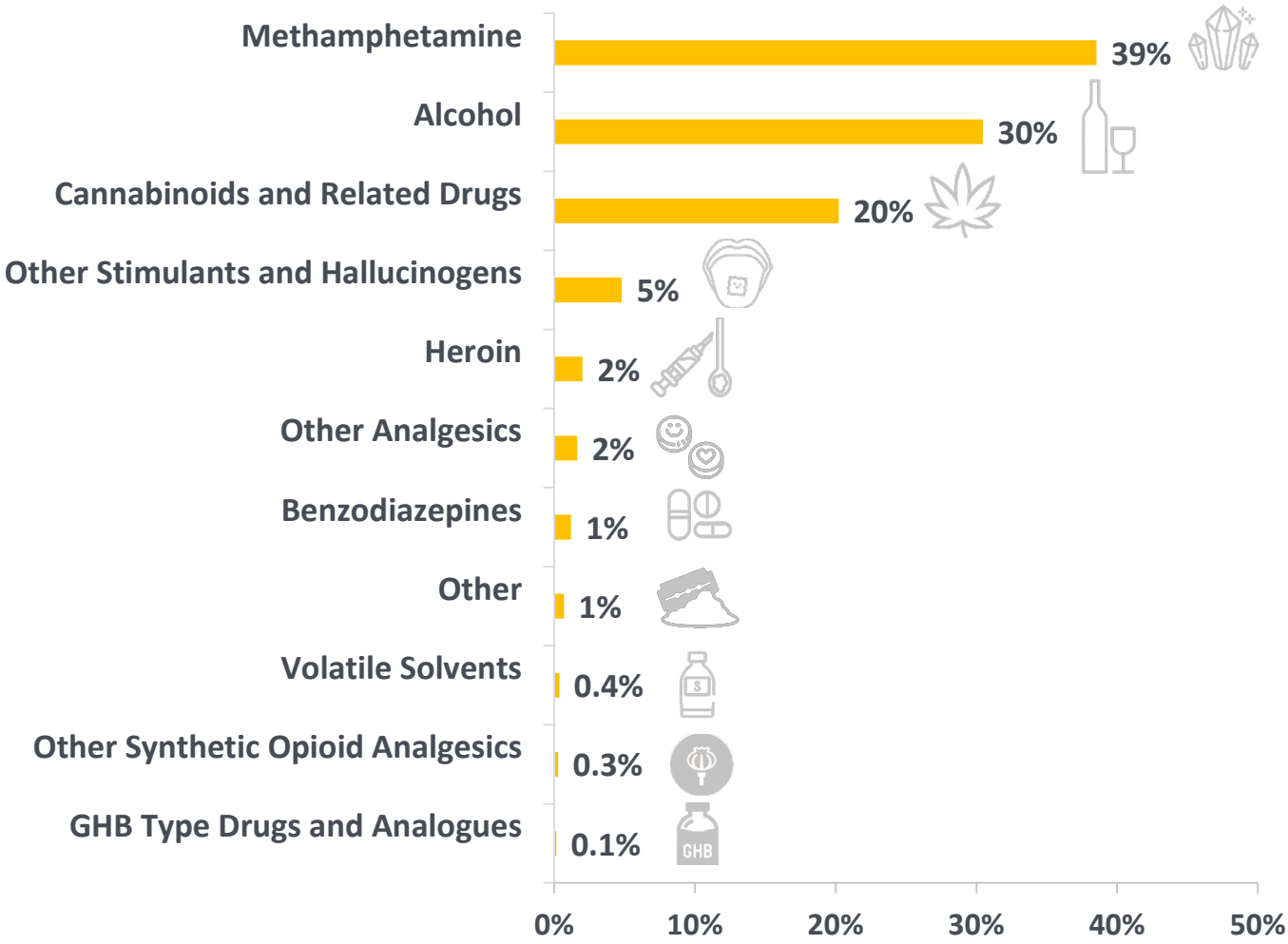
Aboriginal & Torres Strait Islander: **2.11%** (452)

Neither Aboriginal nor Torres Strait Islander: **80.43%** (17,270)

Unknown: **1.4%** (299)

Data interpretation notes: The data is limited to those NGO AODTS who submit through QNADA, including statewide residential treatment services. Data from AODS or similar government services is not included. Please note, in some cases, agencies may not submit data to QNADA.

Drug of Concern

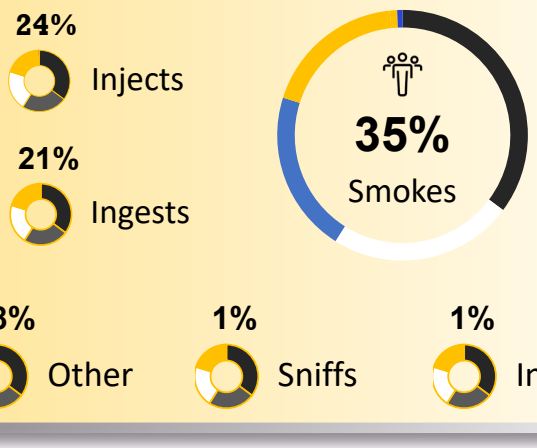


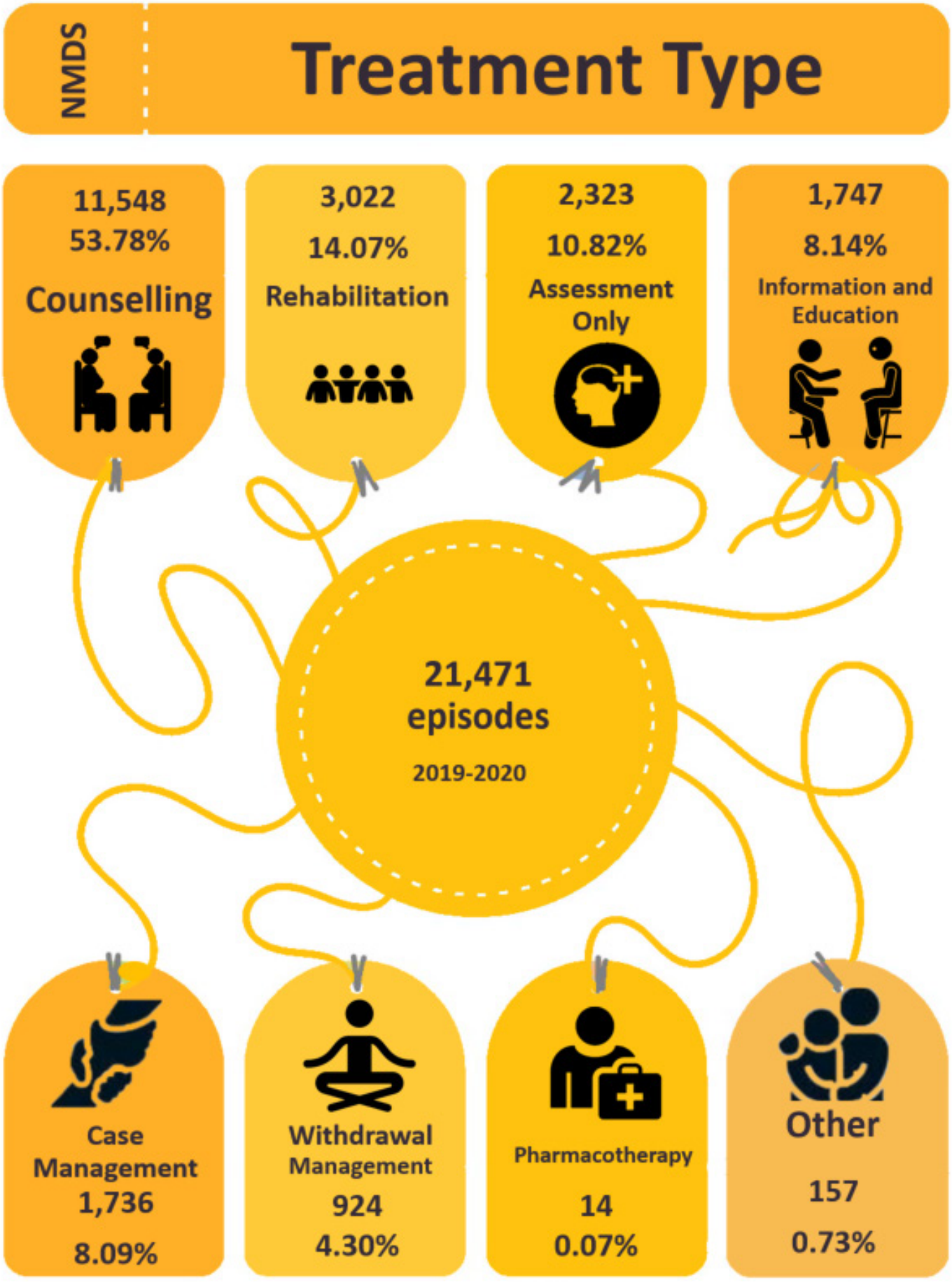
Injecting Drug use Status

The client's use of injection as a method of administering drugs. Information collected at episode's date of commencement.

- 52% - Never injected.
- 26% - Last injected three months ago or less
- 10% - Not stated injecting drug use status
- 7% - Injected more than twelve months ago
- 5% - Last injected more than three months ago but less than or equal to twelve months ago

Method of use




NMDS
Treatment Type
11,548
53.78%
Counselling
3,022
14.07%
Rehabilitation
2,323
10.82%
Assessment Only
1,747
8.14%
Information and Education
21,471
episodes
2019-2020
Case Management
1,736
8.09%
Withdrawal Management
924
4.30%
Pharmacotherapy
14
0.07%
Other
157
0.73%

NMDS Findings

38%
POLY-DRUG EPISODES

Methamphetamine
was the most common principal drug of concern (**38.53%** of episodes)

Alcohol
was the second most common principal drug of concern (**30.46%** of episodes)

Counselling
was the most common treatment type (53.8%)

Self or family
were the most common source of referral for closed treatment episodes (44.20%)

3% of closed treatment episodes (645) delivered to clients who travelled from outside Queensland to access treatment.

52% of closed treatment episodes ended within 3 months.

Source of Referral

Self

38%

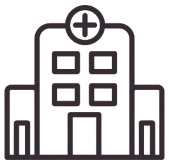
Family member/ friend

6.2%

Medical practitioner

2.7%

Hospital



2.2%

Mental health care service

4.6%

AOD treatment service

8.6%

Other community/health care service

11.5%

Police diversion

1%

Correctional service

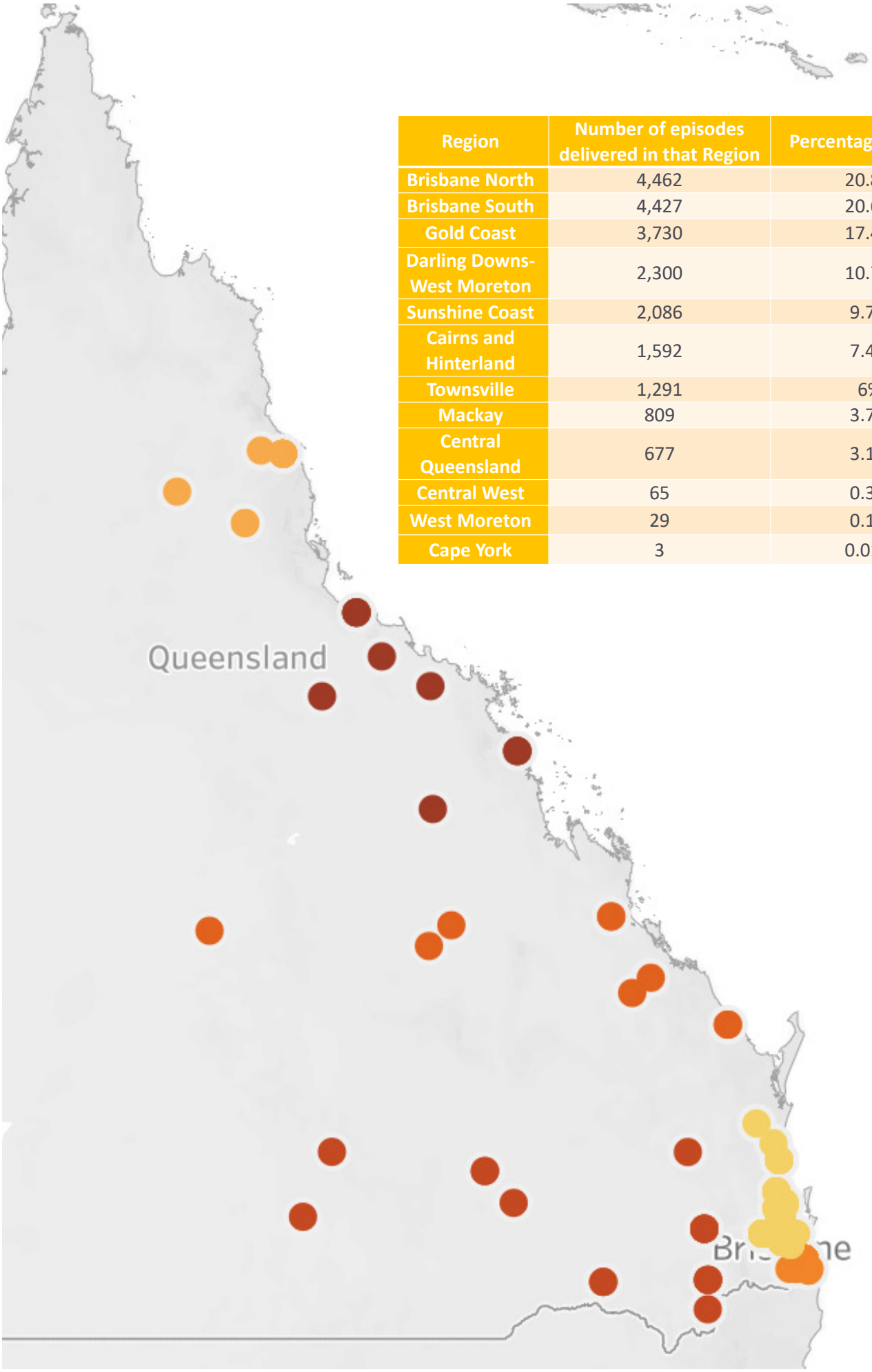
14%

Court diversion

2.7%

Services Location

Region	Number of episodes delivered in that Region	Percentage of Total
Brisbane North	4,462	20.8%
Brisbane South	4,427	20.6%
Gold Coast	3,730	17.4%
Darling Downs-West Moreton	2,300	10.7%
Sunshine Coast	2,086	9.7%
Cairns and Hinterland	1,592	7.4%
Townsville	1,291	6%
Mackay	809	3.7%
Central Queensland	677	3.1%
Central West	65	0.3%
West Moreton	29	0.1%
Cape York	3	0.01%



What's new?

This year, the word 'only' was removed from the following main treatment type items: Code 5 (support and case management), and Code 6 (information and education). This was intended to allow agencies to report and more accurately capture the additional treatment types used in conjunction with these two treatment types. Additionally, description of Code 4 (Outreach) for Treatment delivery setting for alcohol and other drugs was revised.

Key Data Findings

Collection Period	2019-2020
Number of episodes	21,471
Number of clients	15,403
Number of reporting establishments	101
Average number of episodes per client	1.4
% Increase of episodes from 2018-19	1.3%

A total of 101 publicly funded establishments in Qld provided data to QNADA about services for clients seeking treatment services and support. This ranged from 1 establishment in Cape York to 19 in Darling Downs – West Moreton. This year, there were 21,471 total reported treatment episodes. Of those, 1,669 were delivered to people for other people's drug use (representative of friends or families of PWUD). It is not common to have a large proportion of clients type 2 as it is assumed that family work is part of a main treatment type for clients of type 1 (own drug use) and is not accounted as a separate episode.

It was observed that 40% of **counselling** episodes were delivered to clients whose principal drug of concern was methamphetamine, followed by alcohol (27%) and cannabis (22%). Around 60% of those episodes ended within 4 months, however, the longest 20 episodes in the dataset pertain to counselling treatments.

The data reported also showed that methamphetamine was the most common drug of concern for **rehabilitation** episodes (around 42% of closed rehabiliation episodes). Overall, **methamphetamine was the most common principal drug of concern in 2019–20, accounting for 38.52% of all episodes** except in Cairns and Hinterland, Central Queensland, Cape York and West Moreton where alcohol was the most common drug of concern. Additionally, 52% of methamphetamine episodes indicated "inject" as method of use, 40% "smoke" and 3% "ingest".

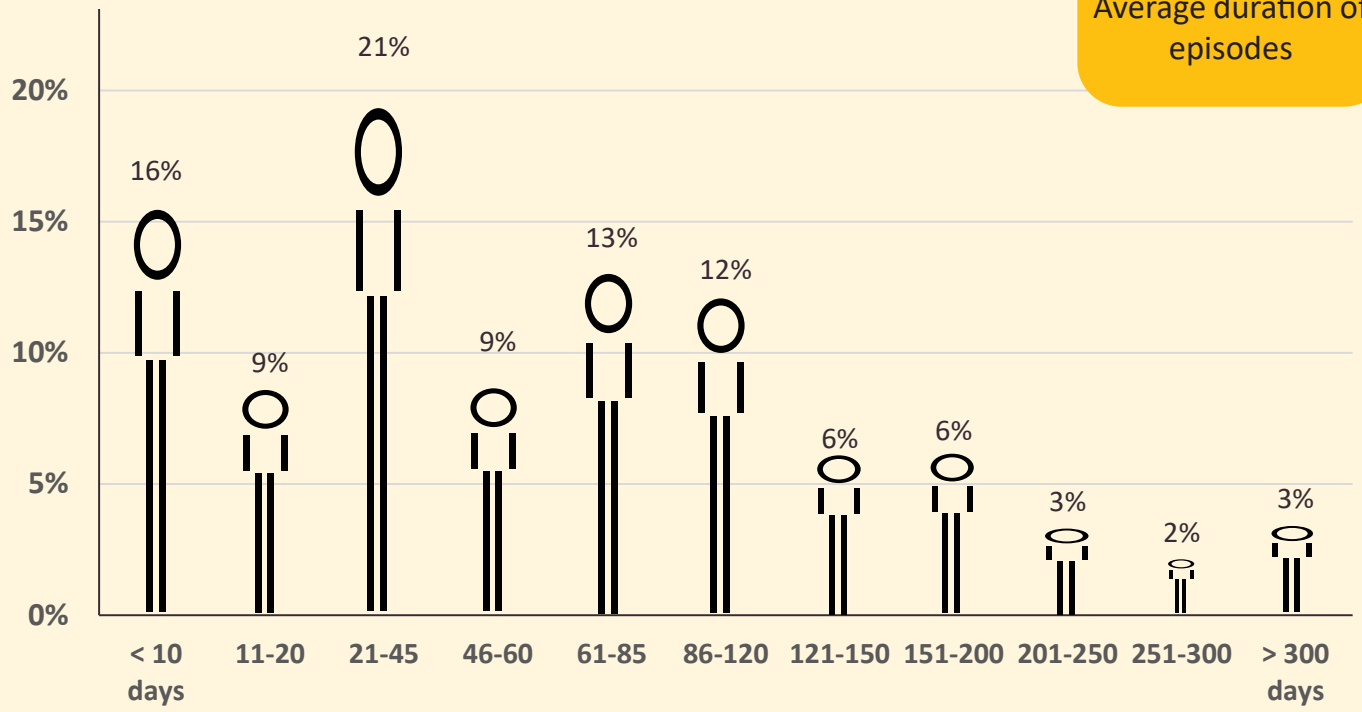
Alcohol was the second most common principal drug of concern in all regions accounting for 30.47% of episodes except in Cairns and Hinterland where cannabis was the most common drug of concern after alcohol, and Central Queensland, Cape York and West Moreton where methamphetamine was the most common drug of concern after alcohol.

It was also noted that the proportion of episodes where heroin was the principal drug of concern was higher than the Queensland average in West Moreton (10.34% compared with 2% across the state).

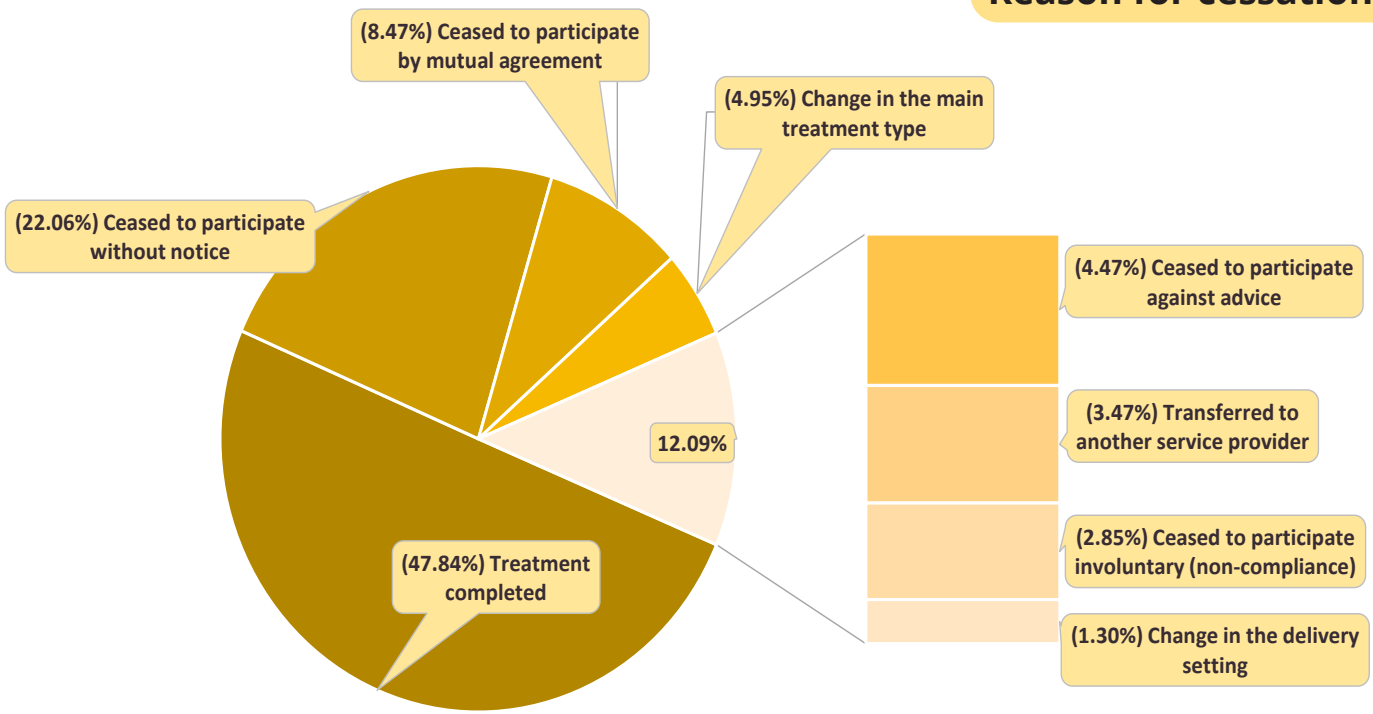
Duration of episodes

85 days

Average duration of episodes



Reason for cessation



Other reasons included: Death; ceased to participate at expiation, drug court and /or sanctioned by court diversion service; and imprisoned other than drug court sanctioned.

Young People

One-fourth of treatment episodes (5,629) belonged to clients under 25 years old. 28% of those, were self referred or referred by a family member or friend, and 22% were referred by a correctional service, police or court diversion program. The most common treatment type received by young people was counselling (54%), followed by assessment only (20%) and case management (9%). Only 2% of young people episodes were delivered to family or friends of PWUD.

Location of episodes

- It was commonly observed for client's postcodes to not be located in the same location of the establishment providing the treatment service. The reasons for accessing outer region treatment may include:
- That particular service or treatment type is only available in another region (eg. residential treatment).
- Waiting lists are shorter in other regions.
- While the client may be based in the region, they could be staying with family or friends outside of that region who encourage them into a service in their local area.
- The client may have recently moved into the region but were previously accessing treatment nearer to their old place of residence.
- The client may have a treatment provider preference or prefer continuity (eg. they attended rehabilitation with a particular provider and now attend aftercare services with the same provider).
- The client actively wants to leave their community for treatment for reasons such as avoiding shame or to distance themselves from people who may make it harder to achieve their treatment goals (eg. friends who use).

Over the two-year period 2018-20

- The number of publicly funded agencies providing data to QNADA about services for clients seeking treatment and support in Queensland increased by 15% (from 88 to 101).
- The top three principal drugs of concern have remained consistent over this period for the whole state (Methamphetamine, Alcohol and Cannabis).
- Most clients (86%) received treatment from 1 establishment only.
- A total of 26,555 clients received treatment over these two years. Of these, 42% (11,151 clients) presented in 2018–19 only, 46% (12,196) presented in 2019–20 only, and 12% (3,208) received treatment in both years.

The impact of COVID-19 pandemic on Australia's AOD treatment and support services

As we are settle into 'COVID-normal', it is curious to know how the pandemic has impacted our life. In the alcohol and other drug (AOD) space, the main areas of interest are focused on the impact of COVID-19 on the drug market, drug use behaviour, and AOD treatment services. If you're interested in the first two areas, we encourage you to check out the preliminary data and analysis available from the Global Drug Survey Special Edition on COVID-19[1] and the Australians' Drug use: Adapting to Pandemic Threats (ADAPT) Study[2]. We also worked with our colleagues from the State and Territory AOD Peaks Network to develop a survey to uncover how AOD treatment services have been affected. The full report: Impact of the Covid-19 Pandemic on alcohol and other drug service delivery[3], can be found on the QNADA website.

The survey was conducted across May and June 2020. A total of 210 organisations responded across all jurisdictions, with 53% from metropolitan areas and 67% providing non-residential treatment services. Nearly 80% of organisations moved their face-to-face services to telehealth, either partially or completely during the pandemic[3]. Many utilised a combination of platforms (eg telephone, Zoom and Skype) to provide flexibility for clients, and a majority indicated they would keep telehealth as an option following the pandemic. Some respondents indicated that the use of telehealth is helping to reach and engage with a group of clients who previously had difficulties engaging with traditional face-to-face services. This signifies the importance of offering variety and flexibility of service access for people experiencing problems with substance use. It also promotes choice, autonomy, and has the potential to reduce the fear of stigma that can discourage people from accessing AOD treatment.

However, challenges also emerged with common areas of concern including, connectivity issues, learning and development needs for staff delivering services in an online environment, and caution regarding the potential impact on quality of care.

Despite largely successful and quick transitions to telehealth by service providers, some organisations indicated that their client waitlist had lengthened and staff wellbeing became a concern due to additional stress, workloads, and shifting priorities[3]. Lockdowns, physical distancing and other pandemic related restrictions inevitably led to some service disruption, including the need to postpone programs, cease or reduce intake and referrals, and reduce the number of residential beds that could be offered for many services. At an organisational level, there were issues such as a reduction in income from reduced residential bed numbers, increased costs associated with technology (eg for online meeting platforms and internet plans), expenditure related to additional cleaning equipment and cleaning services, and challenges with access to PPE and staffing.

[1] Winstock A., Zhuparris A., Gilchrist G., Davies E., Puljević C., Potts L., Maier L., Ferris J., & Barratt M., GDS COVID-19 Special Edition Key Findings Report. [online] Globay Drug Survey. Available at: https://www.globaldrugsurvey.com/gds-covid-19-special-edition-key-findings-report/

[2] Sutherland, R., Baillie, G., Memedovic, S., Hammoud, M., Barratt, M., Bruno, R., Dietze, P., Ezard, N., Salom, C., Degenhardt, L., Hughes, C. & Peacock, A., 2020. Australians' Drug Use: Adapting To Pandemic Threats (ADAPT) Study. [online] Sydney: NDARC, UNSW. Available at: https://ndarc.med.unsw.edu.au/project/australians-drug-use-adapting-pandemic-threats-adapt-study

[3] State and Territory Alcohol and Other Drugs Peaks Network, 2020. Impact of the Covid-19 Pandemic on Alcohol and Other Drug Service Delivery. [online] Available at: https://qnada.org.au/wp-content/uploads/2020/10/Fin_20200728_Covid-Impact-Survey-Summary-Report.pdf

For residential treatment services, the majority (over 70%) were required to reduce their bed capacity during the pandemic, and among them, nearly 8 in 10 experienced a reduction by between 21% and 60%[3]. The reduction was mostly due to physical distancing requirements, having single occupancy rather than share rooms, and concerns over sharing bathrooms.

For non-residential treatment services, more organisations (42.5%) reported no change to their capacity[3], and we suspect this is due to counselling and support models being more amenable to telehealth delivery than residential treatment. Some non-residential services (24%) also reported an increase in the number of appointments that were offered by between 21% and 60%[3]. The supplementary comments in the survey suggested that, this might be due to the ease of rescheduling virtual appointment, less travel time between appointments and decrease in missed appointments. Interestingly, a similar number of services (24%) reported a reduction in the number of appointments that were offered by between 21% and 60%[3]. Comments indicated that this could be a result of reductions in groups, biosecurity restrictions, and reduction in access to clients in detention facilities. This finding suggests that, for non-residential services, their capacity during the pandemic largely depended on the programs provided, service location, and the client group. This is perhaps unsurprising due to the diversity of the AOD treatment sector, clients, treatment types, and geographic location.

While slightly more organisations (39.5%) reported an increase in demand in services since the beginning of March, a similar number of organisations reported a decrease (23.5%) and no changes (23.5%)[3]. Most services reported a reduction at the beginning of the pandemic and during lockdowns, but then saw an increase once restrictions were eased in their local jurisdiction. Organisations also reported a similar proportion of clients missing more (24.8%) and less (34.6%) appointments, as well as clients making more (26%) and less (22.5%) enquiries. Therefore, there was no observable trend in treatment demand or engagement during the pandemic according to the State and Territory AOD peaks survey[3].

With that said, the ADAPT Study[2] still provided useful information and found, from their sample, that individual perceived change in drug use during the pandemic stayed largely consistent (no change) across all substances compared to before March, with the exception of a noticeable increased use of cannabis. The study also found decreased use of MDMA, cocaine and ketamine (47%, 42% and 40% respectively) compared to before the pandemic started, due to factors such as increased price, decreased availability and/or less social opportunities to use preferred substances (eg attending music festivals, socialising with friends)[2].

Additionally, the Drug Trend Program[1] found that, among individuals who inject drugs in their sample (n=884), a slight increase was observed in behaviours such as injecting alone, reusing injecting equipment and equipment sharing (13%, 9% and 2% respectively) since March. In addition, both studies[12] also identified a consistent occurrence of individuals reporting poorer mental health during the pandemic.

We suspect this is only scratching the surface of our evolving understanding of how COVID-19 is impacting AOD treatment and harm reduction services and people who use drugs. However, based on the initial data and anecdotal accounts we have been receiving from QNADA members and stakeholders, it is fair to say while COVID-19 had presented challenges and disruption, the sector has shown its versatility and resilience in adapting to changes and continues to provide the best possible care to individuals and communities who need it.

Ensuring quality and safety of AOD treatment service delivery

The AOD treatment system in Australia is diverse and comprised of providers from the public, non-government, and private sectors. We all agree that clients deserve to receive good value, high quality, client-focused, and evidence-informed care. In 2019, the National Quality Framework for Drug and Alcohol Treatment Services was released to help improve the safety and quality of AOD treatment service delivery across Australia (Health, 2018). This framework set a nationally consistent quality benchmark for AOD treatment services, with requirements that specialist treatment service providers must meet by November 2022.

In this article, we take a look at a (non-exhaustive) range of mechanisms and strategies that currently exist to support high-quality and safe delivery of AOD treatment, and consider how they align with some of the nationally agreed principles of the National Quality Framework for Drug and Alcohol Treatment Services.

Workforce Development and Clinical Practice

The AOD workforce is considered to be one of the sector's greatest assets and are responsible for delivering AOD treatment, so it's no surprise that one of the nationally agreed guiding principles of the framework is 'Workforce Development and Clinical Practice'. Workers come from a diverse range of professional and personal backgrounds, and hold qualifications from a broad range of disciplines (Health, 2019). People with experience of AOD use also comprise a large proportion of the workforce, with some working in peer roles and drawing on their experience of problematic AOD use to provide support to clients (Chapman, Roche, Kostadinov, Duraisingam, & Hodge, 2020). In responding to treatment demands, the AOD workforce experiences high levels of emotional exhaustion and work stress (Duraisingam, Pidd, & Roche, 2009), and there is a recognised need for implementation of strategies to support the well-being of workers and their capacity to deliver high quality AOD treatment (Intergovernmental Committee on Drugs, 2015).

One obvious way to support workers' capacity to deliver high quality treatment services is to provide ongoing professional training. Even the most experienced AOD workers should receive regular training to broaden their knowledge, refresh their skills and learn new ones. While it's important for workers to be self-motivated to attend training and learn, it's equally important that treatment organisations support their staff to participate in training opportunities and that workforce training is funded at a system level.

Another critically important strategy to support worker well-being and improve client outcomes is the provision of clinical/practice supervision to workers. Clinical/practice supervision has been shown to have benefits for workers and clients across health disciplines (Bambling, King, Raue, Schweitzer, & Lambert, 2007; Knudsen, Ducharme, & Roman, 2008). In the AOD sector, most workers receive some kind of clinical/practice supervision, whether it be in a group or individual setting. While clinical/practice supervision is widely endorsed by the AOD treatment sector, some organisations have greater capacity than others to provide clinical/practice supervision to their staff. Increasing access to clinical/practice supervision among AOD workers is considered important for future workforce development and capacity-building to improve the quality and safety of AOD treatment delivery.

Health and Safety

Employment conditions impact worker well-being and in turn, quality and safety of AOD treatment delivery. So, it makes sense that 'Health and Safety' are another of the nationally agreed guiding principles of the framework. Fortunately, Australia's working conditions are often considered some of the best in the world. Nevertheless, the AOD treatment workforce in Australia experiences high rates of stress, burnout and turnover. Good employment conditions include more than just a safe working environment and high minimum wage. Salary sacrifice arrangements that are available to employees of not-for-profit organisations in Australia are one example of a strategy to help retain workers and improve employment conditions in community sectors such as AOD. Recently, a portable long service leave scheme was launched by the Queensland Government for community service workers. Non-government AOD service providers are required to register with the scheme, which seeks to reward workers for service to the industry by ensuring they receive long service leave benefits, even if they change employers (click the link here to find out more; https://www.qleave.qld.gov.au). Implementation of strategies such as these help to retain workers in the sector and contribute to ensuring the quality and safety of AOD treatment service delivery.

In Australia, there are minimum qualification standards for practitioners in most health disciplines to help ensure the safety and quality of health care service provision. For example, to practice as a nurse, midwife, occupational therapist or doctor, workers are required by law to have obtained a recognised relevant qualification in their field. For AOD workers, there is no formal minimum standard for AOD work that applies nationally. In the ACT and

Victoria, minimum qualification standards have been brought into effect as a strategy to help develop a more consistent approach to learning and skill development among AOD workers, and to increase the proportion of workers who have relevant qualifications. Recently, a Workforce Capability Framework was developed by the Network of Alcohol and other Drugs Agencies (NADA) which describes the core capabilities and associated behaviours expected of all NSW non-government AOD workers (Network of Alcohol and other Drug Agencies (NADA), 2020). In Queensland, we're advocating that our strategies should be focussed on supporting the continued professionalization of the workforce to ensure the safety and quality of AOD treatment service delivery. When considering those strategies, we think it is important to consider potentially unwanted impacts of adopting strategies such as minimum qualifications, such as losing those workers in the sector who have extensive relevant experience but limited tertiary qualifications.

Planning and Engagement

Connecting with other sectors and engaging clients in the planning, delivery and evaluation of AOD treatment services is crucially important to increasing the safety and quality of AOD treatment service delivery. The Stretch2Engage Framework does a great job of demonstrating why engagement with people who have lived experience is particularly important, and it also does a great job of supporting services to engage meaningfully with clients. Equally important, is AOD treatment services understanding and working closely with other relevant sectors, such as the mental health and criminal justice systems in the delivery of AOD treatment. This is imperative to achieving good client outcomes and helping to prevent AOD clients from "falling through the gaps", particularly with regards to referral. It's also important to engage with people who may wish to be, but are not currently in contact with the treatment service system to examine what services could do to better serve their needs.

There is no one way to measure the safety and quality of AOD treatment service delivery. Instead, it's necessary to examine the effectiveness and efficacy of strategies at the client, worker, service and system levels. Looking at AOD treatment service delivery through as many different lenses as possible, but most importantly through the eyes of the people it seeks to serve (people who experience problems with their AOD use), is the best way to examine the safety and quality of service provision.

The National Quality Framework for Drug and Alcohol Treatment Services has nine nationally agreed guiding principles. This article has touched on only three, and within each of those, mentioned only a few strategies for helping to improve the quality and safety of AOD treatment service delivery. There are many ways that AOD treatment services can continually improve the quality and safety of their service delivery and help ensure that people experiencing problems with AOD use receive client-centred, evidence-informed treatment - even with limited funding and resources. You can access and read more about the National Quality Framework for Drug and Alcohol Treatment Services here; https://www.health.gov.au/resources/publications/national-quality-framework-for-drug-and-alcohol-treatment-services.

Bambling, M., King, R., Raue, P., Schweitzer, R., & Lambert, W. (2007). Clinical supervision: Its influence on client-rated working alliance and client symptom reduction in the brief treatment of major depression. Psychotherapy Research, 16(3), 317-331.

Chapman, J., Roche, A. M., Kostadinov, V., Duraisingam, V., & Hodge, S. (2020). Lived Experience: Characteristics of Workers in Alcohol and Other Drug Nongovernment Organizations. Contemporary Drug Problems, 47(1), 63-77.

Duraisingam, V., Pidd, K., & Roche, A. M. (2009). The impact of work stress and job satisfaction on turnover intentions: A study of Australian specialist alcohol and other drug workers. Drugs: education, prevention and policy, 16(3), 217-231.

Health, D. o. (2018). National quality framework for drug and alcohol treatment services.

Health, D. o. (2019). National framework for alcohol, tobacco and other drug treatment 2019-2029.

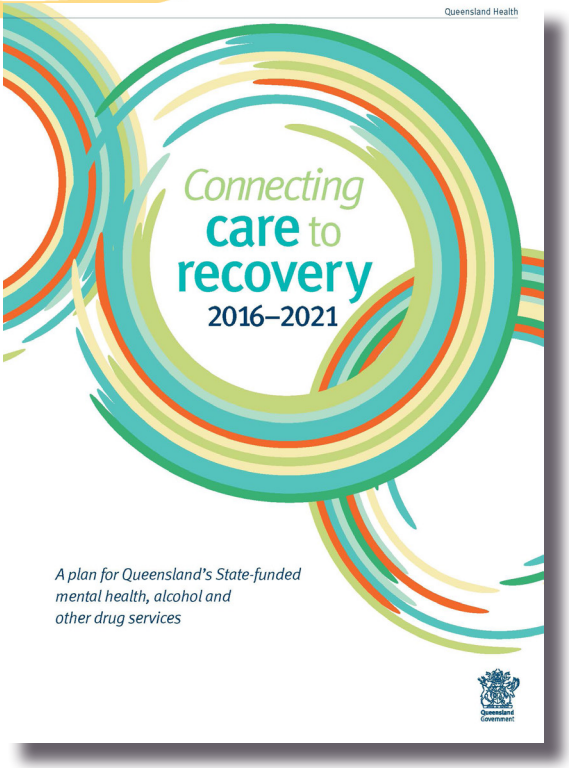
Intergovernmental Committee on Drugs. (2015). National Alcohol and other Drug Workforce Development Strategy 2015-2018.

Knudsen, H. K., Ducharme, L. J., & Roman, P. M. (2008). Clinical supervision, emotional exhaustion, and turnover intention: A study of substance abuse treatment counselors in NIDA's Clinical Trials Network. Journal of Substance Abuse Treatment, 35(4), 387-395. doi::10.1016/j.jsat.2008.02.003

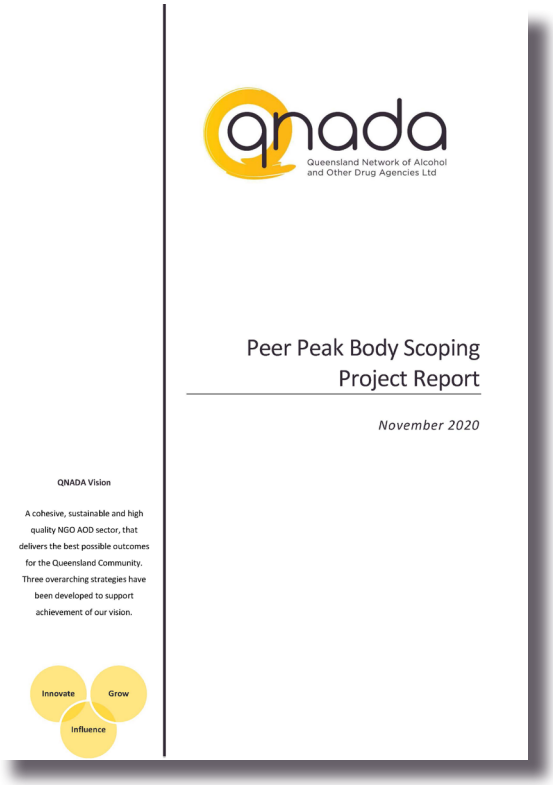
Network of Alcohol and other Drug Agencies (NADA). (2020). Workforce Capability Framework: Core Capabilities for the NSW Non Government Alcohol and other Drugs Sector. In. Sydney: NADA.

Resources

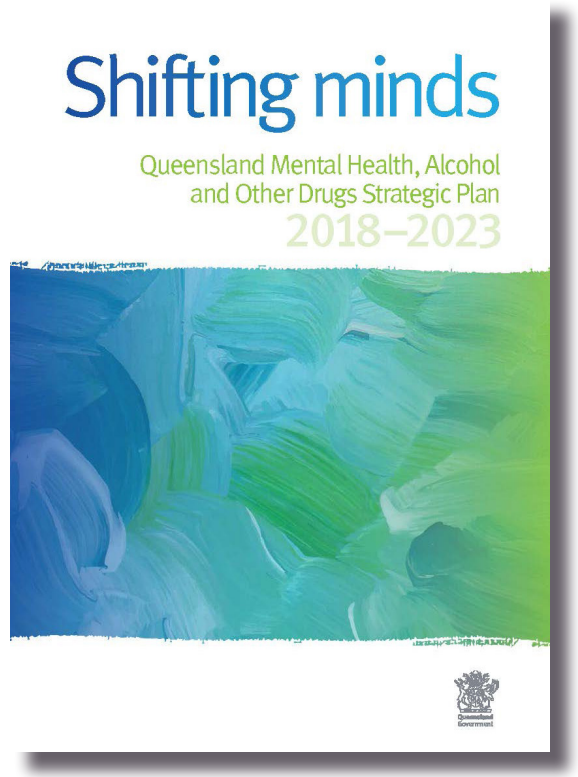
(click on each image to view/download)



Connecting care to recovery 2016-2021: A plan for Qld's State-funded mental health, aclohol and other drug services



AOD Peer Peak Body Scoping Project Full Report



Shifting minds: Queensland Mental Health, Alcohol and Other Drugs Strategic Plan 2018 - 2023

Stretch2Engage Framework for Mental Health (MH) and Alochol and Other Drug Services (AOD)

Resources

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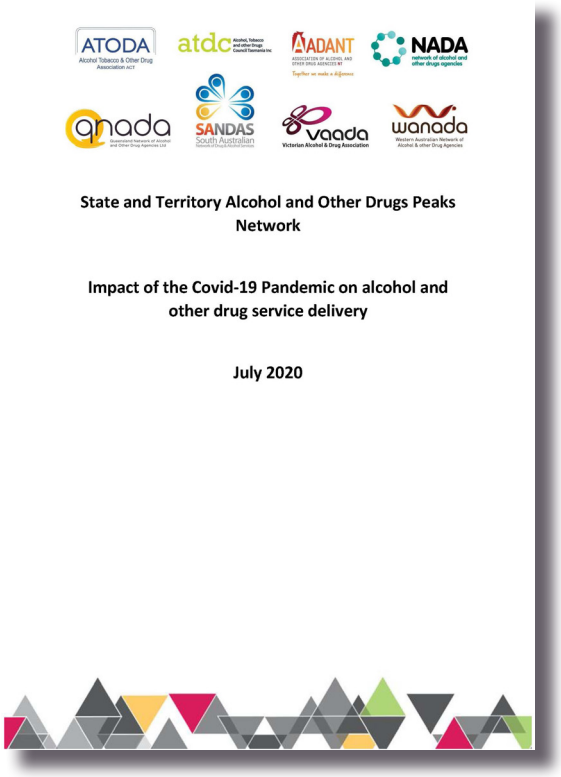
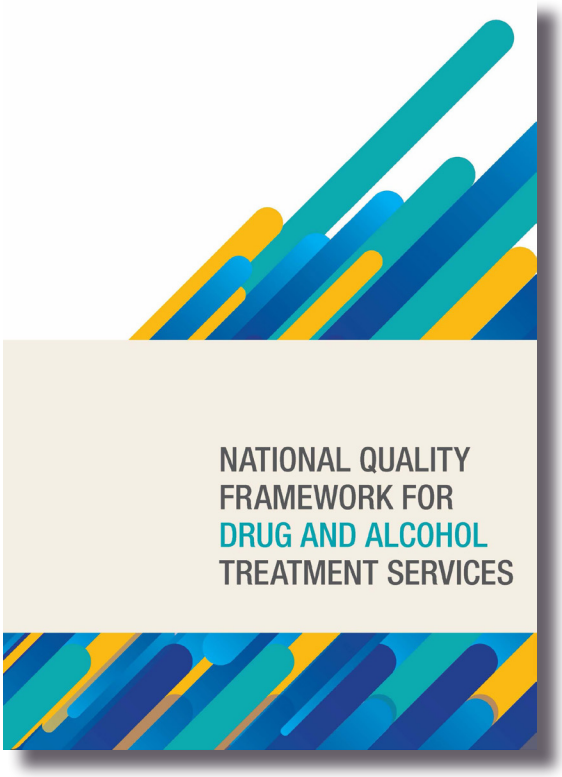


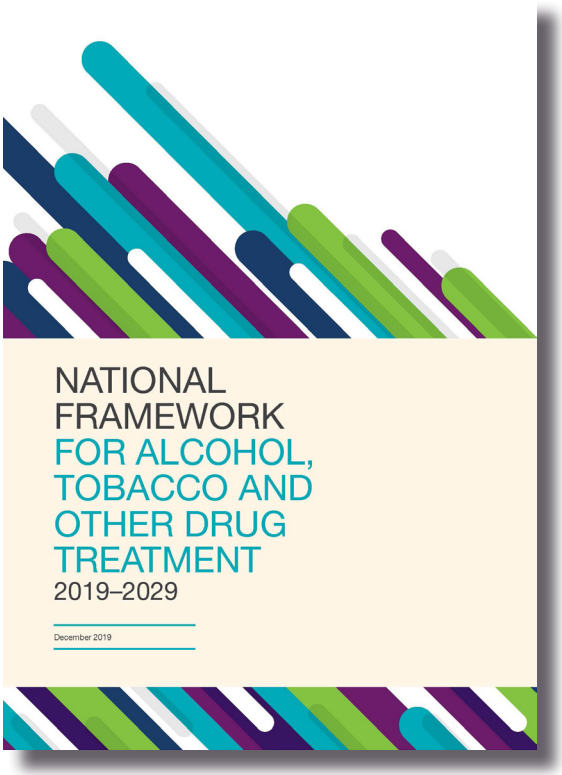
Impact of Covid-19 Pandemic on alcohol and other drug service delivery



National Quality Framework for Drug and Alcohol Treatment Services

Australian's Drug use: Adapting to Pandemic Threats (ADAPT) Study

Global Drug Survey



National Framework for Alcohol, Tobacco and Other Drug Treatment 2019–29

Resources

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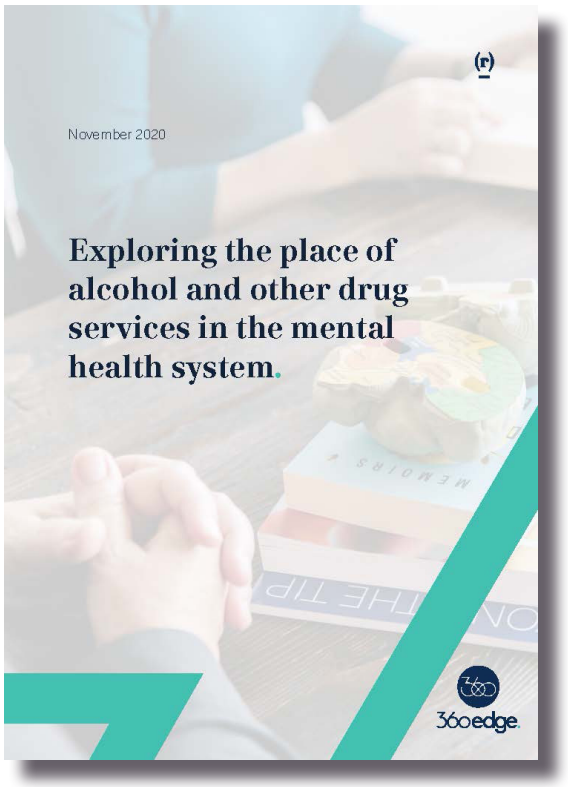
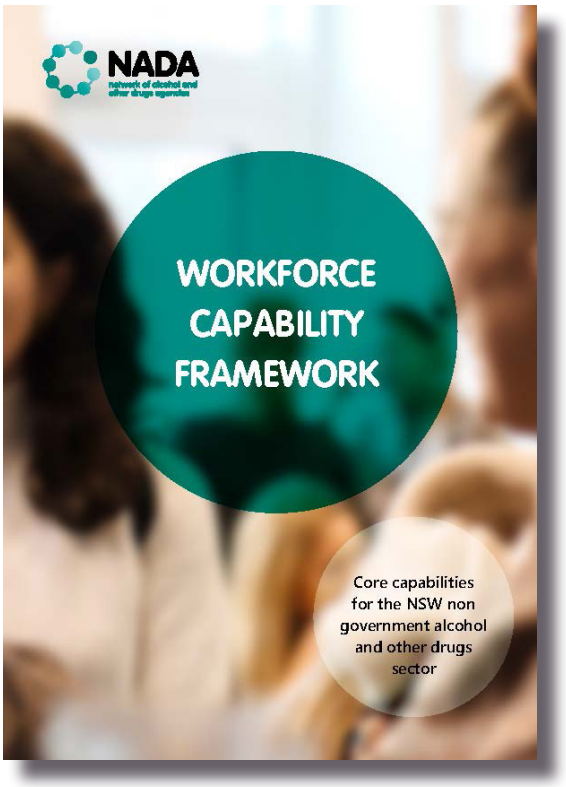


Exploring the place of alcohol and other drug services in the mental health system



NADA Workforce capability framework

Australian Alcohol Guidelines Revised - The National Health and Medical Research Council (NHMRC) have released a revised version of the Australian guidelines to reduce health risks from drinking alcohol.

Events and Trainings

Screening for Problem Gambling Webinar

Who: Lives Lived Well

When: 28 January 2021, 10am - 11:30am

Where: Online

More info: https://qnada.org.au/event/screening-for-problem-gambling-webinar-lives-lived-well-2/

The art of thriving at work: Managing burout and building resilience

Who: 360Edge

When: 11 Feburary 2021, 9am - 4:30pm

Where: Online

More info: https://360edge.com.au/events/#thriving-at-work

Screening for Problem Gambling Webinar

Who: Lives Lived Well

When: 16 Feburary 2021, 11am - 12:30pm

Where: Online

More info: https://qnada.org.au/event/screening-for-problem-gambling-webinar-lives-lived-well-3/

The brain workshop: Understand cognitive impairment related to alcohol and other drug use

Who: 360Edge

When: 25 Feburary 2021, 9am - 4:30pm

Where: Online

More info: https://360edge.com.au/events/#the-brain-workshop

The 6th National Indigenous Drug & Alcohol Conference (NIDAC): Pathways to healing

When: Tuesday 23rd – Friday 26th of March 2021

Where: Stamford Grand Hotel, Glenelg SA 5045

Register now: https://nidaconference.com.au/

NADA Conference 2021: Enhancing Connections

When: 22 - 23 Apirl 2021

Where: Sydney

Register now: https://nadaconference.org.au/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