Australia’s National Drug Strategy: Beyond 2009

General Practice NSW Response
Background

In November 2009, the Australian Government announced its consultation phase for the next National Drug Strategy. The Government wants to ensure that the next phase of the Strategy continues to reduce the prevalence of, and harms from, drug use in Australia. The Ministerial Council on Drug Strategy (MCDS) has released its consultation paper: Australia’s National Drug Strategy: Beyond 2009 to inform the Government’s National Drug Strategy and submissions are now being sought to inform the Strategy by the 24th February, 2010. Feedback is requested specifically on the emerging issues that are relevant to the next phase of the National Drug Strategy and the top priorities for action over the next five years.

The National Drug Strategy principles include:

- A consistent approach
- Consensus agreement on harm minimisation expressed as a combination of supply reduction, demand reduction and harm reduction approaches across sectors.
- Evidence informed practice
- Partnerships
- A coordinated, integrated approach
- A balanced approach
- International contribution and cooperation
- Emphasis on prevention

GP NSW response

General Practice NSW (GP NSW) supports a National Drug Strategy and the principles that underpin its development and implementation. General Practitioners (GPs) and the primary care workforce are often the first and only point of contact for people with mental health and or drug and alcohol problems, their families and carers (Hall, Teeson, Lynskey & Degenhardt, 1999). GPs are uniquely placed to assist in the prevention of drug and alcohol problems, as GPs regularly provide services that span the health care continuum from prevention of illness to treatment and rehabilitation. GPs can link prevention and brief interventions with comprehensive and continuing and holistic care. General practice is also a place where patients seek and expect to receive lifestyle advice.

Following are GP NSW’s responses to the focus questions posed on emerging issues. Focus questions in the document that relate specifically to General Practice include:

Cross Sectoral Approaches

Could the IGCD and MCDS more effectively access external expert advice and if so how?

General Practitioners and allied health workers in primary care have regular contact with a diverse cross section of the community. In any year, 85% of the population will visit a General Practitioner, a significant proportion have underlying mental health and drug and alcohol problems. Divisions of General Practice are located across Australia and have extensive local knowledge of primary care issues (Kalucy, 2009). GP NSW works extensively with Divisions of General Practice, General Practitioners, Practice Nurses,
Mental Health Nurses and Psychologists and is able through its networks to co-ordinate a primary care perspective and provide expert advice.

**Indigenous Australians**

*Where should efforts be focused in reducing substance use and associated harms in indigenous communities?*

The Closing The Gap initiative has resourced Divisions of General Practice to provide links between mainstream primary care services and Aboriginal people. These initiatives should be enhanced to provide clinical support and supervision, education and training to project officers and outreach workers in drug and alcohol work and in ensuring that drug and alcohol assessment and early intervention is incorporated into primary care health checks for Aboriginal and Torres Strait Islander people.

**Capacity Building**

*Where should efforts be focussed over the coming five years to increase the capacity of the generalist health workforce to identify and respond to substance use problems?*

The National Health and Hospital Reform Commission report has recommended major reform for the primary health care sector. A number of discussion papers highlight the need for partnerships at a local service level, between government and non-government services and between state and commonwealth policy makers to achieve these reforms (Kalucy, 2009).

Although Divisions of General Practice and general practices are well placed to provide drug and alcohol prevention, early intervention and treatment, there currently are not enough resources or linkages to enable this work. There are many barriers for General Practitioners in delivering this care, particularly in co-ordinating care between government and non-government services. With proposals for reform including the development of Primary Health Care Organisations, it is critical for drug and alcohol initiatives to be included in the development of these models of care. Advocacy, education, workforce development, and partnerships with lead agencies at local and state levels all need to be resourced to ensure the opportunity of including drug and alcohol care as an holistic element of primary health service.

**Infrastructure for Capacity Building**

In 2009 the Australian Government Department of Health and Ageing via its National Comorbidity Initiative funded the Primary Health Care Comorbidity Network. The Comorbidity network addresses the barriers to general practice providing care for people with drug and alcohol problems by providing infrastructure and resources to facilitate change. The network supports the role of primary health care in the promotion, coordination and delivery of quality mental health and substance use programs at the local level via general practice networks across Australia. Funding for this network ceases in March 2010.

The Department of Health and Ageing funded several comorbidity pilot projects within NSW Divisions of General Practice network. The funded projects in Divisions, with the support of state co-ordination have resulted in a range of educational and service integration
partnerships that have increased the capacity of the primary care workforce to respond to substance use problems.

Two examples of successful projects include:

*Mid North Coast Division of General Practice – “We Can Do Better”*

A total of 18 General Practitioners (GPs) have commenced 4 hour clinical placements in both Drug and Alcohol and Mental Health Services. The placements were complemented by an education evening which attracted 50 health professionals including 17 GPs. The project has improved referrals and communication between GPs and specialist services and improved GP knowledge, confidence and skill in identifying and treating comorbidity.

*Shire GPs – “Talking Heads”*

This project has a youth focus and has worked in partnership with local youth services and General Practitioners to train local young peer educators. The peer educators have conducted a youth needs analysis, and have attended local youth recreation events where they have disseminated relevant service and health information to young people. The project is also planning a comprehensive GP education program to support the ongoing development of “youth friendly” general practice.

**Continuing Medical Education**

There are currently no evidence based, Mental Health Skills Training accredited education programs for GPs in drug and alcohol or comorbidity. Resources are needed to develop General Practice education in high prevalence drug and alcohol issues and to support state wide access to drug and alcohol education. General Practice education needs to be offered in a range of formats including on-line and include multi-disciplinary opportunities for shared learning. Of particular need is GP education about the misuse of prescribed medications and managing drug seeking behaviour to reduce the misuse of prescribed medications.

There are a number of other mental health initiatives that could significantly improve outcomes for people with drug and alcohol problems in primary care.

**Mental Health Nursing In Primary Care Settings**

The Mental Health Nursing Incentive Program offers an ideal support for people with more complex and chronic mental health and drug and alcohol problems in the community. Mental health nurses in primary care provide specialist medication management support for patients and their families, support GPs to manage the mental and physical health care needs of their patients and provide the more in-depth case management that this group requires. Care and clinical coordination at the primary care level can ensure that patients do not ‘slip through the gaps’. The mental health nurse can support patient access to specialist and acute services if required, and also assist in appropriately planning a patient’s return or discharge into the care of a General Practitioner.

There are some significant barriers to a wider implementation of this program in NSW. The specific credentialing process for mental health nurses is complex and lengthy and is unlikely to be undertaken by a nurse unless there is a career path and remuneration that is on par with state services. The available pool of credentialed mental health nurses is very
small, however an increase in the number of nurses in the primary care system at the expense of the public sector will reduce treatment access. There needs to be an increase in the total number of mental health nurses as an adequately resourced and staffed specialist public system is critical to ensure support for step up and step down care.

The financial business case for general practices and divisions to engage a mental health nurse is at best, a ‘break even’ scenario. Divisions and General Practices are often not resourced to provide adequate mentoring and clinical supervision of nurses, leading to burnout and difficulties in recruiting.

There have been some excellent models of shared employment across the public and primary health care sector. These models need to be expanded and enhanced by providing:

- funding for more nurses
- streamlined and continuous accreditation intakes
- drug and alcohol education
- mentoring for new mental health nurses
- partnerships between the primary health care, NGO and public sector

Early intervention and improved co-ordination of care can result in a significant reduction in crisis presentations.

**Capacity of ATAPS to provide drug and alcohol assessment and intervention**

The Access To Allied Psychological Services (ATAPS) workforce represents a significant investment in primary mental health care. Between 2003 and 2009, 116,782 people were referred to the ATAPS program (University of Melbourne, 2009). The program is evaluated by the University of Melbourne, however the current data collection system does not give a reliable indication of the number of people who have comorbid drug and alcohol and mental health problems. Only 7% of the referrals to this program were identified as having a primary diagnosis of drug and alcohol disorders.

Anecdotally, Divisions advise that only a small number of their ATAPS workforce indicate a willingness to accept referrals for people with drug and alcohol disorder as the primary reason for referral. There has been little research into the workforce capacity of ATAPS clinicians to respond effectively to drug and alcohol presentations. Because the data collection system not report on information about secondary / concurrent diagnoses, there is limited evidence regarding the number of people presenting to ATAPS with comorbid mental health and drug and alcohol issues. There is a significant opportunity to improve service delivery through ATAPS, to collect evidence relating to the prevalence of comorbidity in the primary health care population and to provide improved clinical support to GPs to better manage patients with comorbidity disorders.

**The No Wrong Door project**

Unless General Practitioners feel confident of receiving timely and appropriate specialist support, they are unlikely to initiate discussions with patients about alcohol and drug use. General Practitioners have difficulty contacting specialist drug and alcohol services and even more problems when the patient has a comorbid mental health problem.
There have been many studies of the gap between primary care, mental health and drug and alcohol services and specialist centres. It can often be very time consuming and difficult for General Practitioners to identify appropriate services and to source care for their patients. Patients (and GPs) who attempt to navigate the system often experience a “ping pong” effect where they bounce between services. There is little co-ordination and as a result many ‘fall through the gaps’ in service delivery.

The No Wrong Door project co-ordinated by Ovens and King Community Health Centre in Victoria provides a best practice model of care for people with comorbid substance use and mental health disorders. It reduces the “ping pong” care that many clients experience and supports clinicians to make appropriate and effective referrals. The project has worked with services in their region to agree on

- collaborative processes and pathways,
- relationships and communication
- role clarification between agencies / staff,
- agreed definitions – eg case management / shared care

and has included consumer & carer participation in the design of protocols (Williams, 2009). Service referral information and protocols are available on line, resulting in a more efficient and effective service delivery. Implementation of the “No Wrong Door” project nationally would greatly assist the primary health care workforce to provide best practice shared care.

**Adequate remuneration for complex consultations**

Another barrier for General Practitioners to provide care for people with drug and alcohol problems is that the current medicare payment system available for this work does not adequately compensate GPs for the additional time required to adequately assess, treat, refer and case manage the care of people with comorbidities. Given the complexity of working with people with substance use disorders, a review of the payments to General Practitioners is recommended.

The increase in chronic disease in our population and the ageing population has meant that multiple morbidities are the most common reasons for presentation to primary care (AIHW, 2008). Given the demands on the primary care system, additional funding is required to provide an infrastructure to support capacity building for drug and alcohol work in primary health care. The aforementioned projects assist drug and alcohol screening, assessment and treatment to maintain its profile in the primary care setting. Funding of these initiatives needs a minimum of a 3 year commitment to achieve change in this setting.

There is a need to further build the capacity of primary health care to increase the level of early identification and brief intervention for high prevalence drug and alcohol problems. GPs and allied health workers in general practice need coordinated evidence based education and training and investment in systems development. With the ceasing of funding of the Division’s Comorbidity Network in March 2010, further opportunity to address these needs is lost.

**New Technologies and On-Line Services**

*What are the particular opportunities and challenges that technology development is likely to pose for the community and the alcohol and drug sector over the next five years?*
There are many new technologies that could be further developed to support the identification, treatment and management of people with drug and alcohol problems in the primary care setting.

**Screening and Assessment**

The most commonly used patient management software systems in general practice capture very little information about patient's drug and alcohol use.

Development of GP software with a Drug and Alcohol focus could provide:

- prompts for GPs and practice nurses to screen for drug and alcohol issues,
- prompts and information for GPs on delivering brief interventions
- the identification of patients with more chronic or severe drug and alcohol problems for treatment or referral
- the identification of potential interactions between recreational alcohol or drug use and prescribed medications
- identify potential “doctor shoppers” and give prescribing information to reduce the misuse of prescribed opiates

Practice level methodologies, such as the PEN Clinical Audit tool can assist General Practitioners to identify at risk groups within their practice and track their management. Divisions and practices are already using this technology to identify people within the practice eligible for other primary health care initiatives, such as vaccination; however practices are currently not resourced to adapt this technology for drug and alcohol screening.

**Ehealth**

A barrier identified by General Practitioners is the lack of discharge information from treatment services. Ehealth initiatives could streamline this process for both sectors improving communication and shared care. The No Wrong Door website developed by Ovens & King Community Health is an example of the way technology can provide a link between service providers and inform evidence based clinical management.

**Treatment**

In NSW the SHADE project (Baker, 2009) and Crufad (Andrews, 2010) research trials are providing promising evidence about the efficacy of computer based treatment programs for high prevalence mental health and/or alcohol disorders. These initiatives have particular relevance in rural areas where access to health professionals is limited and funding for ongoing research is a priority.

**Conclusion and recommendations**

Providing early intervention for drug and alcohol problems through the primary health care sector has the potential to significantly impact the economical and social costs of the health system and wider community.

GP NSW recommends the following strategies to support a co-ordinated approach to increasing the capacity of primary health care to identify and respond to drug and alcohol problems in the community:
• General Practitioners are health experts and this perspective must be included in any strategy development
• Capacity building in primary health care represents good health investment, but cannot be achieved without infrastructure and resources in Divisions of General Practice
• Mental Health Nursing in primary care has the potential to significantly improve health outcomes for people with drug and alcohol problems if it is expanded and supported
• No wrong door strategies assist patients, services and sectors to have knowledge of services available and support people with drug and alcohol and mental health to access quality evidence based care
• The medicare rebate needs to be reviewed to ensure parity between drug and alcohol and other primary health care initiatives

About the NSW Divisions of General Practice Network
General Practice NSW Ltd (GP NSW) is the state based support and education organisation for 33 Divisions of General Practice in NSW. The Divisions of General Practice Program is part of the Australian Governments General Practice Strategy. GP NSW is an active organisational member on a wide range of state level health advisory, research and program specific groups, and regularly informs high level policy on General Practice and broader primary health care issues.

The NSW Divisions of General Practice Network works to enhance communication and integration between GPs and the wider health system, and improve the health of the community by supporting General Practice collaboration with other health professionals in the delivery of quality health care. The Divisions Program has been successful in contributing to General Practice participation in health planning and policy development, identifying and targeting population health priorities at a local level, improving the coordination of health services in the community and improving the quality of general practice.

The operational and general practice professional support capacity of the NSW Divisions of General Practice Network is significantly contributing to:

• The coordination and delivery of effective multidisciplinary community care through a case management and coordination model, with flexible, effective health care delivery
• An integrated health system in which community-based health services including GPs, aged care, allied health providers and medical specialists are supported by communication systems (e-health)
• Increased numbers of people with chronic disease enrolled in self management courses/groups
• Primary mental health care services for communities across NSW
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