UnitingCare ReGen Response to Proposed Victorian AOD treatment principles

Developed in response to the Victorian Department of Health's consultation paper: Victorian Alcohol and Other Drug Treatment Principles. The document provides targeted feedback on each of the 10 proposed principles and a general summary of ReGen's position on the appropriateness of the overall framework as a key influence within the current Victorian AOD sector reform process.

1. The nature of addiction

Given the ongoing 'addiction vs dependence' debate within the AOD sector, selective use of the term 'addiction' and subsequent grounding of the principles within the 'disease model' is problematic.

It would be more helpful to acknowledge complexity by highlighting the different aspects of drug dependence (medical, cognitive, behavioural, social etc) and the various complimentary approaches (including prevention and harm reduction) that can support behaviour change across the spectrum of AOD use.

By focussing only on the dependent end of the use spectrum, the principles are irrelevant to the great majority of people who use AOD.

It would be useful to include recognition of other contributing factors to AOD use and that, for many people, their AOD use is identified as functional, as a coping strategy for dealing with other issues.

ReGen suggests reframing this principle in terms of understanding the complexity of problematic AOD use (including common co-occurring issues such as physical and mental health, homelessness, trauma, ABI, social isolation and stigmatisation) and the range of potential harms e.g. the public health model. This would allow more explicit reference to services targeting non-dependent use.

2. Treatment accessibility

Access to treatment should be recognised as being affected by a range of factors including: geographical location, financial stress, family responsibilities, cultural and/or linguistic barriers. However, the key barriers addressed here should be those typically created within the sector.

Recognised treatment types should be viewed as complimentary, not exclusive. Consumers should not be deemed ineligible for one service type because of their participation in other, evidence-based treatments (e.g. opioid replacement therapy).

It is also important to note that 'consumer complexity' should be the standard expectation within AOD services. Dual diagnosis or 'difficult behaviour' should not provide barriers to treatment access. Treatment providers should emphasise finding ways to engage (rather than exclude) people seeking their services.

Providers funded to deliver treatment services should not be able to decline clients those services on the basis of complexity (with the obvious exception of acute mental health conditions that pose an immediate risk to the client or service staff) or incompatibility of current treatment. If providers are unable to address complex needs within their services they should prioritise developing collaborative treatment approaches with other providers.

ReGen suggests that key concept 2(c) be changed to: 'Treatment providers should be perceived by consumers as welcoming and supportive'.

3. Continuity of care

Within the context of the current sector reforms, it is important to emphasise that continuity of care needs to apply at all points of consumers' contact with the AOD sector. This is particularly important following initial contact and referral. Providing someone with an appointment time with a service is not continuous care. Where appropriate, consumers should receive additional support to increase service uptake.

Post treatment follow-up is important, both for monitoring of treatment outcomes and providing timely opportunities to re-engage with treatment services in order to prevent or respond to relapse.

People's patterns of use are typically complex and changeable over time. The Victorian AOD sector should feature service continuity, consistency and integration for people, regardless of their level of AOD use, the severity and/or extent of harms experienced or their motivation to change.

4. Harm minimisation approach

Minimising harm should be the primary principle for AOD treatment in Victoria. All other principles should reference their contribution to minimising the range of harms relating to AOD use experienced by individuals, families and the wider community.

Just as there is a wide variety of potential harms, a Harm Min approach should emphasise its integration of a wide spectrum of supply control, demand control and harm reduction elements. See ReGen's harm reduction position statement and supporting evidence for further detail.

As mentioned previously, within the context of AOD treatment, the principles should place greater emphasis on the range of interventions incorporated within education/prevention, harm reduction, treatment and recovery-oriented servcies.

Within the context of the current draft principles, there is too much distinction between 'treatment' and 'harm reduction' services. It is unhelpful (and unrealistic) to separate the two service types as both should be part of the same service continuum (together with recovery-oriented approaches).

It may also be worth noting the capacity for role of law enforcement/Justice within Harm Min, not just for supply control, but as a point of entry into treatment services.

5. Individualised and holistic care

Individualised care needs to recognise and respect consumers' goals (including the goal of continued AOD use) and focus on improving consumers' quality of life. It should also recognise that a person's AOD use may not be their primary concern and that, in such circumstances, the role of AOD treatment may be to support the effectiveness of other interventions.

AOD treatment should not occur in isolation and should, as far as possible, incorporate a broader approach to minimising harm and supporting sustainable behaviour change. The range of complementary (and mutually reinforcing) supports that increase the effectiveness of AOD treatment are effectively contained within the concept of 'recovery capital'.

It is important to remember that families can play a crucial role in supporting behaviour change and promoting recovery. 'Individualised care' should not just focus on individuals but also (where appropriate) recognise the support needs of affected family members and include families in treatment planning and delivery.

Where possible, AOD treatment providers should endeavour to develop holistic responses to consumer needs. When they are not able to address these needs within their own programs, the development of service partnerships with complementary service providers should be a priority.

6. Evidence-based practice

Suggest including additional concepts defining what 'evidence means' and how innovation can occur in the absence of established evidence base for new service types/modalities.

ReGen uses the following definition of evidence based practice: 'Clinical decision making based on the best available efficacy and effectiveness research, expert clinical judgment, and client preferences, values, and rights.' (*Catalyst Non-Residential Alcohol Rehabilitation Program Literature Review, 2009*)

The innovative application of practice wisdom typically occurs before a recognised body of research evidence can be established, it is important to recognise the importance of evaluating innovative approaches. Providers of innovative services should build rigorous evidence gathering practices into the service and maintain an openness to external evaluation.

7. Integrated care

While it is important that AOD treatment providers actively seek out collaborative approaches to treatment planning and delivery, it is also essential that providers in other service sectors recognise and demonstrated a reciprocal commitment to the importance of integrated care.

Any service collaboration should be grounded on clearly identified roles and responsibilities for activities such as case management, mandatory reporting etc.

8. Recovery approach

It is important to have a clear description of how recovery-oriented approaches fit within the new Victorian AOD treatment system. At this stage, of the reform process, this has not been achieved.

ReGen's position statement on recovery-oriented practice and supporting evidence provide a description of how recovery principles are and can be further applied within the Victorian AOD sector. The fact that these documents have received (informal) endorsement by prominent harm reduction and recovery advocates indicates their success in addressing issues relating to the integration of a recovery approach within existing policy and practice frameworks.

9. Client, carer and family participation

Consumer participation in all aspects of treatment can play a key role in promoting full engagement with therapeutic processes and the sustainability of treatment outcomes. It is also a key contributor to individual and family empowerment.

In keeping with comments on principle 5 (Individualised and holistic care), ReGen emphasises the need to involve family members (where appropriate) in treatment planning but to provide them with targeted support services that both increase their capacity to support individuals' recovery and contribute to improvements in their own wellbeing and quality of life.

ReGen suggests that this, and key concept (d) 'The community has a vital role in supporting the recovery of alcohol and drug clients' would be better addressed within principle 5.

ReGen also suggests that, as with key concept 2(c), there should be a key concept for this principle highlighting the importance that consumers be able to identify the extent to which they are encouraged to participate in the planning, implementation and review of their treatment.

10. Workforce

In keeping with principle 9, ReGen suggests that recognition also be given to the value of lived experience of AOD use and the inherent benefits of a diverse AOD workforce in Victoria.

For many people, participation in professional or voluntary roles within AOD treatment and support services play an important part in their own personal journeys. The presence of staff with personal experience of AOD use has long been recognised as producing a unique resonance with some service users and effectively complimenting the provision of evidence-based treatment.

ReGen considers that this principle should address, not just minimum entry level qualifications, but a commitment to developing career pathways within the Victorian AOD treatment system, supported by ongoing practical and relevant education and

professional development. Staff turnover is a key barrier to the development of a more highly qualified (and experienced) AOD workforce.

Summary

ReGen is broadly supportive of the draft principles. However, as mentioned previously, it is suggested that a commitment to Harm Minimisation is asserted as the primary principle, with all others defined in reference to the role they play in supporting a comprehensive and integrated approach.

ReGen's other main concern relates to principle 1, its reliance on the language of 'addiction' and the subsequent implications for policy and treatment systems denoted by this language. It is essential that AOD treatment is framed, not only in reference to services working with those experiencing severe and/or chronic harms. The definition of the Victorian AOD treatment system must encompass the full range of AOD interventions provided across the spectrum of AOD use, experienced harms and motivation for change.

Isolating 'treatment' from other elements of this system will only serve to undermine the potential reach and impact of designated services. In order to fully realise an integrated Harm Minimisation approach, the system must be explicitly inclusive of a continuum of integrated and complementary services to prevent future harm, reduce harms associated with current use and support individuals, families and the wider community to overcome the harms associated with past use.

ReGen also considers that it is important for the principles to be clearly placed within a whole-of-government approach, with particular emphasis on co-ordination with the Child & Family, Forensic and Mental Health sectors.