Public Health Association of Australia submission on SA Health Mandatory Assessment for Substance Dependence Consultation

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Introduction

The Public Health Association of Australia

The Public Health Association of Australia (PHAA) is recognised as the principal non-government organisation for public health in Australia working to promote the health and well-being of all Australians. It is the pre-eminent voice for the public’s health in Australia. The PHAA works to ensure that the public’s health is improved through sustained and determined efforts of the Board, the National Office, the State and Territory Branches, the Special Interest Groups and members.

The efforts of the PHAA are enhanced by our vision for a healthy Australia and by engaging with like-minded stakeholders in order to build coalitions of interest that influence public opinion, the media, political parties and governments.

Health is a human right, a vital resource for everyday life, and key factor in sustainability. Health equity and inequity do not exist in isolation from the conditions that underpin people’s health. The health status of all people is impacted by the social, cultural, political, environmental and economic determinants of health. Specific focus on these determinants is necessary to reduce the unfair and unjust effects of conditions of living that cause poor health and disease. These determinants underpin the strategic direction of the Association.

All members of the Association are committed to better health outcomes based on these principles.

Vision for a healthy population

A healthy region, a healthy nation, healthy people: living in an equitable society underpinned by a well-functioning ecosystem and a healthy environment, improving and promoting health for all.

Mission for the Public Health Association of Australia

As the leading national peak body for public health representation and advocacy, to drive better health outcomes through increased knowledge, better access and equity, evidence informed policy and effective population-based practice in public health.

Preamble

PHAA welcomes the opportunity to provide input to SA Health’s consultation on Mandatory Assessment for Substance Dependence.

The reduction of social and health inequities should be an over-arching goal of national policy and recognised as a key measure of our progress as a society. The Australian Government, in collaboration with the States/Territories, should outline a comprehensive national cross-government framework on promoting a healthy ecosystem and reducing social and health inequities. All public health activities and related government policy should be directed towards reducing social and health inequity nationally and, where possible, internationally.
PHAA Response to the consultation paper

Proposed trial

Do you support the proposed trial’s objectives, as set out in this paper? Should amendments be made?

The PHAA supports substance misuse being treated as a health issue rather than a criminal justice issue. Policies relating to substance misuse should be assessed according to the extent to which they minimise the health, social and economic harms arising from their use. This recognises the social and economic factors shaping risky behaviour and the health of drug users. Evidence-based options should be prioritised.

Law enforcement does play an important role in minimising harms associated with substance misuse, including through diverting people out of the criminal justice system, and into treatment. Prisoners are at higher risk of drug-related harm than those in the general population.¹ The period immediately following release from prison is a high risk time for drug relapse and overdose.²

On this basis, the PHAA supports the objectives of the proposed trial, as being consistent with the principles of keeping people out of prison through diversion into treatment. However, with the lack of evidence demonstrating effectiveness of mandated substance misuse treatment, the PHAA has concerns.

The trial should consider the three actions the Victorian Government is to implement as per the Review of the Victorian program (see page 9 of the Government response to the review report):

- Strengthen client pathways to community based alcohol and drug treatment and support services following discharge from involuntary treatment under the Act, in order to further improve outcomes for clients.
- Enhance communication and education approaches, particularly to clinicians and service providers, with a view to supporting timely and appropriate applications for people who may require treatment under the Act.
- Improve monitoring and accountability mechanisms in relation to the operation of the Act, and of the service provided to people detained under its provisions, including data collection and reporting requirements.

Additionally, the trial should have a sufficient time frame to allow for the collection of data on its effectiveness and feasibility, taking into account the likely small number of cases involved.

Should the current Victorian Act’s definition ‘of a person at extreme or immediate risk’ (sections 5 and 8) apply?

Yes, but noting the review of the Victorian Act which suggested a refinement of the definition of the intended client group to clarify and include a ‘client benefit’ criterion.

Are the four criteria under which a detention and treatment order may be made under the Victorian Act:

... Sufficient to capture those who might be ‘at extreme or immediate risk’
Yes.

... Clear enough to ensure that any limitations on people’s rights are reasonable and are the minimum necessary in the circumstances?
Yes.
PHAA submission on SA mandatory assessment for substance dependence

Treatment principles and requirements

Does the model provide for the best possible treatment in the least restrictive environment and in the least intrusive manner possible?

Yes, but only applied to those who are the highest risk and non-voluntary. Consideration should be given to the recommendation in the review of the Victorian program that the detention and treatment period be extended from 14 days to 28 days in order to achieve a sustainable benefit for clients. The review report noted that longer treatment periods apply in other Australian jurisdictions, New Zealand and Sweden.

What elements should be included in any Model of Care for Involuntary Clients under the trial?

The review of the Victorian program noted strong stakeholder support for removing the requirement that a recommendation can only be made after confirming that facilities and services are available for the recommended treatment. PHAA supports the principle that recommendations should be made only on the basis of client need, not supply of facilities and services. Additionally, the scope of services required for the program cannot be clearly determined unless there are robust data available on need, such as through the number of recommendations made.

What other evidence should be taken into consideration?

The lack of evidence supporting the effectiveness of mandatory treatment is concerning. PHAA recommends that a comparison between voluntary and involuntary treatment should be considered. If the proposed trial proceeds, it will provide an opportunity to add to the evidence base regarding mandated treatment. This should be a high priority in the design of the program to ensure the opportunity is not missed.

What practical limitations may need to be considered for the operation of a trial if it were to proceed?

What is the feasibility and likely cost impact of transporting severely dependent people to Adelaide for Court-ordered assessment and treatment?

Cost and feasibility are of concern where it applies to people of rural areas, as the only proposed site is at Glenside in Adelaide. According to the National Rural Health Alliance Inc., people living in remote and rural areas were twice as likely to have recently used meth/amphetamines. Given the likelihood of potential participants living in rural areas, PHAA recommends the addition of a rural location for the pilot. For example, utilising Country Health SA Integrated Mental Health Inpatient Units (IMHIUs) at Whyalla, Berri and Mount Gambier.

Additionally, the report states “...that only a small number of people would be likely be engaged in the trial, it is recognised that this will require a number of treatment beds to be made available for use by those involved in the trial. This will entail either diverting beds which would otherwise be available for voluntary treatment of clients or requiring an investment in new withdrawal management beds for use in the trial.”

It must be ensured that voluntary clients are not unable to receive treatment due to beds being diverted for use in the trial. The trial should be adequately funded to ensure that where new beds are required, they are made available. South Australia needs to have enough treatment places available, as early access to treatment may assist in keeping people out of the criminal justice system in the first place.
Conclusion

PHAA supports the broad directions of SA health’s proposed Mandatory Assessment for Substance Dependence scheme. However, we are keen to ensure policies are evidence-based, in line with this submission. We are particularly keen that the following points are highlighted:

- Court-diversionary schemes for people with substance misuse issues are essential in providing options outside the criminal justice system
- Mandated treatment may be preferable to prison
- With the lack of evidence supporting mandated treatment for substance misuse, if the proposed trial proceeds, it should be carefully designed to ensure robust evaluation to add to the evidence base
- If the Victorian program is to be the basis of the proposed trial, the results of the review should be considered in the program design.

The PHAA appreciates the opportunity to make this submission and the opportunity to contribute to the proposed Mandatory Assessment for Substance Dependence scheme.

Please do not hesitate to contact me should you require additional information or have any queries in relation to this submission.

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9 February 2018
References