

“Make it so”

November 2011

Key national activities in addiction services across IIMHL countries

Introduction

Make it so aims to assist countries to share information quickly about specific topics. This time it is addiction as well as co-existing mental health disorders.

In looking at information in this area we note that countries use various different terms when discussing this area: addiction, substance misuse, substance abuse, substance use; and, dual diagnosis, comorbidity, co-existing or co-occurring disorders.

There are several key challenges in this area:

- Addiction services and mental health services often work in silos and addiction best practice information may not reach mental health staff (and vice versa).
- Most countries accept that the incidence of co-existing mental health and addiction problems has historically been addressed separately by separate

services. Co-existing mental health and addiction problems is increasing and the challenge is to ensure services work effectively with this population.

- Providing integrated care should not be at the expense of specialist services' identity and core business
- Often workforce development alone will not ensure services work effectively with co-existing problems

Key addiction leaders from IIMHL countries were asked to describe:

1. Key activities
2. How IIMHL can assist this work in the future

Australia — Lucy Brown

1. Key activities

The Department of Health and Ageing is the federal agency responsible for national health policy and program funding relevant to addiction services in Australia. Substance use health policy and funding development in Australia is guided by the National Drug Strategy 2010 – 2015.

The National Drug Strategy 2010 – 2015 is a framework agreed amongst the Commonwealth of Australia and all states and territories to prevent and address drug-related harms. The aim of the Strategy is to build safe and healthy communities by minimising alcohol, tobacco and other drug-related health, social and economic harms from individuals, families and communities.

Under the National Drug Strategy, the Department of Health and Ageing funds a range of demand and harm reduction initiatives to reduce the use of drugs in the community, support people to recover from dependence, and reduce the harm to individuals and families.

In 2010-11, through the Non-Government Organisation Treatment Grants Program (NGOTGP) and the Council of Australian Governments' Mental Health Improved Services Initiative for People with Drug and Alcohol and Mental Illness (Improved Services Initiative), the Australian Government provided funding of more than \$60 million to over 200 drug and alcohol services to deliver a range of treatment services and to better manage clients with substance use and mental health issues.

The Department of Health and Ageing has also funded a number of resources in the sector, including:

- Guidelines on the management of co-occurring alcohol and other drug and mental health conditions in alcohol and other drug treatment settings which aim to provide alcohol and other drug (AOD) workers with evidence-based information to assist with the management of co-occurring, or comorbid, AOD and mental health conditions.
- The 2009 Australian Guidelines to Reduce Health Risks from Drinking Alcohol - these Guidelines help Australians make informed choices about drinking alcohol; and
- The 2009 Guidelines for the Treatment of Alcohol Problems - these Guidelines provide evidence-based, effective treatment regimes that assist health professionals treating people with alcohol problems, to develop treatment services specific to individual needs. Health professionals may include: general practitioners, nurses, medical specialists, psychologists and community counsellors, hospital-based workers, alcohol and drug workers and health service planners.
- The 2011 Consensus-Based Clinical Practice Guideline for the Management of Volatile Substance Use in Australia which provide health professionals with systematically developed recommendations for the management of volatile substance users in metropolitan, rural and remote communities.

The Australian Government's Petrol Sniffing Strategy aims to reduce the incidence and impact of petrol sniffing in regional and remote communities throughout Australia. Under the whole-of government Strategy, the Department of Health and Ageing manages a program to subsidise the production and distribution of low aromatic fuel (Opal). Opal fuel is a direct substitute for regular

unleaded petrol and fully conforms to the Australian National Fuel Quality Standards Act 2000. Replacing regular unleaded petrol in and around regions where petrol sniffing is prevalent has seen a significant reduction in both the number of individuals sniffing petrol and also the frequency in which the remaining individuals sniff.

In 2011-12, the Australian Government will provide more than \$80 million to deliver, or support, Aboriginal and Torres Strait Islander AOD services across Australia. These services include: residential rehabilitation, drug and alcohol treatment day centres, mobile patrol services, sobering up shelters and transitional after care services. Many of these services provide an outreach option to provide alcohol and other drug treatment and support to those who are unable to access services nearby.

The Australian Government recognises that smoking rates in Australia are higher among disadvantaged groups, including people with mental illness, and that a focus on these groups is required. The most recent National Drug Strategy Household Survey (NDHS)¹ released in 2010 found the smoking rate among people with mental illness is about 35%.

The Australian Government is implementing targeted initiatives to reduce harm from tobacco use among people with mental illness, including four projects funded under the Australian Government's Investment in Preventative Health – Tobacco Harm Minimisation initiative. These projects have a total combined value of \$1.147 million, and include:

- \$0.084 million over four years from 2009-10 to the University of Newcastle, to identify effective means to assist people with mental illness to quit smoking, to support overall policy goal of smoke-free hospitals;

- \$0.217 million over four years from 2009-10 to the University of Newcastle, to test internet-based tools for psychological treatment to assist people with depression to quit smoking;
- \$0.210 million over four years from 2010-11 to the University of New South Wales, to validate multi-component interventions for smoking cessation for people with psychosis to reduce risk of cardiovascular disease; and
- \$0.636 million over two years from 2011-12 to the Mental Illness Fellowship of Australia, to assist employees of mental health services to deliver a smoking cessation program to clients who have severe mental illness, at a number of sites around Australia. This project builds on the work of the South Australia Health Department's Tobacco and Mental Illness Project.

In addition, the Australian Government has provided a total of \$27.8 million over four years (2010-11 to 2013-14) for the More Targeted Approaches initiative, an education and public awareness campaign that focuses on high risk groups, including people with mental illness, and complements the Government's \$60 million National Tobacco Campaign.

People with mental illness also often have co-occurring substance use problems and historically there has been a lack of integration between mental health, drug and alcohol and primary care services. Recognising this, the Fourth National Mental Health Plan (2009-2014), agreed by all Australian Health Ministers, includes the following action: Improve linkages and coordination between mental health, alcohol and other drug, and primary care services to facilitate earlier identification of, and improved referral and treatment for, mental and physical health problems.

The Australian Government has provided, through the largest mental health investment in the nation's history, a \$2.2 billion investment over the next five years (from 2011-12) to drive fundamental reform in Australia's mental health system. This investment was informed by extensive engagement with experts, service providers and consumers and carers. The Delivering National Mental Health Reform package consists of initiatives from across a number of portfolios to improve the lives of people living with mental illness by:

- providing more intensive support services, and better coordinating those services, for people with severe and persistent mental illness who have complex care needs;
- targeting support to areas and communities that need it most, such as Indigenous communities and socioeconomically disadvantaged areas that are underserved by the current system; and
- helping to detect potential mental health problems in the early years, and supporting young people who struggle with mental illness.

Of particular note within the package is \$549.8 million to provide coordinated care and flexible funding for people with severe mental illness and complex multi-agency care needs. This will provide eligible individuals with a single point of contact, a care facilitator, and will assist about 24,000 people and their families.

Key recent reports and policies are:

- Treatment service users (TSU) project: phase two

This project implemented consumer participation demonstration projects in a variety of drug treatment settings in Australia. It followed the phase one research project which recommended a series of priority

actions to support education and training in relation to consumer participation.

- National Drug Strategy 2010-15

The National Drug Strategy 2010-15 is a framework agreed amongst the Commonwealth and all states and territories to prevent and address drug-related harms.

- National Drug Strategy Household Survey (NDSHS) 2010

The NDSHS report details findings from the population based survey of approximately 26,000 people in Australia aged 12 years or older on substance use and related issues, and the principal data collection to monitor trends and evaluate progress under the National Drug Strategy.

- National needle and syringe programs strategic framework 2010-2014

This framework sets policy directions and identifies program goals to assist governments and administrators planning the future development of needle and syringe programs.

- Return on investment 2: evaluating the cost-effectiveness of needle and syringe programs in Australia 2009

This report considers the population benefits, value and cost-effectiveness of needle and syringe programs.

- Comorbidity treatment service model evaluation: final report August 2009

In May 2008, the Australian Institute for Primary Care was commissioned to undertake an evaluation of service delivery models for comorbidity treatment in the alcohol and other drugs and mental health service sectors.

2. How IIMHL can assist this work in the future

The 2013 Leadership Exchange and Network meeting, which is to be co-hosted by New Zealand and Australia in March 2013, could include a focus on substance misuse and comorbid mental illness and substance use problems.

¹ Australian Institute of Health and Welfare (2011). 2010 National Drug Strategy Household Survey Report.

Canada

1. Key activities

The Canadian Centre on Substance Abuse

The Canadian Centre on Substance Abuse has a legislated mandate to provide national leadership and evidence-informed analysis and advice to mobilize collaborative efforts to reduce alcohol- and other drug-related harms.

CCSA is committed to advancing knowledge and understanding in the field, and is a leading partner in major national and international initiatives. CCSA provides access to a range of information and analysis relating to substance abuse issues, and connects Canadians to a broad spectrum of networks and activities.

<http://www.ccsa.ca/Eng/AboutUs/Pages/default.aspx>

Our Vision

All people in Canada live in a healthy society free of alcohol- and other drugs-related harm.

Our Mission

Provide national leadership and advance solutions to address alcohol- and other drug-related harms.

The Canadian Centre on Substance Abuse has a legislated mandate to provide national leadership and evidence-informed analysis and advice to mobilize collaborative efforts to reduce alcohol- and other drug-related harms.

CCSA has a 20-year history of accomplishments that have advanced knowledge and understanding in the substance abuse field. CCSA has been and remains a leading partner in major national initiatives, including

- A ground breaking report on the economic costs of substance abuse, *The Costs of Substance Abuse in Canada*
- A benchmark national survey of Canadians' use of alcohol and other drugs, the *Canadian Addiction Survey*
- CCSA's national biennial conference on substance abuse and addictions, *Issues of Substance*
- The exploration of key contemporary issues and their policy implications in an annual "snapshot" report, *Substance Abuse in Canada*
- A coordinated, Canada-wide, multi-partner approach to meeting the challenges associated with alcohol and other drugs and substances, the *National Framework*

for Action http://www.nationalframework-cadrenational.ca/detail_e.php?id_top=1

- A five-year plan for mobilizing youth-focused media and service organizations to reduce drug use among Canada's youth, A National Drug Prevention Strategy for Canada's Youth

Competencies for Canada's Substance Abuse Workforce

One example of CCSA's work is the Competencies for Canada's Substance Abuse Workforce which is a supportive resource that:

- Identifies the technical and behavioural abilities (specific and measurable skills, knowledge, attitudes and values) required to perform optimally in the substance abuse field; and
- Provides supporting tools, such as interview and performance management guides as well as application tools, to enable organizations and individuals to quickly adopt and apply the competencies in their work settings.

Together, these tools can help facilitate the creation of learning and development strategies for staff and support the hiring and retention of skilled people. This resource applies directly to those working in health promotion, support and outreach, counselling, withdrawal management, supervision, administration and senior management. It is also relevant to allied professionals interacting with individuals who have substance abuse issues.

<http://www.cnsaap.ca/eng/developingtheworkforce/competencies/pages/default.aspx>

The Mental Health Commission of Canada
Our mission is to promote mental health in Canada, and work with stakeholders to change the attitudes of Canadians toward mental health problems, and to improve services and support.

Our vision is a society that values and promotes mental health and helps people who live with mental health problems and mental illness lead meaningful and productive lives.

<http://www.mentalhealthcommission.ca/English/Pages/Strategy.aspx>

With the release of *Toward Recovery and Well-Being: A Framework for a Mental Health Strategy for Canada* (2009), the MHCC set out a vision containing seven broad goals for transforming mental health systems across Canada. The Framework has become an important reference point for mental health policy and practice across the country.

Some of the work being undertaken by the MHCC on co-occurring problems: