

Sunday 19 January 2020

The Productivity Commission
Mental Health Enquiry
Presiding Commissioner Professor Stephen King

Dear Professor King,

The productivity commission review of mental health is an outstanding and comprehensive body of work for which the authors are to be congratulated.

This submission concerns alcohol- and drug-related disorders which have been rightly considered prominently throughout the commission's report. The contribution of substance use problems to the spectrum of mental health problems, from mild difficulties to disability and mortality including suicide, was well articulated. Accordingly, it is critical to align the recommended actions in relation to alcohol and drug use disorders to the magnitude and types of mental health problems that result from them. The draft recommendations make scant reference to services to address drug and alcohol use disorders. It was not clear from the report whether or where such services might be included within mental health service provision. Currently this joint management of alcohol and drug and mental health disorder comorbidity does not usually occur.

We recommend:

1. All recommendations in this Productivity Commission Report that are intended to include alcohol- and drug-related problems or services, should explicitly state this.

For example, "DRAFT RECOMMENDATION 11.2 — INCREASE THE NUMBER OF PSYCHIATRISTS". This workforce development recommendation is at least equally applicable to alcohol and drug medical or psychiatric specialists where staffing deficits are extreme. For example, Northern Territory and Tasmania each advertised for more than two years to recruit a single specialist to work in this field. The inclusion of alcohol and drug specialists should be explicitly stated because it is highly unlikely that the alcohol and drug workforce would otherwise be included in any resulting workforce development actions.

Another important example is "DRAFT RECOMMENDATION 20.1 — NATIONAL STIGMA REDUCTION STRATEGY". Substance use disorders are highly stigmatised, and

this discourages treatment seeking and the provision of quality care. It is critical to take steps to reduce this stigma, in parallel with actions to reduce stigma for other mental health disorders. This is unlikely to be included in actions arising from this Report unless explicitly included.

There are a number of other workforce, service access, and funding-related recommendations that should be reviewed and amended in this regard. We believe that all recommendations in this report should be reviewed and the specific inclusion of an alcohol and/or drugs focus be added where relevant.

2. Increase the provision of effective and evidence-based interventions to prevent substance use disorders, particularly in young people.

Recent evidence confirms the effectiveness of some prevention interventions, and the lack of effectiveness of other measures which are sometimes provided to young people. Effective preventive measures for substances use disorders should be included alongside other e-health prevention recommendations.

3. Implement measures to increase treatment provision for alcohol use disorder.

Currently, there is a near 20-year delay between the onset of alcohol use disorder and the first episode of treatment. Only 1-2% of eligible people with alcohol dependence receive the PBS-listed medications for treatment of this disorder. This indicates very poor uptake of evidence-based, effective treatment approaches. The great majority of those with less severe disorders are never treated.

Specific cross-sector enhancements are needed to expand treatment of this neglected disorder. These include at all stages of the treatment system from earlier diagnosis in primary and secondary care, treatment in generalist and specialist services and harm reduction. New guidelines for treatment of alcohol problems have been developed by the Commonwealth and are due to be released in the second half of 2020. These form a potential framework to guide expansion of alcohol use disorder treatment capacity and the relevant workforce. New resources are essential to enable this process.

4. Expand national capacity to treat opioid use disorder.

Opioid overdose is a major and sadly a growing cause of death, including many cases of possible suicide. The link between treatment of opioid use disorder and improvement of mental health is well established but not always integrated into service planning. Opioid agonist treatment (e.g. methadone or buprenorphine) is highly effective for treatment of this substance use disorder. However there are critical deficiencies in treatment delivery capacity

in many areas particularly outside major metropolitan centres. This treatment is not technically complex or costly. Expansion to meet the clinical need can be expected to improve health, save lives and reduce community impacts at moderate cost. There are clear national treatment guidelines and the medications themselves are subsidised through the PBS but there are widespread shortages in clinical capacity to deliver this treatment.

Thank you for the opportunity to comment on this outstanding and important report,

Kind regards

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